Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2016

▶ Do not enter social security numbers on this form as it may be made public. 1 ✓ A/A Open to Public

		f the Treasury nue Service	▶ Information about Form 990 and its instructions is at www.irs.gov/for	rm990.	1909	Inspection
A	For the	2016 cale	ndar year, or tax year beginning 10/01 , 2016, and ending	9/3	0	, 20 17
В	Check if	applicable	C Name of organization DC Fashion Foundation	C	Employ	er identification number
		change	Doing business as			26-4560980
$\overline{\Box}$	Name cl	-	Number and street (or P O box if mail is not delivered to street address) Room/suite	E	Telepho	ne number
$\overline{\Box}$	Initial ref	-	1629 K Street			202-355-3929
$\overline{\Box}$		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
$\overline{\Box}$		ed return	Washington, DC 20006	d	Gross re	eceipts \$
Ē				s this a grou	p return for	subordinates? Yes No
	, фр.,ос.	poag	··· /· // // // // // // // // // // //			s included? Yes No
_	Tax-exe	mpt status	✓ 501(c)(3)			a list (see instructions)
J	Website			Group e:	xemption	number ►
ĸ		organization		2009		of legal domicile DC
P	art I	Summ				
	1		scribe the organization's mission or most significant activities: The DC Fashio	on Foul	ndation	(DCFF) is a 501(c)(3)
ø	'	•	organization created by the Greater Washington Fashion Chamber of Commerce			
Governance			y through education, workforce, and networking and mentoring for aspiring fashio			
E.	2		is box ▶☐ if the organization discontinued its operations or disposed of more			
Š	3		of voting members of the governing body (Part VI, line 1a)		3	5
∞ ব	4		of independent voting members of the governing body (Part VI, line 1b)		4	5
Activities &	5		nber of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
Ĭ.	6		nber of volunteers (estimate if necessary)		6	0
Act	7a		elated business revenue from Part VIII, column (C), line 12		7a	0
_	b		ated business taxable income from Form 990-T, line 34		7b	0
			P	nor Yea		Current Year
	8	Contribut	ions and grants (Part VIII, line 1h) . RECEIVED	1	58,837	144,818
Revenue	9		(Det)(III line (1)		30,329	33,922
ě	10	Investme	nt income (Part VIII, line 29)		0	0
ď	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,071	12,596
	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	94,237	191,336
	13		nd similar amounts paid (Part IX, column (A), lines (1,-3)		0	0
	14		paid to or for members (Part IX, column (A), line 4)		0	0
S	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	1	49,212	96,200
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		0	0
ē	Ь		draising expenses (Part IX, column (D), line 25) ▶ 0	1. 37. 2	1	Sec. 1. 1884 1.23
ũ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,185	89,788
	18	Total exp	enses Add lines 13-17 (must equal Part IX, column (A), line 25)		91,397	185,988
	19	Revenue	less expenses. Subtract line 18 from line 12		2,840	5,348
es of			Beginning	g of Curr	ent Year	End of Year
Net Assets o Fund Balance	20	Total ass	ets (Part X, line 16)	3	51,779	362,510
t As	21	Total liab	Ilities (Part X, line 26)		24,983	0
홍글	22	Net asse	s or fund balances Subtract line 21 from line 20	3	26,796	362,510
P	art II	Signat	ure Block			
			ry. I declare that I have examined this return, including accompanying schedules and statements, are the Declaration of preparer (other than officer) is based on all information of which preparer has any			my knowledge and belief, it is
_		T \				13/18
Sig	n	Sign	ature of officer /	Date	21	13/18
He	•	J. 3.g	HENRY A TUCKIN CFO			
		Type	or print name and title			
_		1, ,,	pe preparer's name Preparer's signature Date			PTIN
Pa		1			Check self-em	∐
	epare	1				pioyod
Us	e On				EIN ►	
Ma	v the IF		oddress • sthis return with the preparer shown above? (see instructions)	Phone	5 (IU	. Yes No
	•		ction Act Notice, see the separate instructions. Cat No 11282	·······	<u>·</u>	Form 990 (2016)
···	- aper	HOIR NEGU	RIVELINALION	- 1		1 3/11/ 000 (2010)
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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 are 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	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.
	(0.1
4a	(Code: 926110) (Expenses \$ 163,644 including grants of \$ 144,818) (Revenue \$ 191,336)
	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 experience partners with Macy's to provide designers with workspace, seminars in fashion design and commerce, retail desplay, and
	apportunities to eitab proposage for funding population and appropriate and the set and th

