

Form **990**

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>THE DISTRICT OF COLUMBIA BAR FOUNDATION</b> Doing business as <b>DCBF</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>80 M STREET, SE 100</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20003</b>	<b>D</b> Employer identification number <b>52-1109547</b>
	<b>F</b> Name and address of principal officer: <b>KIRRA L. JARRATT</b> <b>SAME AS C ABOVE</b>	<b>E</b> Telephone number <b>202-467-3750</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>WWW.DCBARFOUNDATION.ORG</b>	<b>G</b> Gross receipts \$ <b>11,185,785.</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1977</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>M</b> State of legal domicile: <b>DC</b>		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO FUND AND IMPROVE LEGAL REPRESENTATION OF THE DISADVANTAGED IN THE DISTRICT OF COLUMBIA.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>8</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>110</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>3,604.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>6,261,794.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,482.</b>	<b>3,752.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-527.</b>	<b>8,515.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,262,749.</b>	<b>11,159,045.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,651,911.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>529,832.</b>	<b>635,600.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>39,756.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>267,835.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>652,892.</b>	<b>728,084.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>6,834,635.</b>	<b>11,530,602.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-571,886.</b>	<b>-371,557.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>2,444,832.</b>	<b>End of Year</b> <b>2,216,431.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>193,698.</b>	<b>329,859.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>2,251,134.</b>	<b>1,886,572.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have 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.

<b>Sign Here</b>	Signature of officer <b>KIRRA L. JARRATT, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ELIZABETH HELLER</b>	Preparer <i>Elizabeth Heller</i>
	Firm's name ▶ <b>TATE &amp; TRYON</b>	Date <b>7/11/2019</b>
	Firm's address ▶ <b>2021 L STREET, NW, SUITE 400 WASHINGTON, DC 20036</b>	Check if self-employed <input type="checkbox"/>
		PTIN <b>P00397829</b>
		Firm's EIN ▶ <b>52-1855942</b>
		Phone no. (202) <b>293-2200</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning OCT 1, 2017, and ending SEP 30, 2018

# 2017

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

**THE DISTRICT OF COLUMBIA BAR FOUNDATION**

**52-1109547**

Name and title of officer

**KIRRA L JARRATT  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	<u>11,159,045.</u>
2a Form 990-EZ check here ▶	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶	b Balance Due (Form 8868, line 3c) .....	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize TATE & TRYON to enter my PIN 52110  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 7/9/19

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**52472853350**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 7/8/2019

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Product: **Exempt**  
 Name: **The District of Columbia Bar  
 Foundation**  
 FEIN: **\*\*\*\*\*9547**

Category:

IRS Center: **Ogden**  
 e-Postmark: **7/11/2019 9:17 AM**

Notification:

Fiscal Year Begin Date: **10/1/2017**

Fiscal Year End Date: **9/30/2018**

eSigned:

#### Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
07/11/2019	17X:52- 1109547:V1	Upload Started			Heller,Elizabeth	
07/11/2019		Released for Transmission - Validation in Progress			Heller,Elizabeth	
07/11/2019		Ready to transmit - Validation Complete				
07/11/2019		Transmitted to FD	5247282019192032ce03			
07/11/2019		Accepted by FD on 7/11/2019				

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

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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	Enter filer's identifying number	
	Name of exempt organization or other filer, see instructions. <b>THE DISTRICT OF COLUMBIA BAR FOUNDATION</b>	Employer identification number (EIN) or <b>52-1109547</b>
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. <b>80 M STREET, SE, NO. 100</b>	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20003</b>		

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

### THE ORGANIZATION

• The books are in the care of ► **80 M STREET, SE, NO. 100 - WASHINGTON, DC 20003**  
Telephone No. ► **202-467-3750** Fax No. ► \_\_\_\_\_

- 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 6-month extension of time until **AUGUST 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or
- tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  
Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE DISTRICT OF COLUMBIA BAR FOUNDATION WAS ESTABLISHED TO RAISE FUNDS FOR ORGANIZATIONS IN THE DISTRICT THAT PROVIDE HANDS-ON LEGAL SERVICES TO RESIDENTS WHO ARE UNABLE TO AFFORD LEGAL ASSISTANCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,311,233. including grants of \$ 4,943,589. ) (Revenue \$ ) ACCESS TO JUSTICE GRANTS. IN 2007, THE DC BAR FOUNDATION BEGAN AWARDED GRANTS UNDER THE ACCESS TO JUSTICE GRANTS PROGRAM (ATJ GRANTS) WHEN THE COUNCIL OF THE DISTRICT OF COLUMBIA DESIGNATED THE DC BAR FOUNDATION AS ADMINISTRATOR OF THESE FUNDS. ATJ GRANTS SUPPORT ORGANIZATIONS THAT PROVIDE LEGAL ASSISTANCE IN THREE AREAS: (A) UNDERSERVED AREAS IN DC; (B) HOUSING-RELATED MATTERS; AND (C) TO SUPPORT A SHARED LEGAL SERVICES INTERPRETER BANK. SINCE 2007, OVER \$40 MILLION HAS BEEN AWARDED TO PROVIDE CRITICAL LEGAL ASSISTANCE TO DC'S POOR AND UNDERSERVED.

4b (Code: ) (Expenses \$ 4,700,862. including grants of \$ 4,333,396. ) (Revenue \$ ) CIVIL LEGAL COUNSEL PROJECTS PROGRAM GRANTS. IN 2017, THE COUNCIL OF THE DISTRICT OF COLUMBIA CREATED THE CIVIL LEGAL COUNSEL PROJECTS PROGRAM AND DESIGNATED THE DC BAR FOUNDATION AS ITS ADMINISTRATOR. THE COUNCIL RESTRICTED THESE FUNDS TO EVICTION DEFENSE FOR LOW-INCOME DC RESIDENTS. IN 2018, THE FIRST YEAR OF GRANT PROGRAM, THE DC BAR FOUNDATION AWARDED OVER \$4.1 MILLION TO LEGAL AID ORGANIZATIONS THAT ARE PROVIDING LEGAL REPRESENTATION TO LOW-INCOME DC TENANTS FACING EVICTION PROCEEDINGS IN LANDLORD-TENANT COURT.

