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SCANNED WAR 1 3 2017

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	2015 cale	ndar year, or tax year beginning 10/01 , 2015, and end	ing 9	/30	, 20 16	
В		applicable	C Name of organization DC Fashion Foundation		D Employe	er identification ni	ımber
Ī	Address		Doing business as	•		26-4560980	
\exists	Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telephor	ne number	
_	Initial ret	-	1629 K Street	Ste. 300		202-355-3929	
Ħ		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
\exists	Amende		Washington, DC 20006		G Gross re	eceipts \$	357,161
		ion pending		H(a) is this a	roup return for:	subordinates? Yes	
_	Applicati	ion pending	1629 K Street Ste. 300 Washington, DC 20006			s included? Tes	☐ No
1	Tax-exer	mpt status	√ 501(c)(3) □ 501(c) () √ (insert no) □ 4947(a)(1) or □ 527			a list (see instructio	
<u>.</u> J	Website		w.dcfashionfoundation.org	H(c) Group	exemption	number ▶	
<u>к</u>		organization	Corporation ☐ Trust ☑ Association ☐ Other ► L Year of form			of legal domicile	DC
•	art I	Summ				-	
	1		escribe the organization's mission or most significant activities: The I	OC Fashion Fo	undation	(DCFF) is a 501	(c)(3)
ø	'	•	t organization created by the Greater Washington Fashion Chamber of Co				
Governance	İ		ty through education, workforce, and networking and mentoring for aspir				
E	2		is box ▶☐ if the organization discontinued its operations or disposed				
ŏ	3		of voting members of the governing body (Part VI, line 1a)		. 3		4
ంర	4		of independent voting members of the governing body (Part VI, line 1)	o)	. 4		4
es	5		mber of individuals employed in calendar year 2015 (Part V, line 2a)		. 5		0
Activities	6		mber of volunteers (estimate if necessary)		. 6		
Act	7a		related business revenue from Part VIII, column (C), line 12		. 7a		0
	Ь		lated business taxable income from Form 990-T, line 34		7b		0
				Prior Y	ear	Current Y	ear
ø.	8	Contribu	tions and grants (Part VIII line 1h)		217,985		158,837
ž	9	Program	service revenue (Part VIII-line 2g)		140,855		30,329
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		0		0
Œ	11	Other rev	venue (Part VIII) column (A), lines, 5, 6d, 8c, 9c, 10c, and 11e)		0		5,071
	12		enue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		358,840		194,237
	13	Grants a	nd similar amounts pald (Part IX, column (A), lines 1-3)		0		0
	14	Benefits	paid to or for members (Part-IX, column (A), line 4)		0		0
ģ	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		181,238		149,212
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		0		0
g	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶				
ũ	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		36,968		42,185
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		218,206		191,397
	19	Revenue	less expenses. Subtract line 18 from line 12		-221		2,840
5	ន្ធ			Beginning of C	urrent Year	End of Ye	ear
sets or	ਰੂ 20		sets (Part X, line 16)		167,625		351,779
Net Ass	21		oilities (Part X, line 26)		24,983		24,983
ž	22		ets or fund balances. Subtract line 21 from line 20	<u> </u>	142,642	<u></u>	326,796
	art II		ture Block				
U	nder pena	alties of perji	ury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of	my knowledge and	d belief, it is
	ue, correc	ct, and comp	olete Declaration of preparer (other than officer) is based on all information of which prepare	irer rias ariy kilok	vieuge		
	gn	Sigi	HENRY M. TUCKOR		ate Z	110 1	
H	ere					1	
_			e or print name and title	<u> </u>		l pro-	
P	aid	Print/T	ype preparer's name Preparer's signature	Date	Check		
	repare	er			self-em	ployed	
	se On		name >	Fi	rm's ElN ▶		
		Firm's	address ▶	Pi	none no		
M	av the li	HS discus	ss this return with the preparer shown above? (see instructions)			Ye	s No

9.20

Cat No 11282Y

Form **990** (2015)

