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Form. 990

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Coda (except private foundations)

OMB No. 1545-0047

2015

Dep	artment of mai Reven	the Treasury ue Service	► Do not enter social security numbers on this form as it may  Information about Form 990 and its instructions is at www.			Inspection
Ā			ndar year, or tax year beginning September 1 , 2015, and e		ust 31	.,20 16·
B		applicable:	C Name of organization DC SCORES			identification number
_	Addresa		Doing business as			52-2230721
_	Name ch			om/suite	E Telephone	
ō	Initial ret	• .	1224 M St NW	200	•	02,393.6999
ō		n/terminated	City or town, state or province, country, and ZiP or foreign postal code			.02.030.0333
ā	Amende		Washington, DC 20005		G Gross rece	eipta \$ 1,973.183
=			F Name and address of principal officer: Bethany Rubin Henderson			ordinates? Yes No
_	Aharan	on bearing	1224 M St NW, Washington, DC 20005			ncluded? Yes No
_	Tax-avar	npt status:				st. (see instructions)
∺	Website		v descores.org	<del>*****</del>	exemption nu	,
_			✓ Corporation Trust Association Other L Year of fo		<del></del>	legal domicile: DC
_	art I	Summ		1999 (1999)	I M SEED OF	roga dunicire. DC
	_		scribe the organization's mission or most significant activities: DC	C SCORES agas w	iboso kide i	n sood een end
		•	-			
Ĕ	1	creates n	eighborhood teams that give kids the confidence and skills to succeed	on the playing tie	aa, in the c	iassroom, and in life.
Activities & Governance		Chast th	le hou b C W the appointaine dispositioned the appositions of dispositions and the second state of the sec		DE0/ -414	
Ş	<b>‡</b>		is box > If the organization discontinued its operations or disposition of the organization discontinued its operations or disposition discontinued its operation disposition disposi	tnan		s net assets.
9	1		of voting members of the governing body (Part VI, line 1a)		3	24
9			of independent voting members of the governing body (Part VI, lin_		4	24
#			nber of individuals employed in calendar year 2015 (Part V, line 2a)	۰۰۱ اسسنسا	5	17
둟			nber of volunteers (estimate if necessary)	$50 \cdot 1 \cdot \cdot$	6	457
₹			elated business revenue from Part VIII, column (G), line 12 . [ ] [ ]	٠٠ ان اسبلنظ	7a	0
	ь	Net unrel	ated business taxable income from Form 990-T, line 34	· · ·/ຜ່າ · ·	7b	0
			ione and grants (Part VIIII line 1h) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	01 Star Ac	er	Current Year
9			ions and grants (Part VIII, line 1h)   &   .   NUY 💌	· <u>  E 1</u>	,328,317	1,774,022
Ĕ	9	Program	service revenue (Part VIII, iline 2g)		161.003	176,319
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and (d)	سلسلسلسل سائد	119	0
<b>E</b>	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 11e)	•	2,870	22,842
	12	<b>Total reve</b>	nue-add lines 8 through 11 (must equal Part VIII-column (A), line 12	2) 1	492,309	1,973,183
	13	Grants ar	id similar amounts paid (Part IX, column (A), lines 1-3)		0	0
	14	Benefits <sub>j</sub>	paid to or for members (Part IX, column (A), line 4)		0	0
•	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)	))	963,289	820,540
2			nal fundralsing fees (Part IX, column (A), line 11e)		0	0
Expenses			iralsing expenses (Part IX, column (D), line 25) ▶ 226.55	55 C.		
ŭ			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		799.707	1,095,618
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	. 1	762.996	1,916,158
			less expenses. Subtract line 18 from line 12		270,687	57,025
r E			the distriction of the state of	Beginning of Cur		End of Year
46	20	Total ass	ets (Part X, line 16)		533,611	607,662
貆	,		lities (Part X, line 26)	•	46.308	63,333
Net Assets or Fund Balances			s or fund balances. Subtract line 21 from line 20	•	487,303	544,329
	irt II		ure Block	<u>l.</u>	467,3031	544,329
11111111111111111			y, I declare that I have examined this return, including accompanying schedules and s	etatements, and to th	- boot of my	Impulation and helicit it is
שנים	o, correct,	, and compli	rice. Declaration of proparer (other than officer) is based on all information of which pre	eparar has any knowle	edge.	Nowerye and bend, it is
			2~ _	<u> </u>	د/ د ا	<u></u>
Sig	m l	Slore	iture of officer	Date	4.6.	
He		!! <b>Г</b>			•	
			BEKNONY RUDIN Hendocsin Greente Dir	بر دهه د		
_			e preparer's name Preparer's signature	Date	T	IPTIN
Pai		I	1 SE 11 # 1, 1, 1)   1	/// /.~	Check 🗸	u
	parei		eynolds 77 KN JAWK CLA	14/16/17	self-emplo	1 10202.001
Us	e Only			Firm	's EIN 🕨	27-4209747
16	. Ab = 4F		Idress ► 250 American Way #103, National Harbor, MD 20745	Phor	e no.	301.365.0901
_			this return with the preparer shown above? (see instructions)	<u> </u>	• •	· · / Yes No
For	Paperw	ork Reduc	tion Act Notice, see the separate instructions.	Cat. No. 11282Y		Form <b>990</b> (2015)

