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#### Form' 990-PF

Department of the Treasury

# **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

Internal Revenue Service For calendar year 2010, or tax year beginning JUL 1. 2010 , and ending JUN 30 2011 G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change A Employer identification number Name of foundation COOPERATIVE ASSISTANCE FUND, INC 91-2029629 C/O OSI Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1050 17TH STREET NW 1200 202-682-9100 City or town, state, and ZIP code C if exemption application is pending, check here WASHINGTON. 20036 DC D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year | J Accounting method: X Accrual Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination Part | Analysis of Revenue and Expenses (a) Revenue and (b) under section 507(b)(1)(B), check here (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 371 371. STATEMENT 172,732. 172,732. STATEMENT 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 9.358. 62 Net gain or floss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,426,718. 9,358 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less. Cost of goods sold c Gross profit or (toss) 25,148 0 25,148.STATEMENT Total Add lines 1 through 11 207,609 25,148 182,461. Complete Salaries and wages 0. Coperating and Administrative Expenses 5,120. 512. 0. 512. **b** Accounting fees STMT 73,816. 5 382 0. 66,434. c Other professional fees 17 Interest 0. STMT 6 8,014 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 7 116,835 14,920 Ō. 97,806. 23 Other expenses 24 Total operating and administrative 203,785 22,814 0 164,752. expenses. Add lines 13 through 23 50,000. 50,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 253,785 22,814 0. 214,752. Add lines 24 and 25 27 Subtract line 26 from line 12: <46,176. 2 Excess of revenue over expenses and disbursements 159,647 b Net investment income (if negative, enter -0-) 25,148. c Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see the instructions.

	•	- C/O ODI	Beginning of year	End of	1027023 1995 -
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1		(a) Dook value	(b) DOOK VAIDE	(C) Fair Market Value
	1	Cash - non-interest-bearing	1 600 642	1,463,700.	1,463,700.
	l	Savings and temporary cash investments	1,688,642.	1,403,700.	1,403,700.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►	1	1	
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable STMT 8 > 99,042.			· · · · · · · · · · · · · · · · · · ·
	l	disqualified persons  Other notes and loans receivable STMT 8   Less: allowance for doubtful accounts   0.	37,500.	99,042	99,042.
S	8	Inventories for sale or use			<del></del>
Assets	٩	Prepaid expenses and deferred charges			
As	102	Investments - U.S. and state government obligations	<del></del>		<del></del>
	1.	· · · · · · · · · · · · · · · · · · ·			
	1	Investments - corporate stock		<del></del>	<del></del>
	1	Investments - corporate bonds			<del></del>
	ייו	Investments - land, buildings, and equipment basis			•
	l	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	3,998,258.	4,148,750.	4,148,783.
	14	Land, buildings, and equipment basis			
	l	Less accumulated depreciation			
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers)	5,724,400.	5,711,492.	5,711,525.
_	-	Accounts payable and accrued expenses			<del></del>
	18	Grants payable			
<b>'</b> A	19	Deferred revenue	<del></del>	——————————————————————————————————————	
Liabilities			<del></del>		
Ē		<b>)</b>			
Ë		Mortgages and other notes payable		<del></del>	
	22	Other liabilities (describe			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
(C)		and complete lines 24 through 26 and lines 30 and 31.			
č	24	Unrestricted			
lar	25	Temporarily restricted			
B	26	Permanently restricted			
nu		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balance		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	5,724,400.	5,711,492.	
ě	30	Total net assets or fund balances	5,724,400.	5,711,492.	
Z	30	Total not assets of fully palaliets	3,,41,100	3,.11,1320	
	21	Total lightilities and not prosets flund halances	5,724,400.	5,711,492.	
_	31	Total liabilities and net assets/fund balances		J, [11, 4 <u>J</u> 2.	<del></del>
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 30	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·
			,		5 724 400
		st agree with end-of-year figure reported on prior year's return)			5,724,400. <46,176.>
		r amount from Part I, line 27a	2		
		r increases not included in line 2 (itemize) PRIOR PERIOD	ADJUSTMENT	3	33,268.
		lines 1, 2, and 3		4	5,711,492.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mn (b), line 30		5,711,492.
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	,	1	US	Т