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4-	(Code) (Eveness & including weeks & &
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)

4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 22 344
	Total program service expenses 22.344

Form 99				Page 3
Part	Checklist of Required Schedules			-
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	
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		1
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		1
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		1
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		1
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		1
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		√
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.	* * * * * * * * * * * * * * * * * * * *	; 3%,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	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		1
	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
	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		\
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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
ь	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	14b		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		<u>·</u> ✓
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		✓
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Form 99				Page 4
Part	Checklist of Required Schedules (continued)		V	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No /
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	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? If "Yes," complete Schedule I, Parts I and II.	21		/
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		1
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		1
	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 to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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? If "Yes," complete Schedule L, Part I	25b		1
26	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? If "Yes," complete Schedule L, Part II	26		1
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):	*	`\;	*
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29	1	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 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	<u> </u>	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	_	/
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		/
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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	-	/
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,	30		-
38	Part VI	37	1	1
_			n 990	(2016)

Check if Schedule Q contains a response or note to any line in this Part V The Inter the number reported in Box 3 of Form 1966, Enter -0- if not applicable to the unmber of Forms W-2G included in line 1a. Enter -0- if not applicable to the unmber of Forms W-2G included in line 1a. Enter -0- if not applicable to the unmber of Forms W-2G included in line 1a. Enter -0- if not applicable and the unmber of Forms W-2G included in line 1a. Enter -0- if not applicable and the unmber of Forms W-2G included in line 1a. Enter -0- if not applicable and the unmber of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filled for the calculation of the unmber of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filled for the calculation of the unmber of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filled for the unmber of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filled for the unmber of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filled for the unmber of employees and tax Statements, filled for expansion filled the unmber of the unmber of employees and tax Statements, filled for expansion filled the unmber of the u	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
the Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b Control of the organization comply with backup withholding rules for reportable gaments to vendors and reportable gamen (gambling) withings to pizze winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the callendar year ending with or within the year covered by this return 2 b 1 if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2c If year, has if filed a Form 990-T for this year? If *No* to line 3b, provide an explanation in Schedule O. 3b If at the sum of lines 1a and 2 as is greater than 250, you may be required to e-file (see instructions). 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c If *Yes,* onter the name of the foreign country. E 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 6c) If Yes,* other the arms and a party to a prohibited tax shelter transaction? Sci. If Yes, other sci. In Gan 5 of Sci. In Gan 5 of Sci. If Yes, other sci. In Gan 5 of Sci. In Gan 5 of Sci. If Yes, other banks, other party for Interest the arms of Sci. If Yes, other banks, other party for Interest the arms of Sci. In G		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 10				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 2 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 If Yes, The sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 If Yes, The sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization and the organization file Form 8865-T? 6 Does the organization and amount of the contributions of the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Was the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible contributions under section 170(c). 7 Organizations that may receive deductible contributions under section 170(c). 8 Was the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8829 are required. 9 Was the organization sell, exchange, or otherwise dispose of tangible personal proper	b				
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return by the statements, filled for the calendar year ending with or within the year covered by this return of the statements, filled for the calendar year ending with or within the year covered by this return of the statements of the statements of the statements of the statement of the state	C				