4c (Code: ) (Expenses \$ 832,597. including grants of \$ 731,390. ) (Revenue \$ ) PRIVATE AND BANK SETTLEMENT FUNDS GRANTS. THE DC BAR FOUNDATION'S PRIVATE GRANTS PROGRAM, WHICH BEGAN IN 1978 WHEN DC BAR FOUNDATION WAS FOUNDED, HAS PROVIDED OVER \$25.5 MILLION IN CRITICAL OPERATING SUPPORT TO DC LEGAL AID PROVIDERS. THESE PRIVATE GRANTS PROVIDE UNRESTRICTED FUNDS SUPPORT TO HELP COVER OVERHEAD COSTS, SUCH AS RENT AND CLIENT RECORD DATABASES, WHICH ARE NOT ALWAYS COVERED BY OTHER GRANTS THESE ORGANIZATIONS RECEIVE. THESE GRANTS ARE FUNDED BY PRIVATE CONTRIBUTIONS AND REVENUE RECEIVED THROUGH THE INTEREST ON LAWYERS TRUST ACCOUNTS (IOLTA) PROGRAM, A PROGRAM CREATED BY THE DISTRICT OF COLUMBIA COURT OF APPEALS IN 1985. IN 2015 AND 2016, THE DC BAR FOUNDATION RECEIVED MONEY FROM THREE BANK SETTLEMENTS. THE FOUNDATION CREATED THREE, ONE-TIME GRANT PROGRAMS WITH THESE FUNDS. THESE GRANTS WERE AWARDED TO

4d Other program services (Describe in Schedule O.) (Expenses \$ 163,711. including grants of \$ 118,788. ) (Revenue \$ )

4e Total program service expenses 11,008,403.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, 1098-C, 4966, 720, and 709.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (11), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 202-467-3750 80 M STREET, SE, NO. 100, WASHINGTON, DC 20003

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL M. SMITH PRESIDENT	16.00 0.00	X		X				0.	0.	0.
(2) DAVID W. OGDEN VICE-PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(3) LORELIE S. MASTERS TREASURER	4.00 0.00	X		X				0.	0.	0.
(4) PHILIP W. HORTON ASSISTANT TREASURER	2.00 0.00	X		X				0.	0.	0.
(5) BRUCE V. SPIVA SECRETARY	2.00 0.00	X		X				0.	0.	0.
(6) KELLY V. BRINKLEY BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(7) PAULETTE E. CHAPMAN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(8) NATHALIE F.P.GILFOYLE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(9) ELLEN M. JAKOVIC BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(10) VONYA B. MCCANN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(11) JANET R. STUDLEY BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(12) KIRRA JARRATT EXECUTIVE DIRECTOR	40.00 0.00			X				142,194.	0.	13,364.
(13) IMONI M. WASHINGTON DIRECTOR OF PROGRAMS	40.00 0.00				X			108,948.	0.	11,260.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							251,142.	0.	24,624.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							251,142.	0.	24,624.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GELMAN, ROSENBERG & FREEDMAN, 4550 MONTGOMERY AVE, SUITE 650, BETHESDA, MD	ACCOUNTING SERVICES	164,822.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>							
	<b>b</b> Membership dues .....	<b>1b</b>							
	<b>c</b> Fundraising events .....	<b>1c</b>	1,815.						
	<b>d</b> Related organizations .....	<b>1d</b>							
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	9,565,442.						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,579,521.						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....								
	<b>h Total.</b> Add lines 1a-1f .....							11,146,778.	
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>							
	<b>b</b> _____								
	<b>c</b> _____								
	<b>d</b> _____								
	<b>e</b> _____								
	<b>f</b> All other program service revenue .....								
	<b>g Total.</b> Add lines 2a-2f .....								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			3,752.			3,752.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....								
	<b>5</b> Royalties .....								
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal						
		<b>b</b> Less: rental expenses .....							
		<b>c</b> Rental income or (loss) .....							
		<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses .....							
		<b>c</b> Gain or (loss) .....							
		<b>d</b> Net gain or (loss) .....							
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,815. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	35,255.						
		<b>b</b> Less: direct expenses .....	<b>b</b>						26,740.
		<b>c</b> Net income or (loss) from fundraising events .....							8,515.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>							
<b>b</b> Less: direct expenses .....		<b>b</b>							
<b>c</b> Net income or (loss) from gaming activities .....									
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>								
	<b>b</b> Less: cost of goods sold .....	<b>b</b>							
	<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>		<b>Business Code</b>							
<b>11</b>	<b>a</b> _____								
	<b>b</b> _____								
	<b>c</b> _____								
	<b>d</b> All other revenue .....								
	<b>e Total.</b> Add lines 11a-11d .....								
<b>12 Total revenue.</b> See instructions. ....			11,159,045.	0.	0.	12,267.			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,011,182.	10,011,182.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	115,980.	115,980.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	157,970.	109,825.	15,935.	32,210.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	377,830.	265,970.	31,597.	80,263.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,072.	3,128.	1,300.	644.
9 Other employee benefits	48,997.	30,216.	12,556.	6,225.
10 Payroll taxes	45,731.	26,890.	10,124.	8,717.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	145,727.	67,153.	49,377.	29,197.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	39,756.			39,756.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	182,868.	114,911.	67,957.	
12 Advertising and promotion	2,939.	1,046.		1,893.
13 Office expenses	23,175.	10,384.	6,844.	5,947.
14 Information technology	30,891.	14,235.	10,467.	6,189.
15 Royalties				
16 Occupancy	149,831.	105,083.	13,037.	31,711.
17 Travel	4,721.	2,764.	423.	1,534.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,525.	10,260.	1,571.	5,694.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,815.	4,093.	487.	1,235.
23 Insurance	5,524.	3,889.	462.	1,173.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>GRANTEE EVALUATION, TRA</b>	55,825.	55,825.		
b <b>TEMPORARY SERVICES</b>	48,720.	22,451.	16,508.	9,761.
c <b>MISCELLANEOUS</b>	21,282.	9,887.	9,147.	2,248.
d <b>DUES &amp; SUBSCRIPTION</b>	17,778.	13,046.	4,544.	188.
e All other expenses	15,463.	10,185.	2,028.	3,250.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>11,530,602.</b>	<b>11,008,403.</b>	<b>254,364.</b>	<b>267,835.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,051,491.	<b>1</b>	1,488,171.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	2,000.	<b>3</b>	22,800.
	<b>4</b> Accounts receivable, net .....	86,460.	<b>4</b>	96,253.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	31,909.	<b>9</b>	57,343.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 58,218.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 46,863.	5,251.	<b>10c</b> 11,355.
	<b>11</b> Investments - publicly traded securities .....	1,247,411.	<b>11</b>	503,559.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	20,310.	<b>15</b>	36,950.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,444,832.	<b>16</b>	2,216,431.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	76,346.	<b>17</b>	193,947.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	117,352.	<b>19</b>	135,912.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	193,698.	<b>26</b>	329,859.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,160,464.	<b>27</b>	1,220,757.
	<b>28</b> Temporarily restricted net assets .....	1,010,465.	<b>28</b>	583,103.
	<b>29</b> Permanently restricted net assets .....	80,205.	<b>29</b>	82,712.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	2,251,134.	<b>33</b>	1,886,572.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,444,832.	<b>34</b>	2,216,431.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	11,159,045.
2	Total expenses (must equal Part IX, column (A), line 25)	11,530,602.
3	Revenue less expenses. Subtract line 2 from line 1	-371,557.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,251,134.
5	Net unrealized gains (losses) on investments	6,994.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1,886,571.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2017)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization: **THE DISTRICT OF COLUMBIA BAR FOUNDATION** Employer identification number: **52-1109547**