(100 )

Form 990 (2015) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: DC SCORES goes where kids in need are and creates neighborhood teams that give kids the confidence and skills to succeed on the playing field, in the classroom, and in life. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . . . . . . . . . ☐ Yes ☑ No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program ☐ Yes ☑ No If "Yes," describe these changes on Schedule O. 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. (Code: ) (Expenses \$ 617,778 including grants of \$ 0) (Revenue \$ 16,040) Elementary School - Our holistic after-school program helps DC SCORES students Improve their fitness levels by playing soccer: develop their literacy skills and capacity for self-expression by writing poetry; and establish deep community connections through service projects; all while developing closer bonds with teachers and peers. Our program follows a school-based model for afterschool programming by hiring and training teachers (called our "SCORES Corps" coaches) from each school. Each school year, elementary and middle school students participate in over 24 weeks of programming. DC SCORES' elementary school program operates live days per week. (Code: 323,603 including grants of \$ 0) (Revenue \$ Middle School - The componenets of the middle school program build off the same structure of the elementary school programs Middle school students become leaders in the classroom and on the field through our program. 217,050 including grants of \$ ) (Expenses \$ 0) (Revenue \$ Soccer for Success - Soccer for Success is the U.S. Soccer Foundation's free soccer-based after school program that uses soccer as a tool to combat childhood obesity and promote healthy lifestyles for children in under-resourced urban communities. DC SCORES integrates the Soccer for Success program Into our elementary and middle school programming.

p) (Revenue \$

e Total program service expenses ► 1,473,695

189,090 including grants of \$

Other program services (Describe in Schedule O.)

(Expenses \$

Part	Checklist of Required Schodules	MATERIAL CONTRACTOR	Dimini en	· · · · ·
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	1	1	
2	Is the organization required to complete Schedule 8, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<b>✓</b>	<del>                                     </del>
	candidates for public office? If "Yes," complete Schedule C, Part I	3,	<u> </u>	1
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h). selection in effect during the tax year? If "Yes," complete Schedule C, Part II	• ॰कः 4	· idea	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,	-		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>/</b>
	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, VIII, IX, or X as applicable.			1
ā	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118	<u> </u>	
. <b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	·	1
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
ģ	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
ē	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
T	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 .	111	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		,	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	<b>✓</b>	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14 a	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			<u> </u>
	fundralsing, 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		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	.40		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>√</b> .
	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
8	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	<b>√</b> .	
9	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	٠	1

Pen	Checklist of Hequired Schedules (continued)			15
	Pied the accordant is a second service of the second service of th		Yes	No
20 a	• • • • • • • • • • • • • • • • • • • •	20a		1
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b		<b>✓</b>
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.	21		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<b>V</b>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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 end complete Schedule K. If "No," go to line 25a	24a		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		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	200		<u> </u>
20	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):		,	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b>\</b>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
<b></b>	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		1
	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	35Ь		/
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,  Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