Statements, filed for the calendar year ending with or within the year covered by this return 2 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to a-file (see instructions) 3a Did the organization have unrelated business pross income of \$1.000 or more during the year? bif "Yes," has it filed a Form 990-11 for this year? If "No" to line 3b, provide an explanation in Schedula O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country: \(\bar{P} \) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" did the organization file Form 8886-17? 5b If "Yes," did the organization file Form 8886-17? 5c If "Yes," did the organization that were not tax deductible as charitable contributions or yifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 5c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If "Yes," did the organization in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c If if the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization notify the donor of the value of the goods		reportable gaming (gambling) winnings to prize winners?	1c	✓	
b If at least one is reported on line 2a, did the organization lite all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has it flied a Form 990-T for this year? "I "No" to line 3b, provide an explanation in Schedule 0 34 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 886-T? 5b Did any taxable party notify the organization file Form 886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If "Yes" to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 2826 filed during the year 9d If "Yes," indicate the number of Forms 2826 filed during the year 10d the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8827? 11d bid the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11d bid the organization received acontribution of qualified intellectual property, did the organization file a Form 1094. 11d bid the spo	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3		Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
bil the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; ▶ bil "Yes," enter the name of the foreign country; ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? bil did not promise the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? bil "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? bil "Yes," indicate the number of Forms 8282 filed during the year bil the organization serves any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive a property in the directly to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds with every solicities, did the organization file Form 8899 as required to enhance the solicities. Byponsoring organization make a contribution of valiency to pr	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
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If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h 1the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b	_		$\overline{}$		
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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?			-		
sponsoring organization have excess business holdings at any time during the year?	_		7h	-	
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?	8		<u> </u>	ļ	
Did the sponsoring organization make any taxable distributions under section 4966?	_		B	<u> </u>	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12				 -	
Initiation fees and capital contributions included on Part VIII, line 12	_			 	
a Initiation fees and capital contributions included on Part VIII, line 12			90		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders		,		1	
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders			{		
a Gross income from members or shareholders		· · · · · · · · · · · · · · · · · · ·	1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 If "Yes," enter the amount of tax-exempt interest received or accrued during the year		l l	ļ		}
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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	122		122		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	_		124	 	
a Is the organization licensed to issue qualified health plans in more than one state?		<u> </u>	1]	}
Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a ✓			132	 	 -
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	a		- '0 a	 	
the organization is licensed to issue qualified health plans	ь]	Ì
c Enter the amount of reserves on hand	-	About a serial section of the serial decision and the serial section and the secti	{		-
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 🗸	c	100	1		1
		<u></u>	142	 	1
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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		for a	
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	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 5			
	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	ļ		•
	committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,	ŀ	}
	any other officer, director, trustee, or key employee?	2		1
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		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b	L	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			· .
	the year by the following:	-400-		المنت أ
a b	The governing body?	8a 8b	√	
9	Each committee with authority to act on behalf of the governing body?	On		 -
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	 ·
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	-	3
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	! — —	 '
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			ļ —
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	_	1
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by 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
þ	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Ţ-
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		
Sect	on C. Disclosure		L	L
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 available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ 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 int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	: ▶	
	Henry M Tucker 202-262-5981 1629 K St. NW Washington, DC 20006			

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

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.