Part IV Capital Gains a		ses for Tax on In	vestment	Income					1 202	3023 . ugo c
(a) List and descri	be the kin	d(s) of property sold (e.g.	, real estate,		(b)	How ac			acquired	(d) Date sold (mo., day, yr)
2-story brick warehouse; or common stock, 200 shs. MLC Co.)  a SECURITIES IN ML BROKERAGE ACCTS				- Dona		(mo., d	ay, yr.)	(IIIO., day, yi )		
b SECURITIES IN M	т вк	OKERAGE ACC	15		<del> </del>		-			
C		***	<del></del>							
d										
е					Ĺ.,				l	
(e) Gross sales price		epreciation allowed (or allowable)	plus e	t or other basis xpense of sale					ain or (loss) s (f) minus (	g)
a 1,426,718.				1,417,36	0.		-			9,358.
C					一					
d								_		
е				10101100	_					
Complete only for assets showing					_		(I) ( col. (	Sains (C k), but r	ol. (h) gain not less thar	minus ı -0-) <b>or</b>
(i) F.M.V. as of 12/31/69		) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				Losses	(from col. (l	h))
a					$\Box$					9,358.
b										
d d				<del></del>					-	
e									-	
		∫ If gaɪn, also enter	in Part I line	<del></del> 7	7					
2 Capital gain net income or (net cap	ıtal loss)	If (loss), enter -0-			<u>}</u>	2		-		9,358.
3 Net short-term capital gain or (loss	s) as defin	•					!			
If gain, also enter in Part I, line 8, c	olumn (c)	•			$\rightarrow$				NT / N	
If (loss), enter -0- in Part I, line 8  Part V   Qualification Ur	dor Se	ection 4940(e) for	Reduced	Tay on Net	Inv	3 eetn	ent Inco	me	N/A	
(For optional use by domestic private										
(For optional use by domestic private	iounuatioi	is subject to the section 4	isto(a) tax on	net investment in	COINC	<i></i> /				
If section 4940(d)(2) applies, leave thi	s part bla	nk.								
Was the foundation liable for the section	on 4942 ta	ax on the distributable am	ount of any ye	ar in the base per	ıod?					Yes X No
If "Yes," the foundation does not qualif										
1 Enter the appropriate amount in ea	ach colum		uctions before	making any entri						(d)
(a) Base period years Calendar year (or tax year beginnin	g ın)	(b) Adjusted qualifying dist		Net value of no		rıtable-			Distrib (col. (b) div	ution ratio ided by col. (c))
2009			6,942.		2	<u>, 89</u>	8,415.		_	.033447
2008			2,556.				8,416.			.042284
2007			8,150. 6,724.				4,544. 5,422.		•••	.001790
2006	-+		5,678.				6,699.			.028379
2003	<u> </u>	<del></del>	3,0,00		_	,	., ., .			
2 Total of line 1, column (d)								2		.154542
3 Average distribution ratio for the 5	-year base	period - divide the total c	on line 2 by 5,	or by the number	of ye	ars				
the foundation has been in existen	ce if less t	han 5 years	-					3		.030908
4 Enter the net value of noncharitable	e-use assi	ets for 2010 from Part X	line 5					4		3,217,180.
4 Litter the net value of noncharitation	0 030 033	7.5 101 20 10 110 111 are 7.5, 1						<u> </u>		
5 Multiply line 4 by line 3								5		99,437.
6 Enter 1% of net investment income	e (1% of F	Part I, line 27b)						6		1,596.
	. (	·····								
7 Add lines 5 and 6					•			7		101,033.
8 Enter qualifying distributions from	Part XII, I	ine 4						8	_	301,844.
If line 8 is equal to or greater than	line 7, che	ck the box in Part VI, line	1b, and comp	lete that part usin	g a 1	% tax ı	ate.			
See the Part VI instructions.									Е.	orm <b>990-PF</b> (2010)
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COOPERATIVE ASSISTANCE FUND, INC

