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Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

OMB No 1545-1150

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	ror tr	e 2009 calendar year, or tax year beginning and ending			
В	Check if applicat	le Please C Name of organization	D Emp	loyer i	dentification number
	Addre	s use IRS label or			
	Name chang				215790
	Initia retur	See Name of the Control of the Con		•	number
	Term	Instruc-	(<u> 202</u>)266-2380
	Amer	ded tons City or town, state or country, and ZIP + 4	F Gro	up Exe	mption
	Applic pendir	ARLINGTON, VA 22203	Nur	nber 🕨	>
	• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Ac	counting m	ethod	Cash X Accrual
		Schedule A (Form 990 or 990-EZ).	her (specify) >	
1	Websi	e: ▶ <u>N/A</u> H Ch	eck 🕨 🛚	ıf t	he organization is not
J	Tax-ex	empt status (check only one) $ \overline{X}$ 501(c) ($\overline{3}$) \blacktriangleleft (insert no) $\overline{}$ 4947(a)(1) or $\overline{}$ 527 require	ed to attach	Sched	lule B (Form 990, 990-EZ, or 990-PF)
K	Check	f the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally	y not more	than \$2	25,000 A Form 990-EZ or
		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complet	te return		
L	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-E	Z	▶ \$	460,608.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	nstructions	for Pa	rtI)
	1	Contributions, gifts, grants, and similar amounts received		1	442,264.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory 5a			
	Ь	Less cost or other basis and sales expenses 5b			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
9	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check her	re 🏲 🦳		
en		Gross revenue (not including \$ 90,441. of contributions			
Revenue	"		,084.		
т.	h		,084.		
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	,	6c	0.
	7a	Gross sales of inventory, less returns and allowances 7a		00	
	b	Less cost of goods sold 7b			
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe INTEREST INCOME	,	8	1,260.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	443,524.
_	10	Grants and similar amounts paid (attach schedule) STMT 2		10	301,155.
	11	Benefits paid to or for members		11	301,133.
,n	l .	Salaries, other compensation, and employee benefits CEIVED	-	12	Can a
sesued:	12	Professional fees and other payments to independent contractors		13	
pen	13 14			14	
Ϋ́	1				
	15	Printing, publications, postage, and shipping Other expenses (describe	т 1 1	15	60,316.
	16	Other expenses (describe)	 /	16	361,471.
	17	Total expenses. Add lines 10 through 18		17	82,053.
ţ	18	Excess or (deficit) for the year (Subtract Ine-17-176m-line 9)		18	02,055.
SS	19	Net assets or fund balances at beginning of year (from line 27, column (A))		40	604,687.
Ž		(must agree with end-of-year figure reported on prior year's return)		_19_	004,007.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)		20	606 710
_	21	Net assets or fund balances at end of year Combine lines 18 through 20	<u> </u>	21	686,740.
P	art li			U-EZ	(B) 5-4-4
2		(1)	* :	-	(B) End of year
22			6,962	\rightarrow	686,740.
23		d and buildings		23	
2		er assets (describe)	<u> </u>	24	606 545
2			6,962		686,740.
2			2,275		0.
2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2			4,687	• 27	686,740.
93	2171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2009)