**Part I 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 12, check only one box.)

- 1  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 (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5313459.	7659184.	10,748.	6261794.	11146778.	30391963.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5313459.	7659184.	10,748.	6261794.	11146778.	30391963.
<b>5</b> 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) .....						933,270.
<b>6 Public support.</b> Subtract line 5 from line 4.						29458693.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	5313459.	7659184.	10,748.	6261794.	11146778.	30391963.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	236.	449.	157.	1,482.	3,752.	6,076.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						30398039.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,836,931.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	96.91 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	94.91 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II:

DURING 2016, THE FOUNDATION CHANGED ITS FISCAL YEAR-END FROM JUNE 30 TO SEPTEMBER 30. AS A RESULT, THE 2015 COLUMN OF PART II REPRESENTS THE SHORT TAX YEAR ENDED SEPTEMBER 30, 2016.

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

THE DISTRICT OF COLUMBIA BAR FOUNDATION

Employer identification number

52-1109547

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)



<b>Name of organization</b>  THE DISTRICT OF COLUMBIA BAR FOUNDATION	<b>Employer identification number</b>  52-1109547
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 9,504,650.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  <b>THE DISTRICT OF COLUMBIA BAR FOUNDATION</b>	Employer identification number  <b>52-1109547</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>THE DISTRICT OF COLUMBIA BAR FOUNDATION</b>	Employer identification number  <b>52-1109547</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**  
**Open to Public Inspection**

**Name of the organization** THE DISTRICT OF COLUMBIA BAR FOUNDATION **Employer identification number** 52-1109547

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	80,205.	77,698.	77,697.	75,189.	72,682.
b Contributions	5,060.	5,000.		5,000.	5,000.
c Net investment earnings, gains, and losses	7.	7.	1.	8.	7.
d Grants or scholarships	2,500.	2,500.		2,500.	2,500.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	82,772.	80,205.	77,698.	77,697.	75,189.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  99.93 %
- c Temporarily restricted endowment  .07 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		58,218.	46,863.	11,355.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  11,355.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	11,241,330.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	6,994.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	48,551.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	26,740.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	82,285.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,159,045.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	11,159,045.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	11,605,892.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	48,551.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	26,740.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	75,291.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,530,601.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	11,530,601.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE SCOUTT ENDOWMENT FUND IS INTENDED TO PERMANENTLY ENDOW THE ANNUAL "JERROLD SCOUTT PRIZE," AWARDED TO AN OUTSTANDING PUBLIC INTEREST ATTORNEY IN THE DISTRICT OF COLUMBIA.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES INCLUDED IN PART VIII 26,740.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES INCLUDED IN PART VIII 26,740.





**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **THE DISTRICT OF COLUMBIA BAR FOUNDATION** Employer identification number **52-1109547**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THREAD STRATEGIES - 1316 IRVING ST NW, WASHINGTON, DC	CONSULTING		X	451,447.	18,000.	433,447.
WINDMILL HILL CONSULTING - 2465 CENTREVILLE ROAD,	CONSULTING		X	223,918.	15,506.	208,412.
M. DIANE FIELDS & ASSOCIATES - 1790 SYCAMORE ST NW,	CONSULTING		X	33,120.	6,250.	26,870.
<b>Total</b>				708,485.	39,756.	668,729.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.  
DC, MD, VA

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		YLN LIP SYNC (event type)	YLN NATIONALS BA (event type)	NONE (total number)	
Revenue	1	Gross receipts	33,120.	3,950.	37,070.
	2	Less: Contributions	815.	1,000.	1,815.
	3	Gross income (line 1 minus line 2)	32,305.	2,950.	35,255.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	5,328.	757.	6,085.
	8	Entertainment			
	9	Other direct expenses	18,725.	1,930.	20,655.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			26,740.
11	Net income summary. Subtract line 10 from line 3, column (d)			8,515.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: THREAD STRATEGIES

(I) ADDRESS OF FUNDRAISER: 1316 IRVING ST NW, WASHINGTON, DC 20010

(I) NAME OF FUNDRAISER: WINDMILL HILL CONSULTING

(I) ADDRESS OF FUNDRAISER: 2465 CENTREVILLE ROAD, HERNDON, VA 20171

(I) NAME OF FUNDRAISER: M. DIANE FIELDS & ASSOCIATES

**Part IV** Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 1790 SYCAMORE ST NW, WASHINGTON, DC 20012

Horizontal lines for supplemental information input.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **THE DISTRICT OF COLUMBIA BAR FOUNDATION** Employer identification number **52-1109547**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMARA LEGAL CENTER 2099 PENNSYLVANIA AVENUE NW, 7TH FL WASHINGTON, DC 20006	46-3819394	501C3	10,000.	0.			AMARA GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)
AMARA LEGAL CENTER 2099 PENNSYLVANIA AVENUE NW, 7TH FL WASHINGTON, DC 20006	46-3819394	501C3	20,000.	0.			EMPOWERMENT PROJECT (FY18 ATJ PAYMENT #2)
AMARA LEGAL CENTER 2099 PENNSYLVANIA AVENUE NW, 7TH FL WASHINGTON, DC 20006	46-3819394	501C3	65,000.	0.			AMARA LEGAL CENTER EMPOWERMENT PROJECT (FY18 ATJ GRANTS PROGRAM)
ASIAN PACIFIC AMERICAN LEGAL RESOURCE CTR - 1012 14TH STREET NW SUITE 450 - WASHINGTON, DC 20005	52-2148028	501C3	25,000.	0.			APALRC GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)
ASIAN PACIFIC AMERICAN LEGAL RESOURCE CTR - 1012 14TH STREET NW SUITE 450 - WASHINGTON, DC 20005	52-2148028	501C3	47,500.	0.			APALRC HOUSING AND COMMUNITY DEVELOPMENT PROJECT (FY18 ATJ GRANTS PROGRAM)
AYUDA 6925 B WILLOW STREET NW WASHINGTON, DC 20012	52-0971440	501C3	23,000.	0.			PROJECT END (FY18 ATJ PAYMENT #2)