	1-2029			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)	<b>18 - see</b> i	nstrı	ictio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%	1		1,5	<u>96.</u>
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3 Add lines 1 and 2	3		1,5	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1,5	<u>96.</u>
6 Credits/Payments:				
a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 5, 420.				
b Exempt foreign organizations - tax withheld at source				
c Tax paid with application for extension of time to file (Form 8868)				
d Backup withholding erroneously withheld 6d				
7 Total credits and payments. Add lines 6a through 6d	7		5,4	20.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		<del></del>	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
<del></del>	10		3,8	24.
	11		-,-	0.
Part VII-A   Statements Regarding Activities	<u>:</u> '-'			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	_		Yes	No
any political campaign?		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or	<del></del>		
distributed by the foundation in connection with the activities	o,			
c Did the foundation file Form 1120-POL for this year?		10		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
		1		
(-)				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •				
		2		х
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		<b> </b>		
If "Yes," attach a detailed description of the activities.				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		١,		х
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a		
b If "Yes," has it filed a tax return on Form 990-T for this year?	M/A	4b		X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<u> </u>
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la	W		37	
remain in the governing instrument?		6	X	<u> </u>
7 Did the foundation have at least \$5,000 in assets at any time during the year?		7	Х	
If "Yes," complete Part II, col. (c), and Part XV		ļ		
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			ļ	
MD				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation SEE STATEME	NT 10	8b		Х
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend	ar			
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X_

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

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

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

b if "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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4a

4h

X

X

Yes X No

N/A

during the year?

			i I	1
		1		
2 Compensation of five highest-paid employees (other than those i	included on line 1). If none	e, enter "NONE."		
(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 account, othe allowances
NONE				
		<u> </u>		
	$\dashv$			
	<del></del>	<del>                                     </del>	<del>                                     </del>	-
	-			
Total number of other employees paid over \$50,000			▶	ſ

COOPERATIVE ASSISTANCE FUND, INC 91-2029629 Page 7 C/O OSI Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VIII 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (c) Compensation (a) Name and address of each person paid more than \$50,000 (b) Type of service ROSS GEORGE - 1436 U ST. NW, 4TH FLOOR, WASHINGTON, DC 20009 PROGRAM CONSULTATION 73,816.

Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<b>&gt;</b>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expen	ıses

SEE STATEMENT 12	50,000.
2	
3	
4	

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
PROGRAM RELATED LOAN	
	99,042.
REDUCTION IN CITY FIRST LOAN COLLATERAL ACCOUNTS	
	<16,298.
All other program-related investments. See instructions.	
REINVESTMENT IN CDARS PROGRAM	
	4 348

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions)
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	3,097,335. 168,838.
b	Average of monthly cash balances	1b	168,838.
С	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,266,173.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)   1e   0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,266,173.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	48,993.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,217,180.
6	Minimum investment return. Enter 5% of line 5	6	160,859.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here   ■ and do not complete this part.)	d certair	1
1	Minimum investment return from Part X, line 6	1	160,859.
2a	Tax on investment income for 2010 from Part VI, line 5 2a 2 1,596.		<del></del>
b	Income tax for 2010. (This does not include the tax from Part VI.)	- 1	
C	Add lines 2a and 2b	2c	1,596.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	159,263.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	159,263.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	159,263.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	.	214 752
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	214,752. 87,092.
	Program-related investments - total from Part IX-B	1b	87,092.
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:	_	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	201 044
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	301,844.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		1 506
	income. Enter 1% of Part I, line 27b	5	1,596.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	300,248.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualities	for the section

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Part XIII	Undistributed	Income	(see instructions)
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	(a) Corpus	(b) Years prior to 2009	(c) 2009	( <b>d)</b> 2010
1 Distributable amount for 2010 from Part XI,			<del></del>	
line 7				159,263.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
<b>b</b> Total for prior years:				
		0.	<del></del>	
3 Excess distributions carryover, if any, to 2010:			-	
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009	0.			
f Total of lines 3a through e  4 Qualifying distributions for 2010 from				
Part XII, line 4: ▶\$ 301,844.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				159,263.
e Remaining amount distributed out of corpus	142,581.			
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	142,581.			
b Prior years' undistributed income. Subtract	112,301	·		
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	:	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	أا			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.	····		
9 Excess distributions carryover to 2011.	140 501			
Subtract lines 7 and 8 from line 6a	142,581.			
10 Analysis of line 9:	1			
a Excess from 2006				
b Excess from 2007 c Excess from 2008				
d Excess from 2009				
e Excess from 2010 142,581.				
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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

