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Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning					, 2010, and ending							
G	Che	eck all that apply.	Initial return		Initial return	of a former	public ch	arıty	Į	Final return		
			Amended return	1	X Addre	ss change		1	Name change			
N	ame	of foundation							A Employer ident	ufication number		
		CAPITAL	SOURCE CHARITA	BLE FO	UNDATION				26-4312	2410		
N	ımbe	er and street (or P O bo	x number if mail is not delive	ered to street	address)		Room/s	uite	B Telephone numb	er (see page 10 of the instructions)		
		5404 WI	SCONSIN AVENUE	, 2ND	FLOOR				(202) 4	57-5260		
							1					
Cı	ty or	town, state, and ZIP co	ode						C If exemption app pending check h			
		CHEVY C	HASE, MD 2081	5					D 1 Foreign organi	▶		
									2 Foreign organ	izations meeting the		
Н	Che	eck type of organiza	tion X Section 50	1(c)(3) ex	empt private	foundation				k here and attach		
ſ			nexempt charitable trust		her taxable pi		lation		<u> </u>			
ī	Fai	r market value of all	assets at end J Acc	counting m	ethod C	ash X A	ccrual		· ·	tion status was terminated 7(b)(1)(A), check here		
		ear (from Part II, col		Other (spe						is in a 60-month termination		
	-		1,946,864. (Part			cash basis	 ;)			7(b)(1)(B), check here		
E	art		nue and Expenses (77	e (a) D	evenue and					(d) Disbursements		
			olumns (b), (c), and (d) equal the amounts in		enses per	(b) Net in	vestment	'	c) Adjusted net income	for charitable purposes		
			e 11 of the instructions))	· ·	books		,c		moome	(cash basis only)		
	1	Contributions, gifts, grants,	etc , received (attach schedule)									
	2	. V if the fo	etc, received (attach schedule) oundation is not required to Sch B									
	3		temporary cash investments		28.		28.					
	4	Dividends and interes	st from securities									
	5 a	Gross rents										
		Net rental income or (los		_								
<u>e</u>	6 a	Net gain or (loss) from s	sale of assets not on line 10									
enne	b	Gross sales price for all assets on line 6a										
ě	7		me (from Part IV, line 2)				0.					
¥	8	Net short-term capita	ll gain						0			
	9	Income modifications						<u> </u>				
	10 a	Gross sales less returns and allowances · · · ·										
	b	Less Cost of goods sold						ļ				
	С		(attach schedule)					ļ				
	11	Other income (attach	schedule)					<u> </u>				
\bot	12		ough 11		28.		28.	ļ	0			
	13	Compensation of officers	s, directors, trustees, etc									
, l	14	Other employee salar	ries and wages	.				1				
Se	15	Pension plans, emplo	yee benefits	•		ļ		 	 			
ē		Legal fees (attach sch			FAFIT			 		 		
ונ			ach schedule)		LULIVI	tU		-				
<u> </u>	C	•	es (attach schedule)	- اي		ကြပ္ကု		<u> </u>				
2	17	Interest		8	NOV 2 1 2	011		 				
	18	Taxes (attach schedule) ((see page 14 of the instructions)	-		SI S		 				
=	19		schedule) and depletion	.	OBEST	774		<u> </u>				
Z	20		• • • • • • • • • • •		ULLI,			 	·			
=	21		and meetings					-				
os l	22		ons		201	<u> </u>		-		201		
5 I	23	•	ch schedule) See. STM		281.			+-		281.		
	24	· -	administrative expenses		201		^		0	201		
5		_	23	_	281.	 	0.		0			
- 1	25	-	grants paid		65,000.	-	0.	 	0.	65,000. 65,281.		
-	<u> 26</u>		ements Add lines 24 and 25	5	65,281.		υ.	\vdash	U ,	05,201.		
	27	Subtract line 26 from			-65 252							
4			enses and disbursements		-65,253.		28.	 				
3			me (if negative, enter -0-)				20.	\vdash	0.	····		
ff Fo		· '	(if negative, enter -0-).		ctions.		 	JSA	<i>*</i>	- 000 DE		
•			, . 				•		7 . 1 1			