ı en t				.,
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	. 1	7	- 140
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	*	1 ,	F A
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	,	, (	
•	reportable gamling (gambling) winnings to prize winners?	i	لرزا	[
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	F 16		jm
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19	· 4	, , ,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		f
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<del>,                                    </del>	y	. سستو
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
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)?	4a		✓
þ	If "Yes," enter the name of the foreign country: ▶	<del>y</del>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1	, <sup>ξ</sup>	
	(FBAR).	, ,	, ,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	State 4 MAG	1
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		
<del>6</del> a	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?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		, ,	3
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	L	<u> </u>	
	and services provided to the payor?	7a		✓
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 6282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	]		Ĺ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		✓_
<b>9</b> h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	with it is	,
U	·			ā
۵	sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b></b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	, ,		<del>                                     </del>
а	Initiation fees and capital contributions included on Part VIII, line 12		, ,	l.
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		. 1	í
11	Section 501(c)(12) organizations. Enter:	,,,,,		.,
a	Gross income from members or shareholders	, ]	, seemen	
b			į	1
	against amounts due or received from them.)		- 1	ļ
12a	Section 4947(a)(1) non exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120	o valeco, de	T warrance
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	[ ]	: "	T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		guma ausij	No MM-
a	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	- 1		-
ь				*
	the organization is licensed to issue qualified health plans			are and
C	Enter the amount of reserves on hand	<u> </u>	ۇ ۋ مىسى بىد	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Ves " has it filed a Form 720 to report these payments? If "Nin " populde an evolution in Schedule O	146		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	struct	
Secti	on A. Governing Body and Management			
1a -	Enter the number of voting members of the governing body at the end of the tax year 1a 24  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		Yes	No
ь 2	committee, explain in Schedule O.  Enter the number of voting members included in fine 1a, above, who are independent .   1b 24  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	i :		
3	any other officer, director, trustee, or key employee?	2		<b>√</b> 1
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
5 6 	Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?	5 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
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> Ъ	ļ	1
	the year by the following:	8a	_	
а Ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	<b>✓</b>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Reven	9 Ue C	ade.	\ }
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
ь	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		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		·  i
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<del></del>	-
c	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	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	1	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	1	+-
b	Other officers or key employees of the organization	15b		<b>√</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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		7
b	If "Ycs," 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		1
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed DC  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.	501	c)(3):	s only)
19	Own website  Another's website   Upon request   Other (explain in Schedule O)  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	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re- DC SCORES, 1224 M St #200, Washington, DC 20005; 202.393.6999	cords	:►	

		4	
Farm	DOA	(2015)	

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-	7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emp	loyces, and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do no box, office and vidus	ot cl unle:	Pos nack na pe	C) ition more rson	than the both Highest compensated employee	one ee) Form	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated
•		8	8		Ĺ	ensated				
(1) Anthony Brown	2							<u> </u>		
Board Chair	0	1		1				0	o	0
(2) Bruce Schulman	2									
Treasurer	0	1		✓		!		0	o	0
(3) Chris Richardson	2									
Secretary	0	✓		1				o	0	0
(4) Andrea Custis	1									-
Board Member	0	✓						0	0	0
(5) Barton Bishop	1									
Board Member	0	1						0	0	0
(6) Carl Kravitz	1									
Board Member	0	✓						0	0	0
(7) David Barritt-Flatt	1									
Board Member	0	1						0	0	0
(8) Dontai Smalls	11									
Board Member	0	1						0	o	_0
(9) Howard McMillan	1									
Board Member	0	<b>√</b>						0	o	0
(10) Jack Reagan	11									
Board Member	0	✓						0	. 0	0
(11) Jennifer Oxley	1									
Board Member	0	1						0	0	0
(12) Jodi Moraru	1									
Board Member	0	1						0	0	. 0
(13) Karen Lovitch	1									
Board Member	0	1						0	o	0
(14) Kelly Dragelin	1									
Board Member	0	✓						0	0	0