V

² art	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The DC Fashion Foundation (DCFF) is a 501(c)(3) non-profit organization created by the Greater Washington Chamber of Commerce in June 2009 to support the Washington, DC area fashion community. The DC Fashion Foundation does this through educational
	programs, workforce training initiatives, and networking and mentoring opportunities for aspiring fashion professionals and
	entrepreneurs.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
70	Fashionably Business - A program where attendees learned how to run a fashion business including marketing, getting financing,
	writing a business plan, and designing.
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	Camp Runway - Teaches a curriculum that seeks to develop creative and innovative designers who are equipped with the techniques
	of fine craftsmanship. Exposes participants to positive role models and mentors in the fashion/creative arts business industries.
	Works with students to effectively collaborate on the production of finale fashion show for the local community. Provides the support and mentoring to help students to develop self-confidence in order to make quality decisions, improve their life skills, take
	responsibility for behavior, respect authority, and develop a sense of empathy for others. Supports the development of youth
	leadership. Provides a healthy, safe environment.
	•
4c	(Code:) (Expenses \$ 191,397 including grants of \$ 158,837) (Revenue \$ 194,237)
	Macy's Incubator - The DC Fashion Incubator supports and invests in the emerging local fashion industry by providing the training
	and mentorship designers need to be successful. The competitive one year residency program for designers with 3 to 7 years experie experience partners with Macy's to provide designers with workspace, seminars in fashion design and commerce, retail display, and
	opportunities to pitch investors for funding, including seed capital and structured loans.
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$)

Form 990			F	age 3
Part I	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√ v	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	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? If "Yes," complete Schedule C, Part III	5		√
6	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? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	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? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	4 sili.in		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	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? If "Yes," complete Schedule D, Part VII	11b		✓
c	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? If "Yes," complete Schedule D, Part VIII	11c		1
d	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? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		√
12 a		11f	-	✓
.	Schedule D, Parts XI and XII	12a		✓
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	1	✓
14 a b	Did the organization maintain an office, employees, or agents outside of the office States? 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? If "Yes," complete Schedule F, Parts I and IV.	14a		1
15	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? If "Yes," complete Schedule F, Parts II and IV	15		1
16	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? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	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? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part l	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u>✓</u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	1
22	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? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	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? If "Yes," complete Schedule J	23		✓
24a	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? If "Yes," answer lines 24b			,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		-
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
ŭ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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?			,
00	If "Yes," complete Schedule L, Part I	25b		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	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? If "Yes," complete Schedule L, Part III	27		1
28	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):	21 2 x,	,	
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	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? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓.
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	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? If "Yes," complete Schedule R,			,
38	Part VI	37	<u> </u>	✓
55	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
			m 99 0	(2015)

Form **990** (2015)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4.			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	'		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	reportable gaming (gambling) winnings to prize winners?	1c	/	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	<u> </u>	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- 3		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	l '	}	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		1
b	·	4a	<u> </u>	 •
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			.
	(FBAR).	2		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b	*	8
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		. 37	sê î
	and services provided to the payor?	7a		12.52.31
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year		~%.8 c	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	}	
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		ŀ
а	Gross income from members or shareholders		ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources]		
	against amounts due or received from them.)	1	-	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+-
а	Note. See the instructions for additional information the organization must report on Schedule O.	Lisa	 	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	I	1

Form 99				aye U
Part \		and f	or a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O			<i>⊓</i> .
Soction	on A. Governing Body and Management			
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or	.		
	if the governing body delegated broad authority to an executive committee or similar	.]
	committee, explain in Schedule O.	.	1	,
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			~ . 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>✓</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u></u>
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		`
6	Did the organization become unais during the year of a digramount and organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	ı		
	stockholders, or persons other than the governing body?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	•		
	the year by the following:	8a	7	
a	The governing body?	8b	<u>/</u>	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	<u> </u>	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	_	✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		* · · ·
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14	<u> </u>	V
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			اــــــا
	with a taxable entity during the year?	16a	-	/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on 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	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)	·	mal! -	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	holic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	· •	
20	Henry M. Tucker 202-262-5981 1629 K St. NW Washington, DC 20006	JU1 U3		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