Part I		Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of year			
	aiti	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		424,572.	424,572.		
•	2	Savings and temporary cash investments					
	3	Accounts receivable					
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable			-		
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see page 15 of the instructions)					
	7	Other notes and loans receivable (attach schedule)					
		Less allowance for doubtful accounts ▶					
ø	8	Inventories for sale or use					
sets	9	Prepaid expenses and deferred charges					
Ąŝ		Investments - U S and state government obligations (attach schedule)			-		
_	1	Investments - corporate stock (attach schedule)SEE_STMT_2	1,524,960.	864,069.	864,069.		
	ı	Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation					
	12				==		
	13	Investments - mortgage loans Investments - other (attach schedule) SEE STMT 2	576,612.	657,733.	657,733.		
	14	Land, buildings, and equipment basis	,				
		Less accumulated depreciation					
	15	(attach schedule) Other assets (describe SEE STMT 2		490.	490.		
		Total assets (to be completed by all filers - see the					
		instructions Also, see page 1, item I)	2,101,572.	1,946,864.	1,946,864.		
+	17	Accounts payable and accrued expenses	,,	2,000			
	18	Grants payable					
စ္	19	Deferred revenue					
iabilities		Loans from officers, directors, trustees, and other disqualified persons					
폋		Mortgages and other notes payable (attach schedule)					
Ë		Other liabilities (describe					
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here ▶					
		and complete lines 24 through 26 and lines 30 and 31.					
es	24	Unrestricted					
anc		Temporarily restricted					
Bal	26	Permanently restricted					
B		Foundations that do not follow SFAS 117,					
Ξ		check here and complete lines 27 through 31. ▶ X					
5	27	Capital stock, trust principal, or current funds	2,101,572.	1,946,864.			
\$	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
88	29	Retained earnings, accumulated income, endowment, or other funds					
7	30	Total net assets or fund balances (see page 17 of the					
ž		instructions)	2,101,572.	1,946,864.			
	31	Total liabilities and net assets/fund balances (see page 17					
\Box		of the instructions)					
Р		Analysis of Changes in Net Assets or Fund I	Balances				
_		net assets or fund balances at beginning of year - Part		must agree with			
		of-year figure reported on prior year's return)		1	2,101,572.		
				2	-65,253.		
3	Other	increases not included in line 2 (itemize) ▶ SEE STMT	2	3	490,724.		
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							
5	Decre	eases not included in line 2 (itemize) ▶ UNREALIZED L	OSS ON INVESTMEN	NTS 5	580,179.		
		net assets or fund balances at end of year (line 4 minus l			1,946,864.		
					- 222 25		

E	Part IV Capital Gains and Losses for Tax on Investment Income								
	(a) List ar 2-story	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)					
1	a								
╝	b			-					
_	<u>c</u>								
	<u>d</u>								
_	<u>e</u>		(1) 0 (1-						
_	(e) Gross sales price		(h) Gain or (lo (e) plus (f) mini	us (g)					
_	a			0.					
	<u> </u>					0.			
	<u> </u>			0.					
_	<u>d</u> e					0.			
_		s showing gain in column (h) and owner	d by the foundation on 12/31/69	- m	Gains (Col (h) g				
	(i) F M V as of 12/31/69		(k), but not less t	than -0-) or					
_		as of 12/31/69	over col (j), if any		Losses (from co	. ,,			
			0.			0.			
	<u> </u>		0.	-		0.			
_9	<u>c</u> d		0.			0.			
-			0.			0.			
		(If	gain, also enter in Part I, line 7			<u> </u>			
2	Capital gain net income o		(loss), enter -0- in Part I, line 7	2		0.			
3	Net short-term capital gai	n or (loss) as defined in sections 12	,						
	If gain, also enter in Part I	, line 8, column (c) (see pages 13 a	and 17 of the instructions)						
		line 8		3					
F	Part V Qualification	Under Section 4940(e) for Red	duced Tax on Net Investment I	ncome					
w		the section 4942 tax on the distrib not qualify under section 4940(e)		ase period	J?	Yes No			
_		ount in each column for each year,	<u>`</u>	fore mak	ing any entries				
_	(a)	(b)	(c)		(d)	ntio.			
_	Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution re (col (b) divided by				
_	2009	64,956.	2,555,894.			0.0254			
_	2008					0.0000			
_	2007					0.0000			
_	2006					0.0000			
	2005	<u></u>				0.0000			
2	Total of line 1, column (d	1		2		0.0254			
	•	for the 5-year base period - divide	the total on line 2 by 5, or by the			0.0234			
•	-	dation has been in existence if less	• . •	3	3 0.0051				
4	Enter the net value of nor	ncharitable-use assets for 2010 from	m Part X, line 5	4	1,859,314.				
5	Multiply line 4 by line 3			5 9,483.					
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		0.			
7	Add lines 5 and 6			7		9,483.			
8	Enter qualifying distribution of the second	ons from Part XII, line 4 eater than line 7, check the box inge 18	n Part VI, line 1b, and complete the	8 hat part	using a 1% tax	65,281. crate See the			