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **26.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AYUDA 6925 B WILLOW STREET NW WASHINGTON, DC 20012	52-0971440	501C3	40,000.	0.			COMMUNITY LEGAL INTERPRETER BANK (FY18 ATJ PAYMENT #2)
AYUDA 6925 B WILLOW STREET NW WASHINGTON, DC 20012	52-0971440	501C3	40,000.	0.			AYUDA GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)
AYUDA 6925 B WILLOW STREET NW WASHINGTON, DC 20012	52-0971440	501C3	70,000.	0.			AYUDA PROJECT END (FY18 ATJ GRANTS PROGRAM)
AYUDA 6925 B WILLOW STREET NW WASHINGTON, DC 20012	52-0971440	501C3	320,000.	0.			AYUDA INTERPRETER BANK
BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001	52-1138207	501C3	6,000.	0.			CHILD SUPPORT PROJECT (FY18 ATJ PAYMENT #2)
BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001	52-1138207	501C3	20,000.	0.			DV PROJECT (FY18 ATJ PAYMENT #2)
BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001	52-1138207	501C3	50,000.	0.			COMMUNITY LAWYERING PROJECT (FY18 ACCESS TO JUSTICE HOUSING GRANTS PROGRAM)
BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001	52-1138207	501C3	50,000.	0.			BREAD FOR THE CITY GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)
BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001	52-1138207	501C3	70,000.	0.			FY18 BANK OF AMERICA II GRANTS YEAR 2 FOR THE COMMUNITY PRESERVATION PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001	52-1138207	501C3	94,000.	0.			BREAD FOR THE CITY COMMUNITY LAWYERING PROJECT (FY18 ATJ GRANTS PROGRAM)
BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001	52-1138207	501C3	105,000.	0.			BREAD FOR THE CITY CHILD SUPPORT COMMUNITY LEGAL SERVICES PROJECT (FY18 ATJ GRANTS PROGRAM)
BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001	52-1138207	501C3	132,495.	0.			BREAD FOR THE CITY HOUSING RIGHT TO COUNSEL PROJECT (FY18 CLCPP GRANTS PROGRAM)
BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001	52-1138207	501C3	140,000.	0.			BREAD FOR THE CITY DOMESTIC VIOLENCE COMMUNITY LEGAL SERVICES PROJECT (FY18 ATJ GRANTS PROGRAM)
BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001	52-1138207	501C3	530,781.	0.			BREAD FOR THE CITY LANDLORD TENANT COURT-BASED LEGAL SERVICES PROJECT (FY18 PROGRAM)
CAIR COALITION CAPITAL AREA IMMIGRANTS' RIGHTS - 1612 K ST NW, SUITE 204 - WASHINGTON, DC 20006	52-2141497	501C3	7,500.	0.			GENERAL SUPPORT FY18 PRIVATE GRANTS PROGRAM
CATHOLIC CHARITIES LEGAL NETWORK 924 G ST NW WASHINGTON, DC 20001	53-0196524	501C3	20,000.	0.			CATHOLIC CHARITIES LEGAL NETWORK GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)
CHILDREN'S LAW CENTER, THE 616 H STREET NW, SUITE 300 WASHINGTON, DC 20001	52-1961588	501C3	20,000.	0.			HEALTHY TOGETHER NE (FY18 ATJ PAYMENT #2)
CHILDREN'S LAW CENTER, THE 616 H STREET NW, SUITE 300 WASHINGTON, DC 20001	52-1961588	501C3	20,000.	0.			CLC GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S LAW CENTER, THE 616 H STREET NW, SUITE 300 WASHINGTON, DC 20001	52-1961588	501C3	28,300.	0.			HEALTHY TOGETHER SE & GENERATIONS CLINICS (FY18 ATJ PAYMENT #2)
CHILDREN'S LAW CENTER, THE 616 H STREET NW, SUITE 300 WASHINGTON, DC 20001	52-1961588	501C3	50,000.	0.			HEALTHY TOGETHER HOUSING CONDITIONS (FY18 ACCESSTO JUSTICE HOUSING GRANTS PROGRAM)
CHILDREN'S LAW CENTER, THE 616 H STREET NW, SUITE 300 WASHINGTON, DC 20001	52-1961588	501C3	55,000.	0.			CHILDREN'S LAW CENTER HEALTHY TOGETHER NE CLINICS (FY18 ATJ GRANTS PROGRAM)
CHILDREN'S LAW CENTER, THE 616 H STREET NW, SUITE 300 WASHINGTON, DC 20001	52-1961588	501C3	241,700.	0.			CHILDREN'S LAW CENTER HEALTHY TOGETHER SE AND GENERATIONS CLINICS (FY18 ATJ GRANTS PROGRAM)
CHRISTIAN LEGAL AID OF DC 65 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	26-1493743	501C3	10,000.	0.			HOMELESS LEGAL CONNECT (FY18 ATJ PAYMENT #2)
CHRISTIAN LEGAL AID OF DC 65 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	26-1493743	501C3	30,000.	0.			CHRISTIAN LEGAL AID OF DC HOMELESS LEGAL CONNECT (FY18 ATJ GRANTS PROGRAM)
DC LAW STUDENTS IN COURT PROGRAM 4340 CONNECTICUT AVENUE NW, SUITE 1 WASHINGTON, DC 20008	52-0847160	501C3	10,000.	0.			EXPUNGEMENT CLINIC (FY18 ATJ PAYMENT #2)
DC LAW STUDENTS IN COURT PROGRAM 4340 CONNECTICUT AVENUE NW, SUITE 1 WASHINGTON, DC 20008	52-0847160	501C3	20,000.	0.			LSIC GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)
DC LAW STUDENTS IN COURT PROGRAM 4340 CONNECTICUT AVENUE NW, SUITE 1 WASHINGTON, DC 20008	52-0847160	501C3	42,250.	0.			STABILIZING COMMUNITIES THROUGH AFFORDABLE HOUSING(FY18 ACCESS TO JUSTICE HOUSING GRANTS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DC LAW STUDENTS IN COURT PROGRAM 4340 CONNECTICUT AVENUE NW, SUITE 1 WASHINGTON, DC 20008	52-0847160	501C3	80,000.	0.			DC LSIC EXPUNGEMENT CLINIC (FY18 ATJ GRANTS PROGRAM)
DC LAW STUDENTS IN COURT PROGRAM 4340 CONNECTICUT AVENUE NW, SUITE 1 WASHINGTON, DC 20008	52-0847160	501C3	231,690.	0.			EVICTION PREVENTION INITIATIVE (FY18 CLCPP PAYMENT #3)
DC LAW STUDENTS IN COURT PROGRAM 4340 CONNECTICUT AVENUE NW, SUITE 1 WASHINGTON, DC 20008	52-0847160	501C3	300,000.	0.			DC LSIC ATTORNEY OF THE DAY (FY18 CLCPP GRANTS PROGRAM)
DC LAW STUDENTS IN COURT PROGRAM 4340 CONNECTICUT AVENUE NW, SUITE 1 WASHINGTON, DC 20008	52-0847160	501C3	477,000.	0.			EVICTION PREVENTION INITIATIVE (FY18 CIVIL LEGALCOUNSEL PROJECTS PROGRAM)
DC VOLUNTEER LAWYERS PROJECT 5334 WISCONSIN AVENUE NW, SUITE 440 WASHINGTON, DC 20014	53-0196600	501C3	12,500.	0.			REP FOR DV VICTIMS (FY18 ATJ PAYMENT #2)
DC VOLUNTEER LAWYERS PROJECT 5334 WISCONSIN AVENUE NW, SUITE 440 WASHINGTON, DC 20014	53-0196600	501C3	70,000.	0.			DCVLP REPRESENTATION FOR DOMESTIC VIOLENCE VICTIMS (FY18 ATJ GRANTS PROGRAM)
DOMESTIC VIOLENCE LEGAL EMPOWERMENT AND APPEALS - 650 20TH ST NW - WASHINGTON, DC 20052	20-1076297	501C3	7,500.	0.			DVLEAP DC LEAP (FY18 PRIVATE GRANTS PROGRAM)
FIRST SHIFT JUSTICE PROJECT P.O. BOX 2497 WASHINGTON, DC 20013	46-5477121	501C3	15,000.	0.			LATINA OUTREACH PROJECT (FY18 ATJ PAYMENT #2)
FIRST SHIFT JUSTICE PROJECT P.O. BOX 2497 WASHINGTON, DC 20013	46-5477121	501C3	35,000.	0.			FIRST SHIFT JUSTICE LATINA OUTREACH PROJECT (FY18 ATJ GRANTS PROGRAM)