ection 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.										
(C)										
(A) Name and Title	(B) Average hours per	box, i	unles	s pe	more rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Kesha Hamlin-Mumford										
Chair	0.50	1					_	0	0	0
(2) Chonita Dixon		,								_
Treasurer	0.50						_	0	0	0
(3) Lilyan Satz Secretary	0.50	1				!		,	O	0
(4) Christine Brooks-Cropper		 					\vdash			
President	40	1		✓	1	1		60,025	o	0
(5)										-
(6)					-					
(7)										
(8)										
(9)	<u> </u>									
(10)	-									
(11)										
(12)	 									
(13)	 									
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (c	ontini	ued)		
					•	C)					Ì			
	(A)	(B)	(do n	ot ch		ition	e than o	nne	(D)	(E)			(F)	
	Name and title				is both		Reportable	Reportable		Estimated				
		hours per week (list any	 		_	lirect	or/trust	<u> </u>	compensation from	compensation related	trom		ount of other	
		hours for	Individual trustee or director	lng.	Officer	€	릙	Former	the	organization		comp	ensation)
		related	e š	로	ଜୁ	9	oloy	mer	organization (W-2/1099-MISC)	(W-2/1099-MI	ISC)		m the	
		organizations below dotted	tor a	ona		Key employee	8 2		(VV-2/1099-WISC)		1		nızatıon related	
		line)	rust	₹		ee e	npe	i				organ	nizations	
			8	Institutional trustee			Highest compensated employee	1						
				Į.		<u> </u>	8	$oxed{oxed}$						
(15)				1							l			
			<u> </u>			<u> </u>		$oxed{oxed}$			\rightarrow			
(16)			1					l						
						<u>L</u>		<u> </u>						
(17)		ļ			ļ	ŀ								
		<u> </u>			<u> </u>	<u> </u>		_						
(18)		<u> </u>									i			
			ļ		<u> </u>	_		ļ	<u> </u>					
(19)			1											
		ļ		<u> </u>	ļ	<u> </u>								
(20)		<u> </u>	┨		İ			1		!				
		-	ļ	<u> </u>	-	-		-		ļ	\dashv			
(21)			┨	Ì			1							
(00)			├─-	-	╁	\vdash		-						
(22)		+	1											
(23)											$\overline{}$			
(20)		†	•				1	1						
(24)						1		╁			\neg			
3=.2		†	1											
(25)			1											
			1											
1b	Sub-total							>	60,025		0			(
С	Total from continuation sheets to Part	VII, Section	n A					▶						
d	Total (add lines 1b and 1c)	· · · ·							60,025		0			(
2	Total number of individuals (including but		d to th	nose	e lis	ted	abov	e) w	ho received m	ore than \$10	00,00	0 of		
	reportable compensation from the organ	ization ►												
	2		_									. —	Yes	No
3	Did the organization list any former o							emp	oloyee, or higi	nest compei	rsate		-	
	employee on line 1a? If "Yes," complete										• •	3	┼	<u> </u>
4	For any individual listed on line 1a, is the	e sum of re	porta	bie	cor	npe	nsatio	on a	and other com	pensation fro	om th	ie		-
	organization and related organizations	greater th	ıan 🌣	150	,000	J! I	7 76	s,	complete Sci	reaule J IOI	Suc		} }	. , .
_	Individual					· fra	 		· · · · ·	· · · · ·	· ·	a 4	+	✓
5	for services rendered to the organization									zation or mu	ividu	5	1	
Conti	on B. Independent Contractors	1. 11 100,		,010		,,,,,	0.00	,,,,	00000000				<u>i </u>	
1	Complete this table for your five highest	compensati	ted in	den	enc	lent	contr	ract	ors that receiv	ed more tha	n \$10	<u> </u>	f	
•	compensation from the organization. Re													ıx
	year.	portoompo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····	. .				your orlaing in	0		94	0,, 0,10	
	(A)							Τ	(B)			(C)	,	
	Name and business ad	dress							Description of	services		Compen		
				•			-	1						
	-					-		T		1				
								Γ						
2	Total number of independent contract							o ti	hose listed ab	ove) who				
	received more than \$100,000 of compens	sation from	tne o	rgar	nıza	tion	▶			1				