on.	m 990-EZ (2009) WASHINGTON CAPITALS CHARI	TIES		52-	-2215/	90 Page 2
	art III Statement of Program Service Accomplishmer		Part III \		Fr	openses .
					⊣	or section 501(c)(3)
	at is the organization's primary exempt purpose? SEE STATEMENT) organizations and
	scribe what was achieved in carrying out the organization's exempt purp			nbe		7(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other relevant	t information for each prog	ram title.		for others)	
28	TO PROVIDE GRANTS TO TAX EXEMPT ORG	ANIZATIONS OR				
	GOVERNMENTAL ENTITIES PROVIDING EDU		HARTTABLE	7		
		CHILDINIE ON C.				
	SERVICES.			_		201 155
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	<u> </u>	28a	301,155.
29]	
					1	
					1	
				_		
	(Grants \$) If this amount includes foreign g	rants, check here			29a	
30						
				_		
	(Grants \$) If this amount includes foreign g	rants, check here .	<u>.</u> ▶		30a	
31	Other program services (attach schedule)				1 i	
•	(Grants \$) If this amount includes foreign g	rante check here			31a	
	·	rants, check here			+	301,155.
32	Total program service expenses (add lines 28a through 31a)				32	
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	a instructions f	for Part IV)
				(d) C	ontributions	
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	bene	efit plans &	account and
		position	-0)		leferred	other allowances
				com	npensation	
TH	HEODORE LEONSIS, 627 NORTH GLEBE	CHAIRMAN/DIRE	CTOR			
	O, SUITE 850, ARLINGTON, VA 22203	0.00	0.		0.	0.
		PRESIDENT/DIR		1		
		4 1		1		
St	JITE 850, ARLINGTON, VA 22203	0.00	0.	<u>. </u>	0.	0.
KF	EITH BURROWS, 627 NORTH GLEBE RD,	SEC. TRES./DI	RECTOR			
	JITE 850, ARLINGTON, VA 22203	0.00	0.		0.	0.
				-		
		DIRECTOR	_		_	
Sl	JITE 850, ARLINGTON, VA 22203	0.00	0.	•	0.	0.
GI	EORGE STAMAS, 627 NORTH GLEBE RD,	DIRECTOR		l		
	JITE 850, ARLINGTON, VA 22203	0.00	0.		0.	0.
5	JITE 050, ARHINGTON, VA 22205	0.00		'		
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Pε	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		[]	
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	,		
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
-	in a prior year and still outstanding at the end of the period covered by this return?	38a	i 1	х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:	1 !		ĺ
	Initiation fees and capital contributions included on line 9 N/A			ĺ
_	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1 !		ĺ
402	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	-		1
404	section 4911 O • , section 4912 O • , section 4955 O • .			
	Section 4917 Section 4912 Section 4958 excess benefit transaction during the			
U	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction		į 1	İ
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
		400		<u> </u>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			ĺ
				l
0	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			l
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			v
	transaction? If "Yes," complete Form 8886-T	40e	ш_	X
41	List the states with which a copy of this return is filed ► VA The organization's books are in care of ► KEITH BURROWS Telephone no ► 202–26		200	
42 a				
	- · · · · · · · · · · · · · · · · · · ·	2220	<u> </u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	·	N.F.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	40:	Yes	
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37 / B	. •	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		(mm m	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	ļl	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	45	Ш	X
		Form 9	90-FZ ((2009)

Fom	990-EZ (2009) WASHINGTON CAPITALS CHAR		<u>-</u>	52-2215			Page 4
Pe	organizations and section 4947(a)(1) nonexempt charitable and 51.						
46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to c	andidates for nublic			Yes	No
70	office? If "Yes," complete Schedule C, Part I	on bondin or or in opposition to t	and dates to public	Г	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Sch	edule C. Part II	••••	· · ·	47		Х
48	is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes	·			48		Х
	Did the organization make any transfers to an exempt non-charitable related	•	•	[49a		X
	If "Yes," was the related organization a section 527 organization?		•		49b		
50	Complete this table for the organization's five highest compensated employe	es (other than officers, directors	, trustees and key er	nployees) who ea	ch rece	erved i	more
	than \$100,000 of compensation from the organization. If there is none, enter		•				
					_		
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e)	Expe	
							-
f	Total number of other employees paid over \$100,000						
51	Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None" NONE	dent contractors who each recei	ved more than \$100	,000 of compensa	ation fro	om the	•
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of ser	vice (c) Comp	ensat	ion
							
			{				

d Total number of other independent contractors each receiving over \$100,000 Under penalties of pegury declare that figure examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of SECRETARY/TREASURER/DIRECTOR Type or print name and title Date Check if self-Paid Preparer's signature▶ Preparer's identifying number (See instr.) Preparer's 05/20/10 employed ▶ Use Only SWART, LALANDE & ASSOCIATES P.C. 11166 FAIRFAX BOULEVARD, SUITE 300 EIN ▶ Firm's name (or yours