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD UNIVERSITY SCHOOL OF LAW 2900 VAN NESS ST NW WASHINGTON, DC 20010	53-0204707	501C3	55,250.	0.			INCREASING CAPACITY OF THE FAIR HOUSING CLINIC (FY18 ACCESS TO JUSTICE HOUSING GRANTS PROGRAM)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	12,500.	0.			CHILD SUPPORT COMMUNITY LEGAL SERVICES PROJECT (FY18 ATJ PAYMENT #2)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	15,000.	0.			DV UNDERSERVED COMMUNITIES HOLISTIC REPRESENTATION PROJECT (FY18 ATJ PAYMENT #2)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	15,000.	0.			SOUTHEAST NEIGHBORHOOD ACCESS PROJECT (FY18 ATJ PAYMENT #2)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	16,000.	0.			CONSUMER LAW COURT-BASED LEGAL SERVICES PROJECT (FY18 ATJ PAYMENT #2)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	20,000.	0.			LAS BARBARA MCDOWELL APPELLATE ADVOCACY (FY18 PRIVATE GRANTS PROGRAM)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	30,000.	0.			FORECLOSURE PREVENTION PROJECT (FY18 ACCESS TO JUSTICE HOUSING GRANTS PROGRAM)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	33,500.	0.			HOUSING PRESERVATION PROJECT (FY18 CIVIL LEGAL COUNSEL PROJECTS PROGRAM)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	40,000.	0.			LAS GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	43,000.	0.			FY18 BANK OF AMERICA II GRANTS YEAR 2 FOR THE AFFORDABLE HOUSING INITIATIVE
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	60,000.	0.			HOUSING JUSTICE ADVOCACY PROJECT (FY18 ACCESS TO JUSTICE HOUSING GRANTS PROGRAM)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	70,000.	0.			LAS CONSUMER LAW COURT-BASED LEGAL SERVICES PROJECT (FY18 ATJ PROJECTS PROGRAM)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	120,000.	0.			FY18 BANK OF AMERICA II GRANTS YEAR 2 FOR THE FORECLOSURE PREVENTION PROJECT
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	130,000.	0.			LAS DV UNDERSERVED COMMUNITIES HOLISTIC REPRESENTATION PROJECT (FY18 ATJ GRANTS PROGRAM)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	175,000.	0.			CHILD SUPPORT COMMUNITY LEGAL SERVICES PROJECT (FY18 ACCESS TO JUSTICE GRANTS PROGRAM)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	355,090.	0.			HOUSING PRESERVATION PROJECT (FY18 CLCPP PAYMENT #3)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	385,000.	0.			LAS SOUTHEAST NEIGHBORHOOD ACCESS PROJECT (FY18 ATJ PROJECTS PROGRAM)
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	477,074.	0.			HOUSING RIGHT TO COUNSEL PROJECT (FY18 CIVIL LEGAL COUNSEL PROJECTS PROGRAM)