Part	Section A. Officers, Directo	i rustees, key c	116010	<b>35</b> 5			มนูกยะ	it C	ompensated E	mpioyees (	continu	30)	
	(A)	(B)	<b> </b>		Pos	C) ition	than c		(D)	(E)			(F)
	Name and title	Average					is both		Reportable	Reportabl			lmate
		hours per week (list any	<u> </u>	_			or/trust	<u> </u>	compensation from	compensation related	from		ount o dher
		hours for	82	100	<b>₽</b>	₹	휥	Former	the	organizatio		comp	ensel
	<b>3</b> 5	related . corpanizations	8 g	<u>\$</u>	桑	9	loya 1881	룏	organization (W-2/1099-MISC)	(W-2/1099-M	IISC)		m the nizati
	- (	below dotted	<b>8</b>	至		Кеу етрюуев	# S		( 2 1000 III.;0)			and	relate
		ine)	Individual trustee or director	institutional trustoe		8	Highest compensated employee					organ	lizatio
	evin Alansky		,								十		
	Member	0	/	Н		Щ			0		- 0		
	ark Cowan		/										
	Member aul Jackson	0 1	-			$\vdash$			0		이	, <del></del>	<del></del>
	Member	<del>'</del>							o		اه		
	erre Vigitance					$\vdash$					<del>-</del>		
	Member	ō	1						0		o		
	onya Corey					П			¥				
	Member	0	1	╚					0		0		
(20) S	tephen Replogle	1											
Board	Member	0	/	Щ		Ш			0		0		
	teve Goodman												
	Member	0	/	Ш		Н					<u> </u>		
	om Hunt		/										
	Member	0	-	Н	_	$\vdash$		_			의		<u></u>
	ictor Melara Member	1 0	/										
	laltas Okusah		<u> </u>			Н		_					
	Member	······································	1										
(25) B	ethany Rubin-Henderson	40			-								-
Execu	tive Director	0					✓		133,532				
	Sub-total							<b>&gt;</b>	133,532				
	Total from continuation sheets	•						<b>&gt;</b>	 	<b></b>			
	Total (add lines 1b and 1c)							<u> </u>	133,532				
2	Total number of individuals (inclu- reportable compensation from the	ding but not limited organization ► 1	to th	058	list	ed a	pove	) w	ho received m	ore than \$10	00,000	of	
_	Did the executantian list and for					(	l						Yes
3	Did the organization list any for employee on line 1a? If "Yes," con										nsateo		
4	· •	•									· •	3	
•	For any Individual listed on line 1 organization and related organization												l
	individual											4	
5	Did any person listed on line 1a re									cation or ind	lividual		-
	for services rendered to the organ											5	
Section	on B. Independent Contractors												
1	Complete this table for your five to compensation from the organization year.												
	A) Name and bus								(B) Description of s	ervices		(C) Compens	
N/A													
		······································											