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

. 10 X Form 990-PF (2010)

Χ

Χ

8 b

instructions) DELAWARE, MARYLAND

names and addresses

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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Χ

3 b

4 a

	Page 6

orm 990-PF (2010)		<u></u>			Page (
Part VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Requ	ired (continued)		
 5a During the year did the foundation pay or incur any amout (1) Carry on propaganda, or otherwise attempt to influe. (2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or of (4) Provide a grant to an organization other than a char section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitar purposes, or for the prevention of cruelty to children of the significant of the grant and the section 53 4945 or in a current notice regard. Organizations relying on a current notice regarding disase. c If the answer is "Yes" to question 5a(4), does the found because it maintained expenditure responsibility for the giff "Yes," attach the statement required by Regulations section a personal benefit contract? 	unt to ence legislation (section in (see section 4955), of their similar purposes? Intable, etc., organization (see page 22 of the instable, scientific, literary, or animals? Is actions fail to qualify ding disaster assistance check in lation claim exemption in grant? Interest of the control of the contro	or to carry on, on described in structions) or educational or under the exceptions ce (see page 22 of the later	Yes X No.	5 b	X
b Did the foundation, during the year, pay premiums, dire				6 b	X
If "Yes" to 6b, file Form 8870	,	•			1
7 a At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	Yes X N	ه	
b If "Yes," did the foundation receive any proceeds or hav				7b	X
Part VIII Information About Officers, Directors and Contractors					
1 List all officers, directors, trustees, foundation m				_	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
CHARLES P. MILLER	PRESIDENT				
001 ROSS AVE, STE 3000, DALLAS, TX 75201	1.25 HRS	0.	0.		0.
DAVID MARTIN	SECRETARY			į	
2445 M STREET, NW, WASHINGTON, DC 20037	1.25 HRS	0.	0.		0.
OHN DELANEY	DIRECTOR				
404 WISCONSIN AVE, CHEVY CHASE, MD 20815	.50 HRS	0.	0.		0.
2 Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	luded on line 1 - se	e page 23 of the ins	tructions).	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
OT APPLICABLE					

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Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	rees,
、3 Five h	ghest-paid independent contractors for professional services (see page 23 of the instructions). If no	ne, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		-
Total numbe	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
Part IA-A	Sulfillary of Direct Chartable Activities	
List the found organizations	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
• 11211111		
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see page 24 of the instructions)	Amount
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other prog	ram-related investments. See page 24 of the instructions	
3 NONE		
Fotal. Add I	nes 1 through 3	0