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	680,272.	0.			LANDLORD TENANT COURT-BASED LEGAL SERVICES PROJECT (FY18 CIVIL LEGAL COUNSEL
LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON, DC 20049	52-1194741	501C3	13,000.	0.			FY18 ATJ GRANTS - PROJECT HELP - SECOND PAYMENT
LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON, DC 20049	52-1194741	501C3	20,000.	0.			LCE GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)
LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON, DC 20049	52-1194741	501C3	100,000.	0.			LCE PROJECT HELP (FY18 ATJ PROJECTS PROGRAM)
LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON, DC 20049	52-1194741	501C3	105,000.	0.			FY18 BANK OF AMERICA II GRANTS YEAR 2 FOR THE AFFORDABLE HOUSING INITIATIVE
LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON, DC 20049	52-1194741	501C3	363,650.	0.			LCE HOUSING RIGHT TO COUNSEL PROJECT (FY18 CIVIL LEGAL COUNSEL PROJECTS PROGRAM)
MID-ATLANTIC INNOCENCE PROJECT 2000 H ST NW WASHINGTON, DC 20052	54-1993334	501C3	20,000.	0.			MAIP GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	20,000.	0.			FY18 ATJ GRANTS - POLK STREET OFFICE - SECOND PAYMENT
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	24,000.	0.			FY18 ATJ GRANTS - BRIEF SERVICES UNIT - SECOND PAYMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	25,000.	0.			NLSP GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	71,565.	0.			CREATING PARTNERSHIPS & LEVERAGING RESOURCES TO PREVENT EVICTION (FY18 CLCPP 3RD PAYMENT)
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	75,000.	0.			STABILIZING COMMUNITIES THROUGH AFFORDABLE HOUSINGPROJECT (FY18 ACCESS TO JUSTICE HOUSING
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	88,000.	0.			NLSP STABILIZING COMMUNITIES THROUGH AFFORDABLE HOUSING PROJECT (FY18 ATJ
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	95,000.	0.			NLSP BRIEF SERVICES UNIT (FY18 ATJ PROJECTS PROGRAM)
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	135,000.	0.			FY18 BANK OF AMERICA II GRANTS YEAR 2 FOR THE HOUSING COOP PRESERVATION INITIATIVE
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	240,000.	0.			CREATING PARTNERSHIPS & LEVERAGING RESOURCES TO PREVENT EVICTION (FY18 CIVIL LEGAL COUNSEL
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	350,000.	0.			NLSP POLK STREET OFFICE (FY18 ATJ PROJECTS PROGRAM)
NETWORK FOR VICTIM RECOVERY DC 6856 EASTERN AVE NW WASHINGTON, DC 20012	45-4888353	501C3	10,000.	0.			NVRDC GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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QUALITY TRUST FOR INDIVIDUALS WITH DISABI - 4301 CONNECTICUT AVE NW, SUITE 310 - WASHINGTON, DC 20008	74-2994661	501C3	40,000.	0.			QUALITY TRUST FOR INDIVIDUALS WITH DISABILITIES JENNY HATCH JUSTICE PROJECT (FY18 ATJ
SCHOOL JUSTICE PROJECT 1805 7TH STREET NW, 7TH FLOOR WASHINGTON, DC 20001	46-1625412	501C3	30,000.	0.			FY18 ATJ GRANTS - DIRECT REPRESENTATION & SYSTEMIC ADVOCACY PROJECT - SECOND PAYMENT
SCHOOL JUSTICE PROJECT 1805 7TH STREET NW, 7TH FLOOR WASHINGTON, DC 20001	46-1625412	501C3	75,000.	0.			SCHOOL JUSTICE PROJECT DIRECT REPRESENTATION AND SYSTEMIC ADVOCACY PROJECT (FY18 ATJ GRANTS PROGRAM)
TORTURE ABOLITION AND SURVIVORS SUPPORT COALITION - 4121 HAREWOOD RD NE, SUITE B - WASHINGTON, DC 20017	30-0060696	501C3	45,000.	0.			TASSC PRO BONO ASYLUM PROGRAM (FY18 ATJ PROJECTS PROGRAM)
TZEDEK DC, INC. 4340 CONNECTICUT AVENUE NW, SUITE 3 WASHINGTON, DC 20008	81-2208907	501C3	20,000.	0.			DIRECT LEGAL SERVICES IN DEBT CASES (FY18 ATJ PAYMENT #2)
TZEDEK DC, INC. 4340 CONNECTICUT AVENUE NW, SUITE 3 WASHINGTON, DC 20008	81-2208907	501C3	65,000.	0.			TZEDEK DC DIRECT LEGAL SERVICES IN DEBT CASES (FY18 ATJ PROJECTS PROGRAM)
UNIVERSITY LEGAL SERVICES 2201 EYE STREET NE, SUITE 130 WASHINGTON, DC 20002	52-0902922	501C3	10,000.	0.			ULS ADVOCATES FOR JUSTICE AND EDUCATION (FY18 PRIVATE GRANTS PROGRAM)
UNIVERSITY LEGAL SERVICES 2201 EYE STREET NE, SUITE 130 WASHINGTON, DC 20002	52-0902922	501C3	15,000.	0.			ULS PRO BONO COORDINATOR/MENTAL HEALTH ADVOCATE (FY18 PRIVATE GRANTS PROGRAM)
UNIVERSITY LEGAL SERVICES 2201 EYE STREET NE, SUITE 130 WASHINGTON, DC 20002	52-0902922	501C3	17,000.	0.			SCHOOL DISCIPLINE/OAH EXTENDED PROJECT (FY18 ATJ PAYMENT #2)

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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UNIVERSITY LEGAL SERVICES 2201 EYE STREET NE, SUITE 130 WASHINGTON, DC 20002	52-0902922	501C3	30,000.	0.			DC JAIL & PRISON ADVOCACY PROJECT (FY18 ATJ PAYMENT #2)
UNIVERSITY LEGAL SERVICES 2201 EYE STREET NE, SUITE 130 WASHINGTON, DC 20002	52-0902922	501C3	32,500.	0.			HOUSING ADVOCACY FOR PEOPLE WITH MENTAL ILLNESSPROJECT (FY18 ACCESS TO JUSTICE HOUSING
UNIVERSITY LEGAL SERVICES 2201 EYE STREET NE, SUITE 130 WASHINGTON, DC 20002	52-0902922	501C3	100,000.	0.			ULS SCHOOL DISCIPLINE/OAH EXTENDED PROJECT (AJE) (FY18 ATJ PROJECTS PROGRAM)
UNIVERSITY LEGAL SERVICES 2201 EYE STREET NE, SUITE 130 WASHINGTON, DC 20002	52-0902922	501C3	146,500.	0.			ULS DC JAIL AND PRISON ADVOCACY PROJECT (FY18 ATJ PROJECTS PROGRAM)
WASHINGTON LAWYERS' COMMITTEE 11 DUPONT CIRCLE NW, SUITE 400 WASHINGTON, DC 20036	52-1784938	501C3	15,000.	0.			WLC EMPLOYMENT JUSTICE PROJECT (FY18 PRIVATE GRANTS PROGRAM)
WASHINGTON LAWYERS' COMMITTEE 11 DUPONT CIRCLE NW, SUITE 400 WASHINGTON, DC 20036	52-1784938	501C3	60,000.	0.			WASHINGTON LAWYERS' COMMITTEE HOUSING JUSTICE PROJECT (FY18 ATJ GRANTS PROGRAM)
WASHINGTON LAWYERS' COMMITTEE 11 DUPONT CIRCLE NW, SUITE 400 WASHINGTON, DC 20036	52-1784938	501C3	70,000.	0.			FY18 ATJ GRANTS - EMPLOYMENT JUSTICE PROJECT - SECOND PAYMENT
WASHINGTON LAWYERS' COMMITTEE 11 DUPONT CIRCLE NW, SUITE 400 WASHINGTON, DC 20036	52-1784938	501C3	80,000.	0.			WLC DC PRISONERS' PROJECT (FY18 PRIVATE GRANTS PROGRAM)
WASHINGTON LAWYERS' COMMITTEE 11 DUPONT CIRCLE NW, SUITE 400 WASHINGTON, DC 20036	52-1784938	501C3	100,000.	0.			HOUSING JUSTICE PROJECT (FY18 ACCESS TO JUSTICEHOUSING GRANTS PROGRAM)