Part	VIII	Statement of Revenu						
		Check if Schedule O co	ntains a	response or note to				🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns .	[1a 0			-	
ara our	b	Membership dues	[1b 0				
S, C	С	Fundraising events .		1c 0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .	-	1d 0				
ns,	е	Government grants (contribu		1e 141,525				
er S	f	All other contributions, gifts,						
ξŧ		and similar amounts not include	L	1f 16,745				No.
ont nd (g	Noncash contributions included in						
	h	Total. Add lines 1a-1f.		Business Code	158,270			
, n	0-	Fachianable Besieses						
eve	2a b	Fashionably Business		926110	0	0	0	0
e E	C	Camp Runway Macy's Incubator		926110 926110	30,000	<u>0</u>	0	0
eΖi	d	**-*		920110	30,000	0	U	<u> </u>
Ε	e							
Program Service Revenue	f	All other program service						
P	g	Total. Add lines 2a-2f			30,000			
	3	Investment income (inc		ividends, interest,				·
		and other similar amount	•					
	4	Income from investment of		•				
	5	Royalties				<u>-</u>		
		_	(i) Real	(II) Personal	* ´,		`	^ · · · · · · · · · · · · · · · · · · ·
	6a	Gross rents				. 3		*
	þ	Less rental expenses					4	¢, ",
	С	Rental income or (loss)		0 0		·		
	d 7a	Net rental income or (loss Gross amount from sales of	S) (i) Securities			*		
	'a	assets other than inventory	(i) Occurred	(ii) Calida				
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss)		0 0				Agentus
	d	Net gain or (loss)						
Other Revenue	8a	Gross income from fundrevents (not including \$ of contributions reported of						
P.		See Part IV, line 18	· ·	а				
Ě	ь	Less: direct expenses .		b				
U		Net income or (loss) from		ing events . ▶				,
	9a	Gross income from gamin See Part IV, line 19	ng activitie					1
		Less direct expenses .		b				i
		Net income or (loss) from	-					
	10a	Gross sales of inver returns and allowances						
		Less. cost of goods sold						
	С	Net income or (loss) from			329			
		Miscellaneous Rever	nue	Business Code	_			
	11a				5,000			
	b	Application Fees			637			
	C	A.I						
	d	All other revenue			0	0	0	0
	12	Total revenue See instr			0			
	12	Total revenue. See instr	uctions.	· · · · · ·	194,237	0	0	0 000 /22
								Form 990 (2015)

Form 99	0 (2015)				Page 10
	IX Statement of Functional Expenses			_	
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , 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	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	60,025	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7	Other salaries and wages	77,861			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	·			
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	·····		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	19,481			
13	Office expenses	9,066			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	847			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	8,161			
20	Interest	1,395			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization Insurance	0			
23	· · · · · · · · · · · · · · · · · · ·	2,236			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e_lf line 24e amount exceeds 10% of line 25, column			,	<u></u>
	(A) amount, list line 24e expenses on Schedule O.)			•	
а	Reimbursement to Outside Contractor	11,326			
b	Bank Charges	749		· · · · · · · · · · · · · · · · · · ·	•
C	State Advocacy Day Donation	250			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	191,397			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 10,426 16,985 Savings and temporary cash investments 464,933 27,060 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 instructions) Complete Part II of Schedule L . . . Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c Less: accumulated depreciation 130,140 130,140 Investments—publicly traded securities . . . Investments—other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11. Other assets. See Part IV, line 11 ol Total assets. Add lines 1 through 15 (must equal line 34) . . . 37,486 351,778 Accounts payable and accrued expenses ol Escrow or custodial account liability. Complete Part IV of Schedule D. 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 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties 24,983 25,208 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 Total liabilities. Add lines 17 through 25 24,983 25,208 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 142.643 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. 326,570 Total liabilities and net assets/fund balances 167,626 351,778

_	4	•
Page	7	

				<u> </u>
Part				_
	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)		19	4,237
2	Total expenses (must equal Part IX, column (A), line 25)		19	<u>1,397</u>
3	Revenue less expenses. Subtract line 2 from line 1			<u>2,840</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			0
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities		10	0,000
7	Investment expenses			0
8	Prior period adjustments		-10	2,840
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))			0
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: Cash Accrual Other		· 🐉	83
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	21	لثنيا	أننگ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	١٠.	3.77	
	reviewed on a separate basis, consolidated basis, or both:	٠, ،		13-31
	Separate basis Consolidated basis Both consolidated and separate basis	226		ل ﴿
b		2b	✓	W () 200
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	(K.)	#. X	
	separate basis, consolidated basis, or both:	````		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	ا مُعَشَّدُ ا	الأت	[M]
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?	2c		<u>√</u> ,
	If the organization changed either its oversight process or selection process during the tax year, explain in	^		4.30
	Schedule O.	<u>Ľráľa</u>	`	751
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ı
	the Single Audit Act and OMB Circular A-133?	3a	✓	
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.	3b	√	
		Forn	n 990	(2015)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name	of the organization	-			_	Employer identification	number
	ington DC Fashion Foundation					26-456	
Par							ns.
	organization is not a private founda		•		-	•	
1	<u> </u>						
2	A school described in section		•				
3	A hospital or a cooperative hos						:::\
4	A medical research organization hospital's name, city, and state		onjunction with a nost	onai desci	ibea in s	ecuon 170(b)(1)(A)(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned or	operate	ed by a government	al unit described in
6	☐ A federal, state, or local govern	nment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business to	certain taxable ir	exception ncome (f	ns, and (2) no more ess section 511 tax	than 331/3% of its
10	☐ An organization organized and	operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	I organizations d	escribed in section 50	09(a)(1) o	section	509(a)(2). See secti	on 509(a)(3). Check
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organized control or management of the organization(s). You must control to the organization	e supporting org	ganization vested in th				
С	——————————————————————————————————————	ited. A supportir	ng organization operat				y integrated with,
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions)	ated. The organi	zation generally must	satisfy a	dıstributi	on requirement and	
е	Charletter baself the assessed	ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
f	Enter the number of supported of	•					
g	5 1 1 6 11 1 6 11		oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))		r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Į		Yes	No	1	
(A)							
(B)							
(C)	•						
(D)							
(E)							
Tota	1						