May the IRS discuss this return with the preparer shown above? See instructions

FAIRFAX, VIRGINIA

Form 990-EZ (2009)

(703) 591-7900 ► X Yes No

Phone ▶

no

if self-employed),

address, and ZIP + 4

22030-5017

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

WASHINGTON CAPITALS CHARITIES

Employer identification number 52-2215790

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated d Type III - Other a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (iv) is the organization (v) Did you notify the (ii) EIN (vii) Amount of (i) Name of supported organization in col organization in col (i) listed in your organization in col organization support (i) organized in the (described on lines 1-9) governing document? (i) of your support? US? above or IRC section (see instructions)) No Yes Yes Yes

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 WASHINGTON CAPITALS CHARITIES 52-2215790 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support

Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(4) 2000		(0) 2001	(4) 2000	(0) 2000	(4)
•	membership fees received. (Do not						
	include any "unusual grants.")	219,747.	287,305.	327,500.	474,451.	442,264.	1,751,267.
2	Tax revenues levied for the organ-		· ·				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	•					
	the organization without charge						
4	Total. Add lines 1 through 3	219,747.	287,305.	327,500.	474,451.	442,264.	1,751,267.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						49,592.
	Public support. Subtract line 5 from line 4						1,701,675.
Sec	ction B. Total Support				_		
Cale	endar year (or fiscal year beginning in)▶	(a) 2005_	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	219,747.	287,305.	327,500.	474,451.	442,264.	1,751,267.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	329.	522.	753.	979.	1,260.	3,843.
9	Net income from unrelated business						
	activities, whether or not the					1	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						1,755,110.
	Gross receipts from related activities					12	680,095.
13	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. □
50.	organization, check this box and stop ction C. Computation of Publ		rcentage			 	P
				(0)		14	96.96 %
	Public support percentage for 2009 (-	Joiumn (I))		15	$\frac{96.96}{91.12}$ %
	Public support percentage from 2008 33 1/3% support test - 2009.If the co			 June 13 and line 1	M 10 33 1/304 or m	 '	
102	stop here. The organization qualifies				14 15 00 170 70 01 11	iore, check this bo.	►X
	33 1/3% support test - 2008.If the c		-		line 15 ie 33 1/3%	or more check th	
	and stop here. The organization qua				iii e 10 13 00 17070	or more, effect un	▶□
17:	10% -facts-and-circumstances tes	•			13, 16a, or 16b, a	and line 14 is 10% (or more.
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ □
	10% -facts-and-circumstances tes	•	•		_	7a, and line 15 is 1	0% or
•	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□
18	Private foundation. If the organization		•	•			s
		212 1121 2112211 3		, , ,		edule A (Form 990	

...