Pa	That X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	1,194,514.
b	Average of monthly cash balances	1b	35,381.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	657,733.
d		1d	1,887,628.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,887,628.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
•		4	28,314.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,859,314.
6	Minimum investment return. Enter 5% of line 5	6	92,966.
	Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva		32,73
1 4	foundations and certain foreign organizations check here	part)	
1	Minimum investment return from Part X, line 6	1	92,966.
	Tax on investment income for 2010 from Part VI, line 5		327300.
b	Income tax for 2010 (This does not include the tax from Part VI) 2b	1	
C	Add lines 2e and 2h	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	92,966.
3 4	Recoveries of amounts treated as qualifying distributions	4	32,300.
5	Add lines 3 and 4	5	92,966.
6	Deduction from distributable amount (see page 25 of the instructions)	6	32,700.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•		7	92,966.
_	<u>line 1 · · · · · · · · · · · · · · · · · · </u>	1 / 1	52,500.
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	65,281.
b	B 111 1 1 1 1 1 1 1 1 B 1 1 1 B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		•
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	65,281.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		· · · · · · · · · · · · · · · · · · ·
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	65,281.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal		
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
•	line 7				92,966.
2	Undistributed income, if any, as of the end of 2010				
_	Enter amount for 2009 only			62,839.	
	Total for pnor years 20,20,20				····
3	Excess distributions carryover, if any, to 2010				
	_ i i				
a					
	From 2006				
ت س	From 2007				
a	From 2008				
	From 2009	0.			
	Total of lines 3a through e				
	Qualifying distributions for 2010 from Part XII, line 4 > \$ 65,281.			50.000	
a	Applied to 2009, but not more than line 2a			62,839.	
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount				2,442.
	Remaining amount distributed out of corpus				····
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	<u> </u>		
b	Prior years' undistributed income Subtract line 4b from line 2b		0.		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions		0.		
е	Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions			0.	
F	Undistributed income for 2010 Subtract lines				
•	4d and 5 from line 1 This amount must be				00.50:
	distributed in 2011				90,524.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9				
	Excess from 2006				
	Excess from 2007		1		
	Excess from 2008]		
	Excess from 2009				
е	Excess from 2010				
					Form 990-PF (2010)

Pa	rt XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Par	t VII-A, question 9)	
1 a	If the foundation has	received a ruling or o	letermination letter tha	it it is a private opera	ting	
	foundation, and the rulin	g is effective for 2010, e	enter the date of the ruling		▶	
, b	Check box to indicate wh				4942(j)(3) or 4942(j)(5)
· -		Tax year		Prior 3 years		1-1-4-1
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	I or the minimum investment				· ··· · · · · · · · · · · · · · · · ·	· · · · ·
	return from Part X for each year listed					0.
		0.	0.	0.	0.	0.
Ð	85% of line 2a		•	1		
С	Qualifying distributions from Part					0.
đ	XII, line 4 for each year listed . Amounts included in line 2c not					
u	used directly for active conduct	İ				0
	of exempt activities					0.
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c	0.	0.	0.	0.	<u> </u>
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					0.
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					0.
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X.				j	
	line 6 for each year listed]	0.
C	"Support" atternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities					
	ioans (section 512(a)(5)),					0.
	or royalties)					
	public and 5 or more exempt organizations as					
	provided in section 4942					0.
	(j)(3)(B)(iii)					
	port from an exempt					0.
	organization					0.
Da	(4) Gross investment income . rt XV Supplementa	nn Information /C	amplete this part	only if the founda	tion had \$5 000 a	
F		during the year - se			uon nau \$5,000 c	or more in assets
_	Information Regarding				 	
'	List any managers of			a than 20% of the total	contributions receive	d by the foundation
a	before the close of any					u by the loundation
NO	•	,	,	, , , , , , , , , , , , , , , , , , , ,		
NOI						
b	List any managers of					large portion of the
	ownership of a partner	snip or other entity) of	which the foundation	nas a 10% or greater	interest	
NOI		- Cantaile Ala Cont	OH 1 0 1 1 1			
2	Information Regarding	-		• •		
	Check here ► X If the	he foundation only r	nakes contributions	to preselected charita	able organizations an	d does not accept
	unsolicited requests for	or funds. If the foun	dation makes gifts, g	rants, etc (see page	28 of the instruction	s) to individuals or
	organizations under otl	her conditions, comple	ete items 2a, b, c, and	<u>d</u>	<u></u>	
а	The name, address, ar	nd telephone number	of the person to whor	n applications should be	addressed	
b	The form in which appl	ications should be sub	omitted and information	on and materials they s	hould include	
	• •			·		
С	Any submission deadling	nes				
d	Any restrictions or lir	mitations on awards,	such as by geogra	iphical areas, charitat	le fields, kinds of in	stitutions, or other
	factors					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

	ing the real of rapp.			,
Recipient Name and address (home or business)	If recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
MIRIAM KITCHEN			UNRESTRICTED GEN OPER	15,000.
THE URBAN ALLIANCE FOUNDATION		PUB CHAR	UNRESTRICTED GEN OPER	25,000.
EL HAYNES PUBLIC CHARTER SCHOOL		PUB CHAR	UNRESTRICTED GEN OPER	15,000.
ELIZABETH GLASER PEDIATRIC AID FOUNDA	TION	1	UNRESTRICTED GEN OPER	10,000.
				·
		İ		
1				
Tatal				CE 000
Total	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	▶ 3a	65,000.
110115		1		
NONE		1		
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Total			▶ 3b	0.