Par	t VIII	Statement of Reve Check if Schedule C		0 r00	ones er nete t	n any lina la thi		3 40 400 A A A A A A A A A A A A A A A A	· · · · · · · · · · · · · · · · · · ·
A)(0000)	And some	CHECK II SCHEDUR L		7 7 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tex under sections 512-514
<u>B</u> 8	1a	Federated campaigns		1a	umani à a candinominonous l'animo	(	19701100		
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues .		1b	- 0	}	5	ì	
ع ق	1	Fundralsing events.			404.050	<b>)</b>	` <u>'</u>		1
₽₹	C	•		$\overline{}$	121,259	Control of the contro	1		\ \v
鱼量	d	Related organizations		1d	0			į į	•
휻툜	e	Government grants (cor		<u>1e</u>	686,387	'		1	
등 분	1	All other contributions, g							1
₫€		and similar amounts not inc		11	1,119,077			,	<u>!</u>
9 5	9	Noncash contributions Include	led in lines ta	-1f:\$	31,422	1 1 1	.]	î	1
<u>ပို့ နို့</u>	h	Total. Add lines 1a-1	f		>	1,926,703		-	Succession of the contract of
					Business Code				30 months of the same of the s
Ē	2a	Registration Fees			611710	23,638	23,638		grappy or nerveguesis manages of all
죭	Ь					30,000			
8				**		······			
\$		*****************	**********	*****			<del> </del>		
Ω.		****************	*********						
E	•	All other near new areas							·····
Program Service Revenue	1	All other program ser						<u> </u>	
<u> </u>	8	Total. Add lines 2a-2				23,638	A A	<del></del>	
	3	Investment income					Į		
		and other similar amo	-			0	0	0	0
	4	Income from investmen	t of tax-exer	npt b	ond proceeds 🕨	0	0	. 0	0
	5,	Royalties				0	0	0	0
	-		(I) Reat		(ii) Personai		1		
	6a	Gross rents	2	2,842			į.	,	
	Ь	Less: rental expenses	,					,	
	c	Rental income or (loss)			0			1	1 !
	ď	Net rental income or	loss) .		>	22,842	0	0	22,842
	7.a	Gross amount from sales of	(i) Securiti	93	(ii) Other	,	1	- 1	1
		assets other than inventory				[	· i		
	b	Less: cost or other basis				1	,	1	
	-	and sales expenses .					<b>]</b> :	,	ľ
	۱ _	Gain or (loss)		0		* :	•	i i	
	6			<u> </u>	<u> </u>		k	المستوسد ومسا	Marian marian marian marian marian de la companya d
i	d	Net gain or (loss) .		• •	<u> </u>	<u> </u>	0	0	0
9	-	O					į.		
Ĕ	88	Gross income from fu	_			i i	, į	į.	
Other Reve		events (not including \$	121,2			,	<b> </b>	}	
Œ		of contributions reporte				, , , , , , , , , , , , , , , , , , ,	3		1
호			• • •	•	0	, 	ļ <sub>.</sub>		1
8		Less: direct expenses					į.		
_		Net income or (loss) fi			events . 🕨	0	A commence and	0	
1	9a	Gross income from ga				}	1	*^	* * * * * * * * * * * * * * * * * * * *
1		See Part IV, line 19 .		. 8	l ol	**************************************	,	ļ	
	ь	Less: direct expenses		. b	D		,		'
		Net Income or (loss) fa			vities >	n	Ö	O	a
	10a	Gross sales of in	ventory. I	<b>ess</b>		-	• ,		
		returns and allowance			اها			į	
	h	Less: cost of goods s	nld				,		,
l		Net income or (loss) fi							<u></u>
		Miscellaneous R		,, ,,,,,,	Business Code	U	parameter way	<u>,</u>	<u> </u>
}	44-	missensity I				<u> </u>	<del>}</del>		[
	118	***************************************							
	b		•						
	C	***************************************							
	d	All other revenue .		•					
	8	Total. Add lines 11a-			▶	0			L
	12	Total revenue. See in	structions.		<b>. ▶</b>	1,973,183			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ot include amounts reported on lines 6b, 7b, b, 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				
۳_	and domestic governments. See Part IV, line 21	0	0	Leanthing trees	dominina ministrati
į <b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22	.0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	133,532	100,149	9,347	24.0
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	0	5.10
7	Other salaries and wages	559.189	441.240	45.111	72.8
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	, 0	0	
9	Other employee benefits	66,861	50,316	B,130	8,4
10	Payroli taxes	55,061	43,751	3,420	7,8
11	Fees for services (non-employees):				
a	Management	0	0	0	· · · · · · ·
ь	Legal	0	0	0	
C	Accounting	47,934	23,355	20,449	4,1
d	Lobbying	0	0	0	
6	Professional fundralsing services. See Part IV, line 17	0		<u>[</u>	
9	Investment management fees	0	0	0	
12	Advertising and promotion	465,652	444,351	16,230	5,0
13	Office expenses	50 68,775	<u>0</u> 34,522	0 12,422	24.0
14	Information technology	22,849	8,638	10,771	21,8 3.4
15	Royalties	0	0.000	0	<u> </u>
16	Occupancy	114,539	87,977	10,031	16,5
17	Travel	119,775	111.372	3,949	4,4
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	n		
19	Conferences, conventions, and meetings .	33,321	14,808	6.708	11,8
20	Interest	D	0	0	
21	Payments to affiliates	17,681	12,966	2,479	2,2
22	Depreciation, depletion, and amortization	11,878	0	11,878	
23	Insurance	10,383	7,768	1,926	6
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		<u> </u>	L	<u> </u>
а	Bank Charges	5,266	0	4,830	4
þ	Dues & Publications	30,310	18.040	12,270	
C	Miscellaneous Expenses	78.614	74,442	85	4,0
d	0220410-0000				
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,841.670	1,473,695	180,036	187,9
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)				