compensated employees; and former such pers	ons.				,				oco.c, ,,c,	,,,p.0,000,g.,000
☐ Check this box if neither the organization no		d orga	aniz	atio	n c	ompe	nsa	ated any currer	nt officer, director	r, or trustee.
				_	C)					
(A)	(B)	٠.			ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
hours per						or/trust		compensation	compensation from	amount of
	week (list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	from the	related organizations	other compensation
	related organizations	rect	탏	ĕ	em i	lest o	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	9 2	ma		ş	[®] S				and related
	line)	ste	trus		8	Pen				organizations
		"	8			Highest compensated employee				
		_					-	 		
(1) Christine Brooks Cropper								ļ		
President and CEO				✓	1	✓		60,000	0	0
(2) Rachel O'Connell										
Director		✓						o	o	0
(3) Mattı Miranda										
Director		1						0	0	0
(4) Kesha Mumford										·-
Chair		1					<u>L</u>	0	0	0
(5) Chonita Dixon			ĺ							
Treasurer		✓						0	0	. 0
(6) Lilyan Satz										
Secretary		1					L.,	0	0	0
(7) Noural Adly Mostafa										
Director		✓	L.					0	0	0
(8)							1			
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c Total from continuation sheets to Part VII, Section A ▶	Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (d	ontinu	ed)		
Compensation Comp															
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	-				٠	•		•	•	ļ		\rightarrow			
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 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? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 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) (B) (C) (C) (C) (C) (C) (C) (C	2			d to th	1056	e list	ted	above	e) w	tho received m	ore than \$10	000,000	of		
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employee on line 1a? If "Yes," complete Schedule J for such individual 4 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of	fficer direc	tor o	or tr	uet		kov a	mr	olovee or high	est compa	neator	. [Yes	No
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person													1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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) (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	5											ividua			
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		Total number of independent contractor	ors (includii	na bi	ut n	ot	lımit	ed to	L th	nose listed abo	ove) who				
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Pai	rt VIII	r e e e e e e e e e e e e e e e e e e e						
		Check if Schedule O co	ntains a res	ponse or note			· · · · ·	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns .				10,000		312-314
Gra Gu	b	Membership dues			<u> </u>			
Fts,	C	Fundraising events			<u>)</u>			
2 5	d	Related organizations .			<u>)</u>			
Sir	e	Government grants (contributions, gifts,	utions) 1e	144,818	<u> </u>			
Je če	'	and similar amounts not included	d above 1f					
혈절	g	Noncash contributions included in		0	∃ .			1
SE	h	Total. Add lines 1a-1f .		<u>-</u>				
				Business Code	144,818			
Ken	2a	Macy's Incubator		926110	33,922			
æ,	b							
Ğ.	C							
Se	d							
Program Service Revenue	e	All other program service						
Po	g		revenue.	•			L	
	3	Investment income (incl	uding divide	ends. interest.	33,922	* * *//	<u> </u>	<u>/ </u>
		and other similar amounts	s)	>				
	4	Income from investment of t	ax-exempt bo	ond proceeds ▶				
	5	Royalties	<u> </u>	>				
			(i) Real	(ii) Personal	Mary Land	.1. The second		(() ()
	6a	Gross rents			**, `		7. 11.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	Less: rental expenses Rental income or (loss)						
	d	Net rental income or (loss	<u> </u>	•		<u> </u>		
	7a) Securities	(II) Other	* *			
		assets other than inventory		 	\$		* \$ *	
	b	Less: cost or other basis		-	*	, ,	, x	
		and sales expenses				, , %-	ر، سر	, , , , , , , , , , , , , , , , , , , ,
	C	Gain or (loss)						
	d	Net gain or (loss)		<u> ▶</u>		,		
/enne	8a	Gross income from fundra events (not including \$	aising					
Other Reve		of contributions reported on See Part IV, line 18	i line 1c).					
o ±	b	Less: direct expenses .	b]		
	С	Net income or (loss) from	fundraising e	events . >				
	9a	Gross income from gaming	activities.					
	.	See Part IV, line 19						
	b	Less: direct expenses . Net income or (loss) from (b	itua				
	10a	Gross sales of inventor	orv less [nies				
			· a					
	b	Less: cost of goods sold						
	С	Net income or (loss) from s	sales of inver	ntory ▶	·			
		Miscellaneous Revenu		Business Code				
		Returned Check		5,000	3			
	b							
	6	All other revenue						
	d e	Total. Add lines 11a-11d		926110	186,336			
ļ		Total revenue. See instruc			5,000			
				1	141 77¢!	ı	I	