Part III Support Sch		ganizations	Described in S	Section 509(a)(2) (Complete only	ıf you checked the bo	x on line 9 of Part I
Section A. Public Sup	port					T	
Calendar year (or fiscal year t		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contribution							
membership fees recen							
include any "unusual gr	ants.")				-		
2 Gross receipts from addition merchandise sold or se formed, or facilities furniany activity that is relatively organization's tax-exemination.	rvices per- Ished in ed to the		·				
3 Gross receipts from act							
are not an unrelated tra							
iness under section 513							
4 Tax revenues levied for	the organ-	-					
ization's benefit and et or expended on its beh	her paid to						
5 The value of services or	facilities						
furnished by a governm	ental unit to						
the organization withou	t charge						
6 Total. Add lines 1 throu	ıgh 5						
7a Amounts included on lii	nes 1, 2, and				ł		
3 received from disqual	ified persons						
b Amounts included on lines 2 ar from other than disqualified per exceed the greater of \$5,000 or amount on line 13 for the year	sons that						
c Add lines 7a and 7b							
8 Public support Subtraction	e 7c from line 6)						
Section B. Total Supp	ort						
Calendar year (or fiscal year l	beginning in) 🖊 📗	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6							
10a Gross income from inte dividends, payments re securities loans, rents, and income from simila	ceived on royalties						
b Unrelated business taxable	ncome					ļ	
(less section 511 taxes) fro acquired after June 30, 19	1						
c Add lines 10a and 10b 11 Net income from unrela activities not included if whether or not the businegularly carried on	n line 10b,						
12 Other income. Do not in or loss from the sale of assets (Explain in Part I	capital						
13 Total support (Add lines 9, 1					1		
14 First five years. If the f	Form 990 is for t	he organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organız	ation,
check this box and sto							<u> </u>
Section C. Computat	ion of Public	Support Pe	rcentage			· · · · · - 	
15 Public support percent	age for 2009 (lin	ie 8, column (f) d	rvided by line 13, o	column (f))		15	%
16 Public support percent	age from 2008 §	Schedule A, Part	III, line 15 .			16	%
Section D. Computat							
17 Investment income per	centage for 200	9 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	<u>%</u>
18 Investment income per	centage from 20	008 Schedule A,	Part III, line 17			18	<u> </u>
19a 33 1/3% support tests	- 2009. If the c	organization did r	ot check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, ch	eck this box and	d stop here. The	organızatıon qualı	fies as a publicly s	supported organiz	ation	▶□
b 33 1/3% support tests	- 2008. If the c	organization did r	ot check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than	33 1/3%, chec	k this box andst	op here. The orga	nızatıon qualıfies	as a publicly supp	orted organization	. ▶□
20 Private foundation. If t	the organization	did not check a	box on line 14, 19	a, or 19b, check t			<u> </u>
					Sc	hedule A (Form 99	0 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	5	STATEMENT	1
DESCRIPTION			AMOUNT	
LEGAL/ACCOUNTING FEES CREDIT CARD FEES MISCELLANEOUS OTHER PROGRAM EXPENSES			1,60 8,95 57 49,19	0.
TOTAL TO FORM 990-EZ, LINE	16		60,31	6.
FORM 990-EZ CAS	THE GRANTES AND ALLOSS	AMTONG.		
FORM 990-EZ CAL	SH GRANTS AND ALLOCA	ATIONS	STATEMENT	2
CLASS OF ACTIVITY/GRANTEE'S		GRANTEE'S RELATIONSHIP	STATEMENT	
		GRANTEE'S		1
CLASS OF ACTIVITY/GRANTEE'S		GRANTEE'S RELATIONSHIP	TNUOMA	1

990-EZ PG 2 STATEMENT 4

TO PROVIDE GRANTS TO TAX EXEMPT ORGANIZATIONS OR GOVERNMENTAL ENTITIES PROVIDING EDUCATIONAL OR CHARITABLE SERVICES.