R	art X	Balance Sheet / Care Sheet / Sheet / Balance Sheet / S	- Land & 1. 200	-1/44	n we = 1 19 ( ) ( ) ( )
	,	Check if Schedule O contains a response or note to any line in this Pa	art X 1. <u> / 1</u> <u>.</u> X fra	١, ٢.	. t
			(A) Beginning of year	k , X	(B) End of year
	1	Cash-non-interest-bearing	<sup>3</sup> - "40, <u>265</u>	,1	97,066
	2	Savings and temporary cash investments	127,030		78,161
ilis	Pledges and grants receivable, net  Counts receivable, net  Loans and other receivables from current and former officers, director trustees, key employees, and highest compensated employee Complete Part II of Schedule L  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 sponsoring organizations of section 501(c)(9) voluntary employees benefic organizations (see instructions). Complete Part II of Schedule L  Notes and loans receivable, net Inventories for sale or use Prepald expenses and deferred charges	·324,660	. 3 ₺	<u>kki i kki 395,550</u>	
3	4	\$ 1.7 m 1.5		<b>4</b> .,	8 5 July 6 8 7 0
1	5				
			. 0	<u> </u>	0
	8	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			
8	ļ	organizations (see instructions). Complete Part II of Schedule L	· O	ø	· 0
99	7	Notes and loans receivable, net	0	· 7	
₹	8	inventories for sale or use	<u>(β</u>	8	<u> </u>
	8		15,606	8	16,420
	10a	Land, buildings, and equipment: cost or			
	1	other basis. Complete Part VI of Schedule D 10a 69.305		أعفيت	
	b	Less: accumulated depreciation 10b 56,522	·*18,368	10c	12,783
	11	Investments—publicly traded securities	O		O
	12	Investments—other securities. See Part IV, line 11	0		<u>``</u> 0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets			<u>* 0</u>
	15	Other assets. See Part IV, line 11	7.682		7,682
	16	Total assets. Add lines 1 through 15 (must equal line 34)	533,611		607,662
	17	Accounts payable and accrued expenses	<u>25.417</u>		<u>* 46,794</u>
	18	Grants payable		18	0
	19	Deferred revenue	20,891	19 20	1,050
	20 5	Escrow or custodial account liability. Complete Part IV of Schedule D.	0, 0, 0	21	
671		Loans and other payables to current and former officers, directors,	GRANDASCE TO M		
Liabilities	22	trustees, key employees, highest compensated employees, and			
ቜ		disqualified persons. Complete Part II of Schedule L		22	n
5	23	Secured mortgages and notes payable to unrelated third parties		23	. 0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	15,489
	26	Total flabilities. Add lines 17 through 25	46,308	28	63,333
:63		Organizations that follow SFAS 117 (ASC 958), check here ► 🗸 and complete lines 27 through 29, and lines 33 and 34.			
E	27	Unrestricted net assets	201,463	27	323,308
8	28	Temporarily restricted net assets	285,840	28	221,121
ᆽ		Permanently restricted net assets	0	29	0
Net Assets or Fund Balances	ļ	Organizations that do not follow SFAS 117 (ASC 958), check here $ ightharpoonup$ and complete lines 30 through 34.			
#	30	Capital stock or trust principal, or current funds		30	
88	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž		Total net assets or fund balances	487,303	33	618,816
	34	Total liabilities and net assets/fund balances	533,611	34	607,662
					Form <b>990</b> (2015)

Form 99	30 (2016)		, Pa	age 12
Part	XI Reconciliation of Net Assets			• •
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·		. 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)		1,97	73,183
2	Total expenses (must equal Part IX, column (A), line 25)		1,84	41,670
3	Revenue less expenses. Subtract line 2 from line 1		1;	31,513
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	87 <u>,303</u>
5	Net unrealized gains (losses) on investments			<u> </u>
6	Donated services and use of facilities	7		- F0
7	Investment expenses			0
8	Prior period adjustments			0
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))		6	18,816
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u>.                                     </u>
_			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	li i	ľ	] }
	Schedule O.		<u> </u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	11		-
	reviewed on a separate basis, consolidated basis, or both:	- <b>II</b> - i	ļ, ·	ľ {
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	
ь	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 audited on a		7	
	separate basis, consolidated basis, or both:	(	[i	li l
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	نسا		
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	1	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			7
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	" '		
	the Single Audit Act and OMB Circular A-133?	3а	1	1
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	✓.	
		Fon	n 990	(2015)