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON LAWYERS' COMMITTEE 11 DUPONT CIRCLE NW, SUITE 400 WASHINGTON, DC 20036	52-1784938	501C3	175,000.	0.			WASHINGTON LAWYERS' COMMITTEE EMPLOYMENT JUSTICE PROJECT (FY18 ATJ GRANTS PROGRAM)
WASHINGTON LEGAL CLINIC FOR THE HOMELESS - 1200 U STREET, NW, SUITE 3 - WASHINGTON, DC 20009	52-1545522	501C3	65,000.	0.			WASHINGTON LEGAL CLINIC FOR THE HOMELESS GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)
WASHINGTON LEGAL CLINIC FOR THE HOMELESS - 1200 U STREET, NW, SUITE 3 - WASHINGTON, DC 20009	52-1545522	501C3	75,000.	0.			FY18 BANK OF AMERICA II GRANTS YEAR 2 FOR THEAFFORDABLE HOUSING INITIATIVE
WHITMAN WALKER HEALTH 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501C3	12,700.	0.			TRANSGENDER LEGAL SERVICES PROJECT (FY18 ATJ PAYMENT #2)
WHITMAN WALKER HEALTH 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501C3	15,000.	0.			MAX ROBINSON CENTER (FY18 ATJ PAYMENT #2)
WHITMAN WALKER HEALTH 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501C3	55,000.	0.			WWH GENERAL SUPPORT (FY18 PRIVATE GRANTS PROGRAM)
WHITMAN WALKER HEALTH 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501C3	80,000.	0.			WWH TRANSGENDER LEGAL SERVICES PROJECT (FY18 ATJ PROJECTS PROGRAM)
WHITMAN WALKER HEALTH 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501C3	160,000.	0.			WWH MAX ROBINSON CENTER (FY18 ATJ PROJECTS PROGRAM)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LOAN REPAYMENT ASSISTANCE	31	113,480.	0.		
SCOUTT AWARD	1	2,500.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

ALL GRANTS ARE COMPETITIVELY AWARDED BASED ON GRANT ELIGIBILITY FACTORS  
 OUTLINED IN PUBLICLY-AVAILABLE APPLICATION MATERIALS. APPLICANTS SUBMIT  
 DETAILED APPLICATIONS ELECTRONICALLY, WHICH INCLUDE PROGRAM INFORMATION,  
 FINANCIAL INFORMATION, AND SPECIFIC PROPOSED BUDGETS. DCBF CONDUCTS  
 ON-SITE VISITS, APPLICANT INTERVIEWS, AND COMMISSIONS OUTSIDE FINANCIAL  
 EVALUATION OF APPLICANTS' FINANCIAL MATERIALS. EACH APPLICATION IS  
 REVIEWED AGAINST OBJECTIVE ELIGIBILITY CRITERIA. GRANT AWARD  
 RECOMMENDATIONS AND DECISIONS ARE MEMORIALIZED, AND GRANT AWARD FOLDERS ARE

**Part IV** Supplemental Information

MAINTAINED. DCBF HAS A DETAILED MONITORING PLAN THAT INCLUDES ON-SITE VISITS, ON-SITE FINANCIAL EVALUATIONS, AS WELL AS WRITTEN REPORTS AND FINANCE REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BREAD FOR THE CITY

(H) PURPOSE OF GRANT OR ASSISTANCE: BREAD FOR THE CITY DOMESTIC VIOLENCE COMMUNITY LEGAL SERVICES PROJECT (FY18 ATJ GRANTS PROGRAM)

NAME OF ORGANIZATION OR GOVERNMENT: BREAD FOR THE CITY

(H) PURPOSE OF GRANT OR ASSISTANCE: BREAD FOR THE CITY LANDLORD TENANT COURT-BASED LEGAL SERVICES PROJECT (FY18 CLCPP GRANTS PROGRAM)

NAME OF ORGANIZATION OR GOVERNMENT: DC LAW STUDENTS IN COURT PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: STABILIZING COMMUNITIES THROUGH AFFORDABLE HOUSING (FY18 ACCESS TO JUSTICE HOUSING GRANTS PROGRAM)

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID SOCIETY OF DC

(H) PURPOSE OF GRANT OR ASSISTANCE: LANDLORD TENANT COURT-BASED LEGAL SERVICES PROJECT (FY18 CIVIL LEGAL COUNSEL PROJECTS PROGRAM)

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD LEGAL SERVICES PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: STABILIZING COMMUNITIES THROUGH AFFORDABLE HOUSING PROJECT (FY18 ACCESS TO JUSTICE HOUSING GRANTS PROGRAM)

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD LEGAL SERVICES PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: NLSP STABILIZING COMMUNITIES THROUGH AFFORDABLE HOUSING PROJECT (FY18 ATJ PROJECTS PROGRAM)

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD LEGAL SERVICES PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATING PARTNERSHIPS & LEVERAGING RESOURCES TO PREVENT EVICTION (FY18 CIVIL LEGAL COUNSEL PROJECTSPROGRAM)

NAME OF ORGANIZATION OR GOVERNMENT:

QUALITY TRUST FOR INDIVIDUALS WITH DISABI

(H) PURPOSE OF GRANT OR ASSISTANCE: QUALITY TRUST FOR INDIVIDUALS WITH DISABILITIES JENNY HATCH JUSTICE PROJECT (FY18 ATJ GRANTS PROGRAM)

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY LEGAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING ADVOCACY FOR PEOPLE WITH MENTAL ILLNESSPROJECT (FY18 ACCESS TO JUSTICE HOUSING GRANTSPROGRAM)

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **THE DISTRICT OF COLUMBIA BAR FOUNDATION**  
 Employer identification number: **52-1109547**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIRRA JARRATT EXECUTIVE DIRECTOR	(i)	142,194.	0.	0.	1,591.	14,185.	157,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