Schedul	e A (Form 990 or 990-EZ) 2015						Page 2
Part							
	(Complete only if you checked the						lify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
Section	on A. Public Support	,					
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				i		
	membership fees received. (Do not						
	include any "unusual grants.")	128,730	139,140	143,430	358,840	157,937	928,077
2	Tax revenues levied for the organization's benefit and either paid				·		
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	128,730	139,140	143,430	358,840	157,937	928,077
5	The portion of total contributions by		`*.		, f 's"	3,	
•	each person (other than a	35	· Ar i			* ,	
	governmental unit or publicly	.:		¥4		'.' ''y	
	supported organization) included on	131				,	
	line 1 that exceeds 2% of the amount		5 C		. ,	, į. ·!	
	shown on line 11, column (f)			×,* %	AV58A * A5.	44.0	
6	Public support. Subtract line 5 from line 4	X (X 34 / 2	wikite	· · · · · · ·	- // \$33 J. S. S. S.		
	on B. Total Support		(1) 0040	(-) 0040	(-1) 004.4	(-) 0045	(A T-1-1
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	128,730	139,140	143,430	358,840	157,937	928,077
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar			!			
	sources						
9	Net income from unrelated business					-	
3	activities, whether or not the business	1					
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets		•				
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10					-	928,077
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for t	he organizatior	n's first, secon	d, third, fourth	ı, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	ere				· · · · ·	<u> </u>
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2015 (line		•	1, column (f))		14	%_
15	Public support percentage from 2014 Sc	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2015. If the organ				d line 14 is 331	/3% or more, c	
	box and stop here. The organization qua			-			▶ □
b	331/3% support test—2014. If the organ check this box and stop here. The organ					9 15 is 33½% 	or more, . ► □
17a	10%-facts-and-circumstances test – 2 10% or more, and if the organization me	eets the "facts-	and-circumsta	inces" test, ch	eck this box ai	nd stop here. E	Explain in
	Part VI how the organization meets the "	tacts-and-circu	ımstances" tes	st. The organiz	ation qualifies	as a publicly s	upported
	organization						· • U
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization r						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 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.)

	if the organization falls to quality	under the te	ata liated ben	JW, picase cc	mpicto rait	,	
	on A. Public Support					(1)0015	(0 T : 1
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees					İ	
_	received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			İ	1		
	organization without charge		İ			ļ	
6	Total. Add lines 1 through 5					1	
7a	Amounts included on lines 1, 2, and 3						<u> </u>
	received from disqualified persons .			ļ			
b	Amounts included on lines 2 and 3						
=	received from other than disqualified	1					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	1 1 1 1 1 1 1	(i) 1	, ~\$k*&*		. 18, -18, ,	
	line 6.)			s	* *	12 60 40 35	
Secti	on B. Total Support						<u>-</u>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6			_			
10a		1					
	payments received on securities loans, rents,					,	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less	Į					
	section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ				
¢	Add lines 10a and 10b				<u></u>		
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		ļ	ļ	ļ		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			Alabarat de 11	1		- F01/a\/0\
14	First five years. If the Form 990 is for t						
0 4	organization, check this box and stop he			· · · · ·	• • • •	· · · · · ·	· · · U
	on C. Computation of Public Suppo			10	· · ·	15	%
15 16	Public support percentage for 2015 (line Public support percentage from 2014 Sc		•				
16 Secti	on D. Computation of Investment Ir			·		101	70
17	Investment income percentage for 2015			ov line 13. colu	mn (fl)	17	%
18	Investment income percentage for 2015	•		-			
19a	331/3% support tests—2015. If the organ						
139	17 is not more than 331/2%, check this box						
ь	331/3% support tests—2014. If the organi						_
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization of						