Part IX	Statement	of Fund	ctional	Expenses	3

Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	60,000			
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 8	Other salaries and wages	36,200			
9	Other employee benefits				
10	Payroll taxes			<u> </u>	
11	Fees for services (non-employees):	l			
a b	Management				
C	Accounting				
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17		, , , , , , , , , , , , , , , , , , ,	11, 1. A. Y Y	
f	Investment management fees				!
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,254	_		
12	Advertising and promotion	948			
13	Office expenses	1,527			
14	Information technology				
15	Royalties				
16	Occupancy	39,000		 	
17 18	Travel	1,274			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3,473			
20	Interest	960		 	
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	1,069		 	
23 24	Other expenses. Itemize expenses not covered	1,009			
24	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.)				
а	Donk Charges	15,142		 	
b	Reimbursements	12,922			
c	Utilities	1,002			
d	Repair & Maintenance	5,975			
е	All other expenses General Admin	244			
25	Total functional expenses. Add lines 1 through 24e	185,988		<u> </u>	ļ
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 ☐ if following SOP 98-2 (ASC 958-720)				

	art X	Balance Sheet			Page 11
		Check if Schedule O contains a response or note to any line in this Pa	urt X		
	·•		(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash – non-interest-bearing	16,985	1	16,940
	2	Savings and temporary cash investments	464,933		475,710
	3	Pledges and grants receivable, net		3	473,710
ts	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	· · · · · · · · · · · · · · · · · · ·
	10a	Land, buildings, and equipment: cost or	,	Ť	
		other basis. Complete Part VI of Schedule D 10a	Grand Company		
	b	Less: accumulated depreciation 10b	130,140	10c	130,140
	11	Investments—publicly traded securities	100/110	11	130,140
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	 	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	351,778	16	362,510
	17	Accounts payable and accrued expenses		17	302,310
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		^ ,,	* * * * * * * * * * * * * * * * * * * *
jab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	25,208	24	
	25	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			
	26			25	
	26	Total liabilities. Add lines 17 through 25	25,208	26	
Sa		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ပို	27				
aja	27	Unrestricted net assets		27	
6	28 29	Temporarily restricted net assets		28	
בון	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	25,208
SS	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
Ĭ.	32	Retained earnings, endowment, accumulated income, or other funds .	326,570	32	337,301
ž	33	Total net assets or fund balances		33	26754

Total liabilities and net assets/fund balances

362,509 Form **990** (2016)

351,778 34

33

•					
Form 99	90 (2016)			Pa	age 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19	91,336
2	Total expenses (must equal Part IX, column (A), line 25)	2		11	35,988
3	Revenue less expenses. Subtract line 2 from line 1	3			5,348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		10	00,000
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> .		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_	\ \tag{*.}	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ı	n		
	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 com	piled c	or		
	reviewed on a separate basis, consolidated basis, or both:		'		
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis		<u>.</u>		
b	Were the organization's financial statements audited by an independent accountant?		. 2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a 🚶		[
	separate basis, consolidated basis, or both:		`	: 🗟	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			_ ***********************************	22.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, ex	ıplain i	n 📝	\$.	
	Schedule O.				12 %

За

3b

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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.

the Single Audit Act and OMB Circular A-133?.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

2016

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization Employer identification number **DC** Fashion Foundation 26-4560980 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). I An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An 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: An organization that normally receives: (1) more than 331/3% 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 331/3/6 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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, 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having Ь 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