C/O OSI

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Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or **Amount** contribution status of Name and address (home or business) recipient a Paid during the year 50,000. N/A 501(C)(3) CITY FIRST ENTERPRISES GRANT FOR PROGRAM 1436 U STREET NW BANK DEVELOPMENT WASHINGTON, DC 20009 HOLDING COMPANY 50,000. ➤ 3a Total b Approved for future payment NONE Total 023611 12-07-10

C/O OSI

Part XVI-A	Analysis of Income-Producing	Activities
I GILATI-A	Analysis of moonie i readonig	, , , , , , , , , , , , , , , , , , , ,

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	Tunction income
a	<b></b>				<u> </u>
b	1				
c	<b> </b>				
d	<b> </b>				
e	$\vdash$	···			
	ļ				
g Fees and contracts from government agencies		<del></del>			
2 Membership dues and assessments					<del></del>
3 Interest on savings and temporary cash	1			274	
investments			14	371.	
4 Dividends and interest from securities	<b></b>		14	172,732.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property	ļ		4		
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal	}				
property					
7 Other investment income			$\bot$		
8 Gain or (loss) from sales of assets other					
than inventory	1		14	9,358.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	<u> </u>				
11 Other revenue:					
a RECOVER EXPENSE WRITEOFF			01	25,053.	
b MISCELLANEOUS			01	95.	
C					· -
d					
e			$\bot$		
12 Subtotal. Add columns (b), (d), and (e)		0		207,609.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	207,609.
(See worksheet in line 13 instructions to verify calculations.)					

#### Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

	· · · · · · · · · · · · · · · · · · ·
Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of
_	the foundation's exempt purposes (other than by providing funds for such purposes).
4	THE CORPORATION IS A VEHICLE PERMITTING FOUNDATIONS AND CHARITABLE
	ORGANIZATIONS TO MAKE PROGRAM RELATED INVESTMENTS IN MINORITY
	OWNED BUSINESSES IN LOW INCOME AND ECONOMICALLY DEPRESSED AREAS.
	SIMILAR TO ACTIVITIES OF THE ORGANIZATIONS DESCRIBED IN REV. RUL.
	74-587, 1974-2 C.B. 162.
023621 12-07-10	Form <b>990-PF</b> (2010)

C/O OST

91-2029629 Page 13

FUIII	1 990-17 (2010)	27027	- 1 0	ige io
Pa	Information Regarding Transfers To and Transactions and Relationships With Nonc Exempt Organizations	haritable	<b>;</b>	
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
а	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		<u>X</u>
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		_X_
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the good	is, other ass	ets,	

		undation. If the foundation recei other assets, or services received		ie in any transaction	n or sharing arrange	ment, show in	
(a)Line no	(b) Amount involved	(c) Name of noncharitab		(d) Descriptio	n of transfers, transactio	ns, and sharing arrange	ments
<del></del>	- ' ' ' ' ' '	N/A		<del>-   </del>		·- <del>-</del> -	
			·	-		-	
		<del></del>					
			· · ·				
						<u>-</u>	
0 - 1-4						<del></del>	
	<u>-</u>	y affiliated with, or related to, on than section 501(c)(3)) or in sei		zauons described		Yes [	X No
b If "Yes	s," complete the following sche	dule.					
	(a) Name of orga	inization	(b) Type of organization		(c) Description of re	lationship	
	N/A						
	<del> </del>						
			<u> </u>	<u> </u>		<del></del>	
		that I have examined this return, inclu er (other than taxpayer or fiduciary) is				e and belief, it is true, co	лгест,
Sign Here		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 5/2/	2012 , 1)	1 /	ustea	
nere	Signature of officer or trus		Date		Title	4910	
	Print/Type preparer's nar			Date		PTIN	
	MICHAEL SOI			, ,	self- employed		
Paid	CPA CPA	CREDID, LIM	Ed for	4/31/2012	oun umployed		
Prepar				<del>V /                                     </del>	Firm's EtN ▶		
Use Or		ODII, DDI		•	I IIII 3 LIII		
500 01		01 WISCONSIN AV	VE. SUTTE 80	0	<del> </del>	···	
		THE CONDIN IN		•	Dhana na /	301\654_4	900

FORM 990-PF	INTEREST	ON	SAVINGS	AND	TEMPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE								AMOUNT	
BB & T								3	71.
TOTAL TO FOR	M 990-PF,	PAR	RT I, LII	NE 3	, COLUMN A			3	71.

FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
CERTIFICATES OF DEPOSIT	4,348.	0.	4,348.
DIVIDENDS -ML ACCOUNTS	163,521.	0.	163,521.
FULCRUM CAPITAL PARTNERS K-1	3,477.	0.	3,477.
FULCRUM VENTURE MGMT LLC	257.	0.	257.
INTEREST - CITY FIRST BANK	1,082.	0.	1,082.
INTEREST - ML 04D86	47.	0.	47.
TOTAL TO FM 990-PF, PART I, LN 4	172,732.	0.	172,732.

FORM 990-PF OTHER	INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RECOVER EXPENSE WRITEOFF MISCELLANEOUS	25,053. 95.	0.	- ,
TOTAL TO FORM 990-PF, PART I, LINE 11	25,148.	0.	25,148.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING AND OTHER	5,120.	512.	0.	512.		
TO FORM 990-PF, PG 1, LN 16B	5,120.	512.	0.	512.		

FORM 990-PF C	THER PROFES	SIONAL FEES	Sī	ATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	73,816.	7,382.	0.	66,434.
TO FORM 990-PF, PG 1, LN 16C	73,816.	7,382.	0.	66,434.

FORM 990-PF	TAX	ES	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL TAX	8,014.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	8,014.	0.	0.	0.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
EXPENSES FULCRUM VENTURE TELEPHONE INSURANCE CONSULTING MANAGEMENT FEES- FULCRUM K-1 PROFESSIONAL FEES-FULCRUM	270. 1,137. 2,211. 2,550. 2,675.	270. 114. 0. 0. 2,675.	0. 0. 0. 0.	0. 569. 1,106. 0.	
K-1 LOAN DEFAULT ON PROGRAM LOAN MANAGEMENT FEE SERVICE CHARGES MARKET SUPPLY STUDY	965. 88,608. 10,840. 56. 7,523.	965. 0. 10,840. 56. 0.	0. 0. 0. 0.	0. 88,608. 0. 0. 7,523.	
TO FORM 990-PF, PG 1, LN 23	116,835.	14,920.	0.	97,806.	

FORM 990-PF OTHER NOTES A	ND LOAN	S REPORTED S	EPARATELY	STATEMEN	Tr 8	
BORROWER'S NAME	TE	RMS OF REPAY	MENT I	INTEREST F	RATE	
PAP AND PETEY'S LLC	-	40		.00%		
DATE OF MATURITY ORIGINAL NOTE DATE LOAN AMOUN		SCRIPTION OF NSIDERATION		FMV OF CONSIDERAT		
37,5	00.		•		0.	
SECURITY PROVIDED BY BORROWER	PURPOSE	OF LOAN				
NONE	PROGRAM	INVESTMENT				
RELATIONSHIP OF BORROWER		BALANCE DUE	DOUBTFUL ACC	T FMV OF LO		
NONE		0.	0	).	0 .	
BORROWER'S NAME	TE	RMS OF REPAY	MENT I	NTEREST F	RATE	
DC DENTAL DEVELOPMENT CO.				.00%		
DATE OF MATURITY ORIGINAL NOTE DATE LOAN AMOUN'		SCRIPTION OF NSIDERATION		FMV OF		
99,0	42.		•		0.	
SECURITY PROVIDED BY BORROWER	PURPOSE	OF LOAN				
NONE	PROGRAM	INVESTMENT				
RELATIONSHIP OF BORROWER		BALANCE DUE	DOUBTFUL ACC	T FMV OF LO		
NONE		99,042.	0	99	9,042	

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 9
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH 749 04D86		COST	0.	0.
MERRILL LYNCH 16H 57086		COST	3,178,455.	3,178,488.
CF BANC CORP		COST	625,000.	625,000.
SHOREBANK CORP		COST	222,000.	222,000.
FULCRUM CAPITAL MGMT LLC		COST	<575.>	<575.>
FULCRUM CAPITAL PARTNERS		COST	112,369.	112,369.
FULCRUM VENTURE MANAGEMENT	LLC	COST	11,501.	11,501.
TOTAL TO FORM 990-PF, PART	II, LINE	13	4,148,750.	4,148,783.