	Analysis of income-produ	1		Evaluded by	v section 512 513 or 514	(e)
Enter gross	amounts unless otherwise indicated	(a)	(b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income (See page 28 of
1 Program	n service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
а						
				-		
f						
	and contracts from government agencies					
_	rship dues and assessments					
	on savings and temporary cash investments			15	28.	
	ds and interest from securities					
	tal income or (loss) from real estate					
	t-financed property					
	debt-financed property					
				 		· · · · · · · · · · · · · · · · · · ·
	al income or (loss) from personal property	<u> </u>		 	 	
	nvestment income			 		····
	(loss) from sales of assets other than inventory			 		
	ome or (loss) from special events			+		<u> </u>
-	profit or (loss) from sales of inventory	<u> </u>		+		
	evenue a			 		
ь				-		
				 		
d				-		
е						<u>-</u>
2 Subtota	I Add columns (b), (d), and (e)		0.		28.	0.
3 Total. A	dd line 12, columns (b), (d), and (e)				13	28.
See works Part XVI	heet in line 13 instructions on page 29 B Relationship of Activities				 	
Line No. ▼	Explain below how each activit accomplishment of the foundations (instructions)					
	-					
		·				

Form 99		Information		ansfers To and Trans	actions a	and Relat	ionships With I	Nonch	_	_{ge} 13 able
. 11	n sect	-	y or indirectly e	ngage in any of the followi section 501(c)(3) organization					Yes	No
a 7	ransfe	ers from the reporting f		charitable exempt organization of						v
								1a(1)		X
(2) Oth	er assets						1a(2)		<u>X</u>
		ransactions							- 1	v
			-	panization				1		- <u>X</u>
				empt organization				-		<u>X</u>
								1 1	\dashv	<u>X</u>
										<u>X</u>
								1		<u> X</u>
				indraising solicitations				F 1		
				er assets, or paid employees						<u>X</u>
		•		es," complete the following			•			
		<u> </u>		es given by the reporting f						
			I	ment, show in column (d)	1					
(a) Line	e no	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(d) Desc	ription of trans	fers, transactions, and sha	nng arrang	jemen	ts
										
					 					
	- 				 					
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					ļ					
		•		nated with, or related to, on section 501(c)(3)) or in section		re tax-exem	pt organizations	Yes	X] No
_ b If	"Yes,	complete the following	schedule							
		(a) Name of organization	1	(b) Type of organization			(c) Description of relations	hip		
								- <u>-</u>		
 Sign				ammed this return, including accompreparer (other-than taxpayer or fidu						
_				\sim \sim \sim	1114/11	,	Dice to + Se	cant	and	1
Here					1119111	D :		<u>C/Q 1.</u>	~~~] —
	/ Si	gnature of officer or trusted		Date Dropped supporture		· · · · · · · · · · · · · · · · · · ·	itle	INITC		
		Print/Type preparer's	nam e	Preparer's signature		Date		PTIN		
Paid							Checkif			
Prepa	ırer			<u></u>		<u> </u>	self-employed			
Use C		Firm's name Firm's address	· 				Firm's EIN ▶			—
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							r	ALLE ALAA.	(2010)

FORM 990-PF - DETAIL, TAX YEAR 01/01/2010 - 12/31/2010					
Part I, Analysis of Revenue and Expenses					
LINE 23 - Other Expenses Bank charges	281				
TOTAL Other Expenses	281				

FORM 990-PF - DETAIL, TAX YEAR 01/01/2010 - 12/31/2010

PART II BALANCE SHEETS			
LINE 10 b - INVESTMENTS - CORPORATE STOCK	BEGINNING OF YEAR	END OF YEAR	
	(A) BOOK VALUE	(B) BOOK VALUE (B)	(B) FAIR MARKET VALUE (B)
100% of the Common Stock of CS Equity V, Inc*	1,489,948	812,500	812,500
1087 Shares Common Stock of Flavor Holdings, Inc	35,012	51,5 69	51,5 69
TOTAL	1,524,960	864,069	864,069
*The assets have decreased in value since contribution			
INE 13 - INVESTMENTS - OTHER	BEGINNING OF YEAR	END OF YEAR	
	(A) BOOK VALUE	(B) BOOK VALUE (B)	(B) FAIR MARKET VALLE (B)
University Opportunity Fund	576,612	657,733	657,733
TOTAL	576,612	657,733	657,733
INE 15 - OTHER ASSETS	BEGINNING OF YEAR	END OF YEAR	
	(A) BOOK VALUE	(B) BOOK VALUE (B)	(B) FAIR MARKET VALUE (B)
Income Tax Receivable	-	490	490
TOTAL		490	. 490