WASHINGTON CAPITALS CHARITIES JANUARY 1, 2009-DECEMBER 31, 2009 **GRANTS** FORM 990-EZ, PART I, LINE 10

, Date	Ck#	Paid To	Relationship Status	Purpose	Amount
15-Jan	ck# 572	Bristow Run Elementary School	None, Public	General Contribution	\$1,500 00
15-Jan	ck# 573	Howard D Woodson Senior High School	None, Public	General Contribution	\$500 00
15-Jan	ck# 574	The Congressional Schools of Virginia	None, Public	General Contribution	\$500 00
15-Jan	ck# 575	Broadneck Elementary School	None, Public	General Contribution	\$500 00
5-Feb	ck# 578	Children's Hospital Foundation	None, Public	Program Support	\$64,513 00
5-Feb	ck# 579	Fort Dupont Ice Hockey Club	None, Public	Program Support	\$10,000 00
9-Feb	ck# 580	Washington Little Caps	None, Public	Program Support	\$3,500 00
31-Mar	ck# 591	A Place to Play	None, Public	Program Support	\$23,926 00
31-Mar	ck# 592	Baldwin Elementary School	None, Public	General Contribution	\$1,500 00
31-Mar	ck# 593	Relay Elementary School	None, Public	General Contribution	\$500 00
31-Mar	ck# 594	Robinson Seconday School	None, Public	General Contribution	\$500 00
31-Mar	ck# 595	Strathmore Elementary School	None, Public	General Contribution	\$500 00
13-Apr	ck# 599	Foundation Fighting Blindness	None, Public	Program Support	\$2,000 00
28-Apr	ck# 603	St Plus X regional School	None, Public	General Contribution	\$1,500 00
28-Apr	ck# 604	C W Harris Elementary School	None, Public	General Contribution	\$500 00
28-Apr	ck# 605	A S Rhodes Elementary School	None, Public	General Contribution	\$500 00
28-Apr	ck# 606	Union Mill Elementary School	None, Public	General Contribution	\$500 00
28-Apr	ck# 607	Watkins Mill High School	None, Public	General Contribution	\$500 00
18-May	ck# 610	Leukemia & Lymphoma Society	None, Public	Program Support	\$500 00
28-May	ck# 611	Rocky Hill Middle School	None, Public	General Contribution	\$1,500 00
28-May	ck# 612	Rose Hill Elementary School	None, Public	General Contribution	\$500 00
28-May	ck# 613	Creighton's Corner Elementary School	None, Public	General Contribution	\$500 00
28-May	ck# 614	Captain James E Daly Elementary School	None, Public	General Contribution	\$500 00
28-May	ck# 616	Fisher House Foudnation	None, Public	Program Support	\$31,567 00
28-May	ck# 617	Emery Educational Campus	None, Public	General Contribution	\$500 00
28-May	ck# 618	Exsportise Marketing Inc	None, Public	General Contribution	\$4,711 00
9-Jun	ck# 619	The American Cancer Society	None, Public	Program Support	\$100 00
9-Jun	ck# 620	United Service Organization Headquarters	None, Public	Program Support	\$250 00
9-Jun	ck# 621	Manna From Heaven	None, Public	Program Support	\$27,698 00
15-Jul	ck# 624	Special Olympics	None, Public	Program Support	\$500 00
11-Aug	ck# 626	Prevent Cancer Foundation	None, Public	Program Support	\$1,000 00
10-Sep	ck# 641	Potomac Valley Amateur Hockey Association, Inc	None, Public	General Contribution	\$20,000 00
27-Oct	ck# 651	Cystic Fibrosis Foundation	None, Public	Program Support	\$1,000 00
5-Nov	ck# 654	St Pius X regional School	None, Public	General Contribution	\$1,500 00
5-Nov	ck# 655	Mount Vernon High School	None, Public	General Contribution	\$500 00
5-Nov	ck# 656	Georgian Forest Elementary School	None, Public	General Contribution	\$500 00
5-Nov	ck# 657	Blessed Sacrament School	None, Public	General Contribution	\$500 00
5-Nov	ck# 658	Septima Clark Public Charter School	None, Public	General Contribution	\$500 00
24-Nov	ck# 664	Zero	None, Public	Program Support	\$23,845 00
24-Nov	ck# 668	Rocky Rund Middle School	None, Public	General Contribution	\$1,500 00
24-Nov	ck# 669	Garret Park Elementary School	None, Public	General Contribution	\$500 00
24-Nov	ck# 670	Williamsburg Middle School	None, Public	General Contribution	\$500 00
24-Nov	ck# 671	Stratford Program	None, Public	General Contribution	\$500 00
24-Nov	ck# 672	AS Rhodes Elementary School	None, Public	General Contribution	\$500 00
7-Dec	ck# 676	Emery Educational Campus	None, Public	General Contribution	\$10,000 00
7-Dec	ck# 677	King Elementary School	None, Public	General Contribution	\$10,000 00
28-Dec	ck# 15736	Beautification Day -Washington Capitals	None, Public	Program Support	\$1,997 00
3-Sep	ck# 632	Beautification Day -Elizabeth Wodatch	None, Public	Program Support	\$2,363 00
3-Sep	ck# 633	Beautification Day -Kristen Hayes	None, Public	Program Support	\$111 00
3-Sep	ck# 634	Beautification Day -Pinnacle Promotions International, LLC	None, Public	Program Support	\$1,758 00
3-Sep	ck# 635	Beautification Day -Mark X Inc	None, Public	Program Support	\$345 00
3-Sep	ck# 637	Beautification Day -Mithcell Layton Photography	None, Public	Program Support	\$411 00
3-Sep	ck# 638	Beautification Day -Staples Business Advantage	None, Public	Program Support	\$2,738 00
3-Sep	ck# 639	Beautification Day -SMI Sign Systems, Inc	None, Public	Program Support	\$807 00
15-Sep	ck# 644	Beautification Day -Mark, X Inc,	None, Public	Program Support	\$538 00 \$1.267.00
15-Sep	ck# 645	Beautification Day -Staples Business Advantage	None, Public	Program Support	\$1,267 00
15-Sep	ck# 646	Beautification Day - Jarrod Wronski	None, Public	Program Support	\$400 00 \$0.158 00
17-Nov	ck# 660	Angel Tree - Target	None, Public	Program Support	\$9,158 00 \$4,538 00
17-Nov	ck# 661	Angel Tree - Target	None, Public	Program Support	\$4,538 00
17-Nov	ck# 662	Angel Tree - Target	None, Public	Program Support	\$5,961 00 \$3,638 00
25-Nov 1-Dec	ck# 666 ck# 674	Angel Tree -Safeway Angel Tree -Toys R US	None, Public	Program Support	\$3,638 00 \$10,015,00
1-066	UN# 0/4	Angel Tiec - Tuys A US	None, Public	Program Support	\$10,015 00
				Grand Total	\$301,155.00