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 8B STATEMENT 10

## EXPLANATION

A COPY OF FORM 990-PF HAS NOT BEEN FILED WITH MARYLAND. MARYLAND ONLY REQUIRES THE 990-PF TO BE FILED WHEN THE ORGANIZATION IS FUNDRAISING IN THE STATE.

	T OF OFFICERS, I FOUNDATION MANA	STATEMENT 11		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
ROBERT L. BUNNEN, JR., ESQUIRE 5200 OAKLAND ROAD CHEVY CHASE, MD 20815	DIRECTOR 0.50	0.	0.	0.
BEATRIZ OTERO 1420 COLUMBIA RAOD, NW WASHINGTON, DC 20009	DIRECTOR 0.50	0.	0.	0.
RAY B. LOESCHNER 2565 FREDERICK DR. SE GRAND RAPIDS, MI 49506	DIRECTOR 0.50	0.	0.	0.
BARRY GABERMAN 2110 HARBOURSIDE DRIVE, APT 517 LONGBOAT KEY, FL 34228	DIRECTOR 0.50	0.	0.	0.
JOHN G. SIMON P.O. BOX 20825 NEW HAVEN, CT 065208215	DIRECTOR 0.50	0.	0.	0.
ERNEST OSBORNE 456A HERITAGE HILLS SOMERS, NY 10589	DIRECTOR 0.50	0.	0.	0.
GEORGE WALKER 1050 17TH ST NW #1200 WASHINGTON, DC 20036	DIRECTOR 1.00	0.	0.	0.
BOISFEUILLET JONES, JR. 1150 15TH STREET, NW WASHINGTON, DC 20005	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 12

## ACTIVITY ONE

ASSIST POOR AND LOW INCOME COMMUNITIES IN OVERCOMING THE LACK OF ACCESS TO CREDIT AND VENTURE CAPITAL FROM ESTABLISHED FINANCIAL SOURCES BY PROVIDING CAPITAL FOR SMALL BUSINESS AND COMMUNITY DEVELOPMENT VENTURES (BOTH FOR-PROFIT AND NONPROFIT) IN DISADVANTAGED COMMUNITIES.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 1

50,000.

## Form 8868 . (Rev. January 2011) Department of the Treasure

# Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

	enue Service	► File a sepa	rate appl	cation for each return.		<u> </u>		
• If you a	are filing for an Aut	omatic 3-Month Extension, complet	e only Pa	rt I and check this box		<b>&gt;</b>	$\mathbf{x}$	
•	•			omplete only Part II (on page 2 of this	form)			
				tic 3-month extension on a previously file		m 8868.		
				3-month automatic extension of time to			oration	
				ion of time. You can electronically file Fo				
				Form 8870, Information Return for Trans				
				(see instructions) For more details on th				
		lick on e-file for Charities & Nonprofits		,		•		
Part I		3-Month Extension of Time		bmit original (no copies needed)				
				onth extension - check this box and com	plete			
Part I onl	· ·					. •		
All other	•	ding 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to request an	extens	sion of time		
Type or	Name of exemp	t organization			Empl	Employer identification number		
print		IVE ASSISTANCE FUNI	), INC	g				
<b></b>	C/O OSI			9:	91-2029629			
File by the due date for	NI	and room or suite no. If a P O box, se	ee instruct	tions.				
filing your		H STREET NW, NO. 12						
return See instructions		st office, state, and ZIP code. For a fo		ress, see instructions.				
	WASHINGT		•					
Enter the	Return code for th	e return that this application is for (file	a separa	te application for each return)			0 4	
Applicat	ion		Return	Application			Return	
Is For			Code	Is For			Code	
Form 990	)		01	Form 990-T (corporation)			07	
Form 990	)·BL		02	Form 1041-A			08	
Form 990	)-EZ		03	Form 4720			09	
Form 990	)-PF		04	Form 5227			10	
Form 990	D-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11	
Form 990	D-T (trust other than	above)	06	Form 8870			12	
		BDO USA, LLP C	O MI	KE SORRELLS				
• The b	ooks are in the care	e of ► 7101 WISCONSIN	AVE,	SUITE 900 - BETHESD	A, :	MD 20814		
Telepi	hone No.▶ <u>(30</u>	1)654-4900		FAX No 🕨				
<ul><li>If the</li></ul>	organization does i	not have an office or place of business	s in the Ur	nited States, check this box		▶	· 🔲	
<ul><li>If this</li></ul>	is for a Group Retu	irn, enter the organization's four digit (	Group Exe	emption Number (GEN) If the	s is foi	the whole group,	check this	
box 🕨				ich a list with the names and EINs of all		ers the extension is	s for.	
1 Ire				to file Form 990-T) extension of time unt tion return for the organization named a		The extension		
ıs f	or the organization		_					
<b>&gt;</b>	calendar year	or						
<b>&gt;</b>		JUL 1, 2010	, an	id ending JUN 30, 2011		•		
				-				
2 If t	he tax year entered Change in acco	I in line 1 is for less than 12 months, counting period	heck reas	on. Initial return Fina	al retur	n		
3a If t	his application is fo	or Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax, less any				
	nrefundable credits				3a	\$	5 <u>,420.</u>	
_		or Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and				
		nts made. Include any prior year overp			3ь	\$	5,420.	
	District Office of the Control of th							