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	** **** - ·	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	 За		
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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с]
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b		ادخا
С	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)? 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.	4c	* .	\(\frac{1}{2}\)
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a	* .	2 2 2
ь с 6	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 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? If "Yes," provide detail in Part VI.	5b 5c		
7	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	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))? If "Yes," provide detail in Part VI .	9a		
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? If "Yes," provide detail in Part VI .	9b		
С	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? If "Yes," provide detail in Part VI.	9с		
10a	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)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

المارين	5 // (SIM 666 SI 666 E2) E6 /6			<u> </u>
art	V Supporting Organizations (continued)		V.	NI -
4.4	Here the assessment as appointed a gift or contribution from any of the following paragraps?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			-
а	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?	11a		J
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			.3.3
	supervised, or controlled the supporting organization.	2		333
Secti	on C. Type II Supporting Organizations		L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	\ \		3
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	'	. 8	<u>_</u> ,37
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		هيدة	
Sooti	on D. All Type III Supporting Organizations	1		L
secu	on D. All Type III Supporting Organizations		Yes	No
1	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	. ~	34) L	200
	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?		غدد	
_		1		
2	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? If "No," explain in Part VI how	*	× 1	**
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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			ľ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations	·		__
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
a	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b C	☐ The organization is the parent of each of its supported organizations. Complete into 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	struct	ions).
			Yes	
2	Activities Test. Answer (a) and (b) below.		res	140
а	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? 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		1	
	that these activities constituted substantially all of its activities.	2a	<u> </u>	
b				
	of the organization's supported organization(s) would have been engaged in? 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.	2b		-
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	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? Provide details in Part VI.	3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must con	mple	ete Sections A through E.	(D) C
Section A - Adjusted Net Income		(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		li .	
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(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 Total (add lines 1a, 1b, and 1c)	1d	<u> </u>	
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	n.j.W	·····································	5e Addili.
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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		,**	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 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-ın	tegrated Type III supportin	g organization (see
instructions)			

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Part ') Supporting Organia	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	<u> </u>
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)	<u>. </u>		
6_	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а			-	*
b	1			· ' '
С		, *		
	From 2013	,		, , ,
	From 2014	25.	·	* * *
f	Total of lines 3a through e			<u> </u>
<u>g</u>	Applied to underdistributions of prior years			/ }
<u>h</u>	Applied to 2015 distributable amount	*		
<u>i</u>	Carryover from 2010 not applied (see instructions)			· · · · · · · · · · · · · · · · · · ·
J	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D. line 7. \$			
	D, line 7 \$ Applied to underdistributions of prior years			
<u>a</u>				
b	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

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.)
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SCHEDULE M (Form 990)

22

23

24

25 26

27

28 29 Historical artifacts . . .

Archeological artifacts . .

Scientific specimens

Other ► (_____)

Other ► (_____)

Noncash Contributions

OMB No 1545-0047

Employer identification number

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Types of Property (c) (a) (b) (d) Noncash contribution Number of contributions or Check if Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art – Works of art 2 Art-Historical treasures . . . 3 Art-Fractional interests . . . 4 Books and publications . . . 5 Clothing and household goods 6 Cars and other vehicles . . . 7 Boats and planes 8 Intellectual property . . . 9 Securities-Publicly traded . . 10 Securities—Closely held stock Securities-Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution - Other . 15 Real estate - Residential . . 16 Real estate—Commercial \$100,000 Depreciation 1 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . 21 Taxidermy

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	~	
ь 31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	_	1
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		/
ь 33	If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.	
The DC Fas	shion Foundation incubator space located on the 4th Floor at Macy's Holdings, Inc. which includes utilities is valued at \$100,000	
and is cons	sidered and in-kind non-cash contribution.	
Each year	this contribution will be \$100,000 and you will see this on the return since the term of this commercial real estate is from 2014 to	
2024.		
	······································	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Washington DC Fashion Foundation 26-4560980 Form 990, Part VI, Section B, Line 11b - Form 990 is reviewed by the President and Board of Directors during the monthly meeting before it is filed. Form 990, Part VI, Section C, Line 19 - Documents are made available upon request Activity or Mission Description. The Washington DC Fashion Foundation does this through educated programs, workforce training initiatives and networking and opportunities for aspiring fashion professionals and entrepreneurs.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Employer identification number
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