	271 (1 31111 333 31 333 22) 23 13						i age 🕳
Part							
	(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 unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						•
	membership fees received. (Do not						
•	include any "unusual grants.")	139,140	143,430	358,840	157,937	144,818	944,165
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						
J	furnished by a governmental unit to the					i	
	organization without charge						
4	Total. Add lines 1 through 3	139,140	143,430	358,840	157,937	144,818	944,165
5	The portion of total contributions by	133,140	140,430	330,040	107,557	144,010	
5	each person (other than a		, ;			. 24	
	governmental unit or publicly		,	, ',	· Š	·^; - ²	
	supported organization) included on		, , , , , , , , , , , , , , , , , , ,		*	*	
	line 1 that exceeds 2% of the amount		. "	. 1	*	i i	
	shown on line 11, column (f)	*** (*			** ;		
6	Public support. Subtract line 5 from line 4	<u>*</u> / &	jir ye.	x + * x ; ;	% ^	₹ 🕸	144 15
	on B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	139,140	143,430	358,840	157,937	144,818	944,165
8	Gross income from interest, dividends,		,				
	payments received on securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
_	activities, whether or not the business						
	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						944,165
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-			-		
Cook	organization, check this box and stop he			· · · · ·			🕨 🗸
	on C. Computation of Public Suppor			1 001: (0)		44	
14 15	Public support percentage for 2016 (line 6) Public support percentage from 2015 Sch	• • • • • • • • • • • • • • • • • • • •	-			14	<u>%</u>
16a	331/3% support test—2016. If the organi						
, 04	box and stop here. The organization qua						
ь	331/3% support test - 2015. If the organi	•		-			. —
-	this box and stop here. The organization						
17a	10%-facts-and-circumstances test – 20			-			
,,,	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization			_			▶ 🗆
b	10%-facts-and-circumstances test 20	015. If the orga	anization did r	ot check a bo	x on line 13, 1	6a, 16b, or 17a	a, and line
	15 is 10% or more, and if the organiza	ation meets th	e "facts-and-o	circumstances'	' test, check	this box and s	top here.
	Explain in Part VI how the organization r	neets the "fact	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						▶ 🗆
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	i, or 17b, chec	k this box and s	see

•	·						il.
Schedu Part	e A (Form 990 or 990-EZ) 2016 Support Schedule for Organiza	tions Deser	had in Cast	F00(a\/0\			Page 3
rart	(Complete only if you checked the				nization failed	to qualify un	der Part II
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.)	aci i aitii.
Secti	on A. Public Support						,
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees 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				1	1	
5	The value of services or facilities furnished by a governmental unit to the organization without charge			Ý	/		
6	Total. Add lines 1 through 5			16			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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			,			
8 8	Add lines 7a and 7b	1.1	A Walio is			S	· · · · · · · · · · · · · · · · · · ·
Secti	on B. Total Support		1 1301 390 040 1	1	Marie To	* ************************************	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a	Amounts from line 6			(1)	(2, 20.0	(c)	(1)
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	:					
c 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3) ▶ □
Secti	on C. Computation of Public Support	rt Percentage	9		_		
15	Public support percentage for 2016 (line	8, column (f) di	vided by line 1	3, column (f))			%
16 Seet	Public support percentage from 2015 Sci			<u></u>	<u></u>	16	%
Secti	ón D. Computation of Investment In	come Percei	uade				

19a 331/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/2%, check this box and **stop here.** The organization qualifies as a publicly supported organization . b 331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

line 18 is not more than 331/2%, 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

Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .

Investment income percentage from 2015 Schedule A, Part III, line 17

17

18

17

%

%

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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c 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.
- 5a 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).
- **b** 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?
- c 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.
- 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).
- 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).
- 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.
- **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**.
- c 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**.
- 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.
- **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.)

	Yes	No
1		
2		
3a	\	
3b		
3c		
4a		
, ;	ν.	, ,
4b		* 1
	* `	
4c		°
***) , ,	*****
5a		
5b		1
5c		
		,
6		
7		
8		
9a		
9b		
9с		
10a		
		\neg