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

by using EFTPS (Electronic Federal Tax Payment System). See instructions

Form 8868 (Rev. 1-2011)				Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	x	<b>►</b> X	
Note. Only complete Part II if you have already been granted an a			Form 8868.		
If you are filing for an Automatic 3-Month Extension, completed the second		<del></del>	<del></del>		
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	·		
Imp of			Employer identification number		
COOPERATIVE ASSISTANCE FUND, INC			01 2020620		
C/O OSI			91-2029629		
extended Number, street, and room or suite no. If a P.O. box, so		tions			
filing your 1000 17111 DIRECT 1007 100. 120					
return See City, town or post office, state, and ZIP code. For a four instructions WASHINGTON, DC 20036	oreign add	ress, see instructions.			
WASHINGTON, DC 20036					
Faturation Duty and a fauthorist and the analysis for (6)		to analization for each return)		0 4	
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)		(014)	
Application	Return	Application		Return	
Is For	Code	Is For		Code	
Form 990	01				
Form 990-BL	02	Form 1041-A		08	
Form 990-EZ	01	Form 4720	····	09	
Form 990-PF	04	Form 5227		10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T (trust other than above)	06	Form 8870		12	
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a previou	sly filed Form 8868.		
BDO USA, LLP C	O MI	KE SORRELLS			
<ul> <li>The books are in the care of ➤ 7101 WISCONSIN</li> </ul>	AVE,	SUITE 900 - BETHESI	A, MD 20814		
Telephone No. ► <u>(301)654-4900</u>		FAX No. ▶		·	
<ul> <li>If the organization does not have an office or place of business</li> </ul>				ــا ٠	
If this is for a Group Return, enter the organization's four digit	1				
box ►			members the extension	is for.	
4 I request an additional 3-month extension of time until		<u>15, 2012</u> .			
5 For calendar year, or other tax year beginning			JUN 30, 2011	<del></del> -	
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final return		
Change in accounting period					
7 State in detail why you need the extension	2 03 00	HED THEODMANTON FOR	A COMPLEME A	ATT	
ADDITIONAL TIME IS REQUIRED TO	J GAT	HER INFORMATION FOR	A COMPLETE P	עואד	
ACCURATE RETURN.	<del></del>				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 a	enter the tentative tay loss any	T		
nonrefundable credits. See instructions.	01 6005, 6	enter the tentative tax, less any	8a \$	5,420.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	Оа Ф	<u>J, <del>1</del></u> 20.	
tax payments made. Include any prior year overpayment all					
previously with Form 8868.	owed as	a credit and any amount paid	8b \$	5,420.	
c Balance due. Subtract line 8b from line 8a. Include your pa	avment wi	th this form, if required, by using	00   U	5/1200	
EFTPS (Electronic Federal Tax Payment System). See instru	-	artano ionin, a roquirou, by doinig	8c \$	0.	
		nd Verification	Ι 99 Ι.Ψ		
Under penalties of perjury, I declare that I have examined this form, include			e best of my knowledge and	d belief,	
it is true, correct, and complete, and that I am authorized to prepare this fo			, ,	•	
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CPA		Date > 2/10/20	12	
•			Date > 2/10/20.	(Rev. 1-2011)	