PART III ANALYSIS OF CHANGES IN NET ASSETS OR FUND BALANCES

LINE 3 - OTHER	INCREASES NOT	INCLUDED IN LINE 2

BEGINNING OF YEAR

Return of Capital Income Tax Receivable

(A) BOOK VALUE 490,234

490

TOTAL

490,724

FORM 990-PF - DETAIL, TAX YEAR 01/01/2010 - 12/31/2010

PART VII-A, STATEMENT REGARDING ACTIVITIES

Line 11. At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512 (b) (13)?

100% in CS Equity V, Inc

Form 8868

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

# If you are fuling for an Automatic 3-Month Extension, complete only Part II on page 2 of this form). ## If you are fuling for an Automatic Not Automatic 3-Month Extension, complete only Part II (on page 2 of this form). ## Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8888 ## Electronic (filing (e-file)). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a copporation required to file Form 990-T1, or an automatic 3-month extension of time to file (7 months for a copporation regime of the form 990-T1 and declarations). For more details on time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Informatic anstructions). For more details on the electronic filing of the form, visit wow in a government and the form the form the form of the form of time to file forms 990-T1 and requesting an automatic 6-month extension - check this box and complete Part I orly. ### All other corporations (including 1120-C filess), partnerships, REMICs, and inusts must use Form 7004 for request an extension of time to file income tex returns. ### Type or Including 1120-C filess), partnerships, REMICs, and inusts must use Form 7004 for request an extension of time to file income tex returns. ### Type or Including 1120-C filess), partnerships, REMICs, and inusts must use Form 7004 for request an extension of time to file income tex returns. ### Type or Including 1120-C filess), partnerships, REMICs, and inusts must use Form 7004 for request an extension of time to file in the files and including in the files and including in the files and including in the files and including in the files and including in the files and including in the files and including in the files and including in the files and including in the files and including in the files and including in the files and including in the files and including in the files and including in the files and inclu	Department of t		► File a	separate a	pplication for each return.			
If you are films for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the form) Do not complete Part II unless you have already been grated an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-filing (e-filing) (
Do not complete Part Il unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for acceptance for file Form 990-T) or an additional (not automatic). 3-month extension of time to file (6 months for 8868 if you need a 3-month extension of time to file form 990-T form 990-T (frust form). The form, and form all or Part I with the exception of Torm 8970, Information Return for Transfers Associated With Cestine Personal Benefit Contracts, which must be considered. The part of the form stretches, For more details or the selections thing of the form, and forwer is goverheld and click on -file for Charlines & Nonprotis Part I coty. A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I coty. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file increme tax returns. Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization Type or Name of exempl organization organization organization organization organization organization organization exemple organization organization organization organization exemple organization organization organization exemple organization organization exemple organization exemple organization exemple organization exemple organization return for the organization and time organization exemple organization return f								
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8866 to request an extension of time to file any of the forms listed in Part 1 or Part II with the exception of Form 8870, Information Return (or Transfers Associated With Certain Personal Benefit Confuects, which must be sent to the RS in paper formal (see instructions). For more details on the electronical ling of this form, visit waw is goverhele and clock on effet for Charlines & Nongrolds. Part Automatic 3-Month Extension of Time. Only submit original (no copies needed)								3
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or print Type or print Type or print Time of exemple organization CAPITALSOURCE CHARITABLE FOUNDATION Return SFORT Application Return code for the return that this application is for (file a separate application for each return) Form 990 O1 Form 990-T (corporation) O7 Form 990-BL O2 Form 1041-A O8 Form 990-E Form 990-E Form 990-T (see: 401(a) or 408(a) trust) O3 Form 990-T (corporation) O4 Form 990-T (see: 401(a) or 408(a) trust) O5 Form 6870 11 Telephone No ► (202) 457-5260 FAX No ► (202) 457-6315 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN) If the organization's return for, If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15 O2 O0 O0 O0 O0 O0 O0 O0 O0 O0 O0 O0 O0 O0	a corporatio 8868 to req Return for instructions)	n required to luest an ext Transfers A For more o	o file Form 990-T), or an addition ension of time to file any of the ssociated With Certain Persona details on the electronic filing of the	nal (not aut forms liste al Benefit (nis form, vis	tomatic) 3-month extension of time ed in Part I or Part II with the exce Contracts, which must be sent to sit www.irs.gov/efile and click on e-f	You can ption of F the IRS	electronicall form 8870, I in paper fo	ly file Form Information ormat (see