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
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		
	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, supervised, or controlled the supporting organization.	2	*	
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	Š		
	the supported organization(s).	1	***	<u> </u>
Secti	on D. All Type III Supporting Organizations	<u> </u>	Ь	<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	(*)	*	1.20
	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		,	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			نقمدد
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	, ,	
-	organization or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 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 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.	***		-
Cook		3		L
	on 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 i	nstru	ction	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (laaa in		
С		see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
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 that these activities constituted substantially all of its activities.	20		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	-	<u> </u>
J	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	 	<u> </u>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	-]
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? <i>Provide details in Part VI.</i>	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru nizat	st on Nov. 20, 1970 (expla ions must complete Section	in in Part VI). See ons A through E.
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 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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	Ì,		
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		, a 12	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 instructions.	ly in	tegrated Type III supporting	g organization (see

Part		(3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex	empt purposes of supp	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	anizations		
4	Amounts paid to acquire exempt-use assets	<u> </u>	<u> </u>	
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 whi (provide details in Part VI). See instructions.	ch the organization is re	sponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		T	(ii)	/::n
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	*	¥	
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			^ %
3	Excess distributions carryover, if any, to 2016:		₹ / % .	. *
а	The state of the s	1. · · · · · · · · · · · · · · · · · · ·	* **	× × 2
b		T	, , , , , , , , , , , , , , , , , , , ,	***************************************
	From 2013	the same of the sa	* * *	
d	From 2014	1278	* * * * * * * * * * * * * * * * * * * *	
е	From 2015		* * * * * * * * * * * * * * * * * * * *	
f	Total of lines 3a through e		3 28	
g	Applied to underdistributions of prior years	X		
h	Applied to 2016 distributable amount	\(\frac{\frac}\fint}}}}}{\frac}\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac}\fir\f{\f{\frac{\frac{\frac}\firac{\f{\frac{\fir}}}}}}}}}{\		1 /
i	Carryover from 2011 not applied (see instructions)	7.	<u>, , , , , , , , , , , , , , , , , , , </u>	W
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	 	<u> </u>	
4	Distributions for 2016 from	 	` <u> </u>	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	Section D, line 7:	,	×	3
a	Applied to underdistributions of prior years			. *
b	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			· · · · · · · · · · · · · · · · · · ·
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014		· · · · · · · · · · · · · · · · · · ·	
đ	Excess from 2015		"	
е				H
				

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service \blacktriangleright 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.

Name of the organization
DC Fashion Foundation

Employer identification number 26-4560980

Part	Types of Property		······································					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art – Works of art							
2	Art – Historical treasures							
3	Art-Fractional interests							
4	Books and publications							_
5	Clothing and household		` .					_
	goods				L			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities - Closely held stock .							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential			6100 000	D			
16	Real estate—Commercial	✓	1	\$100,000	Depreciation		-	
17	Real estate—Other			 				
18	Collectibles							
19	Food inventory	-						
20 21	Drugs and medical supplies Taxidermy	-						
22	Historical artifacts	<u> </u>						
23	Scientific specimens	<u> </u>			 		•	
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()					_		
27	Other ► (i	•		
28	Other ► (_
29	Number of Forms 8283 received	by the or	ganization during the tax	year for contributions for				
	which the organization completed	form 828	3, Part IV, Donee Acknowle	dgement	29			
							Yes	No
30a	During the year, did the organiza							
	28, that it must hold for at least t				n't required			
	to be used for exempt purposes		re holding period?			30a	✓	
b	If "Yes," describe the arrangement						ļ	l
31	Does the organization have a	gift acce	ptance policy that requir	es the review of any n	onstandard			
	contributions?					31		<u> </u>
32a	Does the organization hire or us		-	·	all noncash			_
	contributions?					32a		√ _
ь	If "Yes," describe in Part II.		antium (a) fair - time f		in abadicad			
33	If the organization didn't report ar	i amount in	column (c) for a type of pro	operty for which column (a)	s cnecked,			

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

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.

Open to Public Inspection

Name of the organization	Employer identification number				
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 DC Fashion Foundation accomplishes it's mission through educated programs, w	orkforce training initiatives and networking				
and opportunities for aspiring fashion professionals and entrepreneurs					

	······································				

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
	·

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