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

	File a separate application for each return.						
 If you are filing for 	or an Automatic 3-Month Extension, complete only Part I and check this box or an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for Part II unless you have already been granted an automatic 3-month extension on a previously filed						
Part I Au	tomatic 3-Month Extension of Time. Only submit original (no copies needed).						
A corporation requipart I only	red to file Form 990-T and requesting an automatic 6-month extension - check this box and comp	lete					
All other corporation to file income tax re	ns (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e turns.	extension of time					
noted below (6 mo (not automatic) 3-n you must submit the	e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension on this for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication the extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consider fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing click on e-file for Chanties & Nonprofits.	ally if (1) you want the additional solidated Form 990-T. Instead,					
Type or Name	of Exempt Organization	Employer identification number					
print WAS	HINGTON CAPITALS CHARITIES	52-2215790					
filing your 627	lie by the ue date for Number, street, and room or suite no. If a P.O. box, see instructions. 627 NORTH GLEBE ROAD, NO. 850						
	own or post office, state, and ZIP code. For a foreign address, see instructions. INGTON, VA 22203						
Check type of ret	urn to be filed (file a separate application for each return):						
Form 990 Form 990-BL X Form 990-EZ Form 990-PF	Form 990-T (trust other than above) Form 606	7 9					
Telephone No.	KEITH BURROWS In the care of ► 627 NORTH GLEBE RD. #850 - ARLINGTON, VA ≥ 202-266-2380 FAX No. ► On does not have an office or place of business in the United States, check this box oup Return, enter the organization's four digit Group Exemption Number (GEN) . If this						
	is for part of the group, check this box and attach a list with the names and EINs of all m						
•	automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until ST 15, 2010 , to file the exempt organization return for the organization named ab						
is for the org ► X cale	anization's return for: andar year 2009 or						
is for the org ► X cale		·					
s for the org ► X cale ► tax y	ndar year <u>2009</u> or	Change in accounting period					
is for the org X cale tax y If this tax ye If this applic	ar is for less than 12 months, check reason: Initial return Final return ation is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	Change in accounting period					
s for the org X cale X cale tax y If this tax ye If this applic nonrefundat If this applic	rear beginning, and ending, and ending	3a \$					
is for the org X cale X cale tax y If this tax ye If this applic nonrefundat If this applic tax payment	ar is for less than 12 months, check reason:						
is for the org X cale tax y If this tax ye If this applic nonrefundat If this applic tax payment Balance Du	rear beginning, and ending, and ending	3a \$					

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.