Part I only. All other corporations (including 1120-C lilers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income lax returns Type or Print File trythe due date for CAPITALSOURCE CHARITABLE FOUNDATION CAPITALSOURCE CHARITABLE FOUNDATION CAPITALSOURCE CHARITABLE FOUNDATION 26-4312410 Humber, street, and room or suite no if a PO bas, see instructions CHEVY CHASE, MD 20815 Enter the Return code for the return that this application is for (file a separate application for each return) Seor Code CHEVY CHASE, MD 20815 Enter the Return code for the return that this application is for (file a separate application for each return) Seor Code CHEVY CHASE, MD 20815 Enter the Return code for the return that this application is for (file a separate application for each return) Seor Code CHEVY CHASE, MD 20815 Enter the Return code for the return that this application is for (file a separate application for each return) Seor Code CHEVY CHASE, MD 20815 Enter the Return code for the return that this application is for (file a separate application for each return) Seor Code CHEVY CHASE, MD 20815 Enter the Return code for the return that this application is for (file a separate application for each return) Porm 990. Seor Code Code Code Is Form 990. Seor Code Code Form 990. Seor Code Code Form 990. Seor Code Code Form 990. Seor Code Code Form 990. Seor Code Code Form 990. Seor Code Code Form 990. Seor Code Code Form 990. Seor Code Code Form 990. Seor Code Code Form 990. Form 9	Part Au	tomatic 3-	Month Extension of Time. Or	ıly submit	original (no copies needed)			
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Name of exempl organization	All other cor	porations (i	ncluding 1120-C filers), partnersh	ups, REMIC	Cs, and trusts must use Form 7004 to	request a	n extension c	of time
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Print CAPITALSOURCE CHARITABLE FOUNDATION 26-4312410	Type or	Name of ex	empl organization			Employe	r identification	ı number
Number, street, and room or suite no if a P O box, see instructions		CAPITA	ALSOURCE CHARITABLE FO	UNDATIO	NC	26-43	12410	
thing your return See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHEVY CHASE, MD 20815 Enter the Return code for the return that this application is for (file a separate application for each return). Application Is For Code SFORT 990. Return Code SFORT 990. Return Code SFORT 990. Return Code SFORT 990. Form 990. F		Number, st	reet, and room or suite no. If a P.O. bo.	x, see instruc	ctions			
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Form 990	Application			Return	Application			Return
Form 990-BL	ls For			Code	Is For			Code
Form 990-EZ	Form 990			01	Form 990-T (corporation)			07
Form 990-PF	Form 990-BL	•		02	Form 1041-A			08
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 12 The books are in the care of CAPITALSOURCE CHARITABLE FOUNDATION Telephone No (202) 457-5260 FAX No (202) 457-6315 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If this is for a Group Return, enter the organization's for degree the extension is for some state of the group, check this box If this is for a Group Return for the organization of time until AUGUST 15 If the organization's return for the organization named above The extension is for the organization's return for. If this application is return for. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less and estimated tax payments made include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for	Form 990-E2	7		03	Form 4720			09
The books are in the care of ► CAPITALSOURCE CHARITABLE FOUNDATION Telephone No ► (202) 457-5260 FAX No ► (202) 457-6315 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box Individual is with the names and EINs of all members the extension is for so the unitified National Individual I	Form 990-PF	-		04	Form 5227			10
The books are in the care of ► CAPITALSOURCE CHARITABLE FOUNDATION Telephone No ► (202) 457-5260 FAX No ► (202) 457-6315 If the organization does not have an office or place of business in the United States, check this box ► If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15	Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11
Telephone No ► (202) 457-5260 FAX No ► (202) 457-6315 • If the organization does not have an office or place of business in the United States, check this box	Form 990-T	(trust other	than above)	06	Form 8870			12
Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.00 Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for	Telephone If the orga If this is for the whole a list with the I requesionate for the X	e No (2) enization does or a Group R e group, che e names and st an autom UGUST 15 organization calendar ye	es not have an office or place of the seturn, enter the organization's for each this box ▶	pousiness in ur digit Gro f it is for pa on is for poration re exempt org	FAX No (202) 457-6315 the United States, check this box pup Exemption Number (GEN) int of the group, check this box required to file Form 990-T) extension ganization return for the organization	of time	and atta	ach
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			ng to make an electronic fund w	/ithdrawal	with this Form 8868, see Form 8	3453-EO a	and Form 88	379-EO for