THE DISTRICT OF COLUMBIA BAR FOUNDATION

Employer identification number

52-1109547

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FORECLOSURE PREVENTION AND COMMUNITY REDEVELOPMENT PROJECTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LOAN REPAYMENT ASSISTANCE PROGRAM. THE DC BAR FOUNDATION PROVIDES LOAN  
REPAYMENT ASSISTANCE TO QUALIFIED ATTORNEYS WORKING FOR AN ELIGIBLE  
EMPLOYER IN DC IN ORDER TO: (1) INCREASE THE NUMBER OF EXPERIENCED,  
SKILLED LAWYERS WORKING ON BEHALF OF LOW-INCOME DC RESIDENTS; AND (2)  
ASSIST DC POVERTY LAWYERS WHO HAVE INCURRED SIGNIFICANT EDUCATIONAL  
DEBT IN OBTAINING THEIR LAW DEGREE. THE DC BAR FOUNDATION'S LOAN  
REPAYMENT ASSISTANCE PROGRAM (LRAP) PROVIDES ONE-YEAR, INTEREST-FREE,  
FORGIVABLE LOANS, OF UP TO \$12,000 PER YEAR, TO QUALIFIED ATTORNEYS SO  
THEY CAN CONTINUE PROVIDING EXCEPTIONAL LEGAL ASSISTANCE TO LOW-INCOME  
DC RESIDENTS DESPITE HIGH EDUCATIONAL DEBT.

EXPENSES \$ 163,711. INCLUDING GRANTS OF \$ 118,788. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, THE TREASURER, THE FINANCE  
COMMITTEE, AND THE BOARD PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REGULARLY MONITORED. CONFLICTS THAT  
ARISE ARE HANDLED ON A CASE BY CASE BASIS.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR INCLUDES A REVIEW BY

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization <b>THE DISTRICT OF COLUMBIA BAR FOUNDATION</b>	Employer identification number <b>52-1109547</b>
--	---

**THE MEMBERS OF THE BOARD OF DIRECTORS.**

**FORM 990, PART VI, SECTION C, LINE 19:**

**GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE ON DCBF'S WEBSITE.**

**FORM 990, PART XII, LINE 2C:**

**THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR.**



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **THE DISTRICT OF COLUMBIA BAR FOUNDATION** Employer identification number **52-1109547**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE DISTRICT OF COLUMBIA BAR - 52-0959717 1101 K STREET, NW, SUITE 200 WASHINGTON, DC 20005	TO ENHANCE ACCESS TO JUSTICE, IMPROVE THE LEGAL SYSTEM, AND EMPOWER	DISTRICT OF COLUMBIA	115		N/A		X

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

THE DISTRICT OF COLUMBIA BAR

PRIMARY ACTIVITY: TO ENHANCE ACCESS TO JUSTICE, IMPROVE THE LEGAL SYSTEM,  
AND EMPOWER LAWYERS

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year, D Employer identification number, E Unrelated business activity codes, F Group exemption number, G Check organization type.

H Describe the organization's primary unrelated business activity. SECTION 512(A)(7) TRANSIT BENEFITS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of THE ORGANIZATION Telephone number 202-467-3750

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
<b>a</b>	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b>	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b>	Income tax on the amount on line 34 SEE STATEMENT 2	35c	702.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)		36	
<b>37 Proxy tax.</b> See instructions		37	
<b>38 Alternative minimum tax</b>		38	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		39	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	702.

**Part IV Tax and Payments**

<b>41a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
<b>b</b>	Other credits (see instructions)	41b	
<b>c</b>	General business credit. Attach Form 3800	41c	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
<b>e</b>	<b>Total credits.</b> Add lines 41a through 41d	41e	
<b>42</b>	Subtract line 41e from line 40	42	702.
<b>43</b>	Other taxes. Check if from: Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
<b>44</b>	<b>Total tax.</b> Add lines 42 and 43	44	702.
<b>45a</b>	Payments: A 2016 overpayment credited to 2017	45a	
<b>b</b>	2017 estimated tax payments	45b	900.
<b>c</b>	Tax deposited with Form 8868	45c	550.
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
<b>e</b>	Backup withholding (see instructions)	45e	
<b>f</b>	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
<b>g</b>	Other credits and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	45g	
<b>46</b>	<b>Total payments.</b> Add lines 45a through 45g	46	1,450.
<b>47</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
<b>48</b>	<b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
<b>49</b>	<b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	748.
<b>50</b>	Enter the amount of line 49 you want: Credited to 2018 estimated tax 748.   Refunded	50	0.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b>	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
<b>52</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b>	Enter the amount of tax-exempt interest received or accrued during the tax year		

**Sign Here**

Under penalties of perjury, I declare that I have 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **EXECUTIVE DIRECTOR** Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ELIZABETH HELLER</b>	Pi <i>Elizabeth Heller</i>	Date 7/11/2019	Check if self-employed	PTIN P00397829
	Firm's name <b>TATE &amp; TRYON</b>			Firm's EIN <b>52-1855942</b>	
	Firm's address <b>2021 L STREET, NW, SUITE 400 WASHINGTON, DC 20036</b>			Phone no. <b>(202) 293-2200</b>	

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE DISTRICT OF COLUMBIA BAR FOUNDATION</b>	Employer identification number (EIN) or <b>52-1109547</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>80 M STREET, SE, NO. 100</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20003</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

**THE ORGANIZATION**

• The books are in the care of ▶ **80 M STREET, SE, NO. 100 - WASHINGTON, DC 20003**  
Telephone No. ▶ **202-467-3750** Fax No. ▶ \_\_\_\_\_

- 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 6-month extension of time until **AUGUST 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  
Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	1,450.
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$	900.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	550.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6			
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7			
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....			Yes	No
4a	Additional section 263A costs (attach schedule) .....	4a							
b	Other costs (attach schedule) .....	4b							
5	<b>Total.</b> Add lines 1 through 4b .....	5							

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

SECTION 512(A)(7) TRANSIT BENEFITS

4,604.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

4,604.

FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT 2
1.	TAXABLE INCOME . . . . .	3,604
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	3,604
3.	LINE 1 LESS LINE 2 . . . . .	0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0
5.	LINE 3 LESS LINE 4 . . . . .	0
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	0
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0
8.	15 PERCENT OF LINE 2 . . . . .	541
9.	25 PERCENT OF LINE 4 . . . . .	0
10.	34 PERCENT OF LINE 6 . . . . .	0
11.	35 PERCENT OF LINE 7 . . . . .	0
12.	ADDITIONAL 5% SURTAX . . . . .	0
13.	ADDITIONAL 3% SURTAX . . . . .	0
14.	TOTAL INCOME TAX	<u>541</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u>757</u>
	DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 92	136
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018 273	566
18.	TOTAL TAX PRORATED	<u>702</u>