Form 8868 (R				· · · · · · · · · · · · · · · · · · ·	Page 2
If you are	e filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II and che	ck this box	▶
Note. Only	complete Part II if you have already been gra	nted an aut	tomatic 3-month extension on a pre	viously filed Form 8868	
	e filing for an Automatic 3-Month Extension, o	complete o	nly Part I (on page 1)		
Part II	Additional (Not Automatic) 3-Month Ex	ktension o	f Time. Only file the original (no	copies needed)	
Type or	Name of exempt organization			Employer identification number	
print	CAPITALSOURCE CHARITABLE FOU	NDATION	}	26-4312410	
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions		
extended	nded date for 5404 WISCONSIN AVENUE, 2ND FLOOR				
filing your					
return See CHEVY CHASE MD 20015					
instructions					
Enter the R	eturn code for the return that this application	is for (file a	a separate application for each return)	0 1
Application		Return	Application		Return
Is For		Code	Is For		Code
Form 990	The state of the s	01			
Form 990-B	<u> </u>	02	Form 1041-A		08
Form 990-E		03	Form 4720		09
Form 990-P		04	Form 5227		10
	(sec 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
	not complete Part II if you were not already			a previously filed Form	
	s are in the care of CAPITALSOURCE				
	ne No ► (202) 457-5260		AX No ▶ (202)457-6315		
	anization does not have an office or place of	_			
	for a Group Return, enter the organization's for				
	le group, check this box				
	names and EINs of all members the extension		it of the group, effect this box	P and attac	11 4
	est an additional 3-month extension of time un		BER 15	20 11	
	ilendar year 2010, or other tax year beginni		, 20 , and ending		1
	ax year entered in line 5 is for less than 12 m			Final return	′
	Change in accounting period	Onins, chec	reason [] mittai return [] / marietam	
_	in detail why you need the extension				
	DRMATION NECESSARY TO PREPARE	A COMPI	ETE AND ACCURATE RETUR	N IS NOT YET BEI	ADTLY
	LABLE	71 001721	JETE THE PRODUCTION	N 10 ROT TET WEST	10 1111
					
8a If this	application is for Form 990-BL, 990-PF, 99	0-T 4720	or 6069, enter the tentative tax	c less any	
	fundable credits. See instructions	70-1, 4120	, or ooos, enter the ternative tax	8a \$	0.00
	application is for Form 990-PF, 990-T,	4720 or	6069 enter any refundable of		- 0.00
	ated tax payments made Include any pri			1 1	
	nt paid previously with Form 8868	oi yeai o	verpayment allowed as a credit	· —	0 00
		VOUE DOVE	ant with this form if required by it	8b \$	0.00
	ce Due. Subtract line 8b from line 8a Include ronic Federal Tax Payment System) See instru		ent with this form, it required, by us	· 1 1	0.00
(Liecti			d \/= v'f' = -A' = -	8c \$	
Lindar nanattia			d Verification	to the best of my keepyledee	
it is true, correc	s of perjury. I declare that I have examined this form. It, and complete, and that I am authorized to prepare this for	m acc	ompanying screenies and statements, and	to the best of my knowledge	and belief
				·	
Sugard				219	2011
Signature			Title & Market	Date Date	
				Form 8 ⁸ 868 (R	.ev 1-2011)