#### SCHEDULE A (Form 990 or 990-EZ)

## **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.

2015

OMB No. 1545-0047

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	n number
	CORES t'-					£. 52-22	30721
Pai		rity Status (All	organizations mus	t comple	ete this p	part.) See instruction	ons.
	organization is not a private found						~ ~ ~
1	A church, convention of church						()
2	A school described in section						V
3	A hospital or a cooperative ho						
4	A medical research organization		onjunction with a nos	pital desi	cnbed in	section 170(b)(1)(A)	(III). Enter the
5	hospital's name, city, and stat  An organization operated for	the benefit of a	college or university	owned o	or operat	ed by a governmen	tal unit described in
	section 170(b)(1)(A)(iv). (Com	•			. 4500	14414414 1	
6 7	=						n the general public
8	☐ A community trust described i	n section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investment acquired by the organization at	receives: (1) mo d to its exempt ent income and	ore than 331/3% of its functions—subject to unrelated business	support certain taxable	exceptio income (	ns, and (2) no more less section 511 ta	than 331/3% of its
10	An organization organized and	operated exclusion	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	lescribed in section 5	09(a)(1) c	r section	509(a)(2). See sect	ion 509(a)(3). Check
a	☐ Type I. A supporting organize the supported organization(sorganization. You must continue to the support of	) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organic control or management of the organization(s). You must co	e supporting org	ganization vested in th				
C	Type III functionally integra its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
8	Check this box if the organiz functionally integrated, or Ty						l, Type III
f	Enter the number of supported of	organizations .					0
9	Provide the following Information	about the supp	orted organization(s).				<del></del>
	(I) Name of supported organization	(II) EIN	(HI) Type of organization (described on lines 1-9 above (see instructions))	listed in you	organization ur governing ment?		(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)						_	
(C)							
(D)							•
(E)							<u></u>
			1		1		<del></del>

	20 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						r ago 🛋
Par	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the						
	Part III. If the organization fails to						•
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			1			
,ţ	membership fees received. (Do not		₹				
/ 'K	include any "unusual grants.")	1,377,491	1,951,097	1,200,347	1,328,317	1,918,123	7,775,375
2	Tax revenues tevied for the	7				77.101.	
	organization's benefit and either paid						
	to or expended on its behalf	o	0	o	0	o	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	o	0	0	o	0
4	Total. Add lines 1 through 3	1,377,491	1,951,097	1,200,347	1,328,317	1,918,123	7,775,375
5	The portion of total contributions by		7				
•	each person (other than a						
	governmental unit or publicly				,		
	supported organization) included on					4	
	line 1 that exceeds 2% of the amount				'	1	
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.	,			,		7,775,375
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,377,491	1,951,097	1,200,347	1,328,317	1,918,123	7,775,375
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	84	272	357	119	22,842	23,674
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	. 0	0	0
10	Other Income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	4,027	0	756	2,870	0	7,653
11	Total support. Add lines 7 through 10	<u> </u>		<u> </u>	<u> </u>		7,806,702
12	Gross receipts from related activities, etc				66th Am	12	111,139
13	First five years. If the Form 990 is for the organization, check this box and stop he	_	•		•	ear as a secuc	n 501(c)(3)
Cook						• • • • •	· ·
	ion C. Computation of Public Suppor			d ======= (0)		44	
14	Public support percentage for 2015 (line (		•			14	99.59 %
15 16a	Public support percentage from 2014 Sci 331/2% support test—2015. If the organic					15 Par mara c	76.41 %
IVa	box and stop here. The organization qua						. ► [2
ь		•	• • •	_			
	check this box and stop here. The organ					15 15 55 75 76	. <b>&gt;</b> [
47-	•	•				. , , , , , , , , , , , , , , , , , , ,	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me						
	Part VI how the organization meets the "f					•	•
	organization	iacis-ariu-circu	inistances tes	it. The Organiza	ation qualines	as a publicly s	··
	•					- 405 - 47-	. • [
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat	u 14. IT the orga	unzation did M	or check a box	on une 13, 16	a, 100, 011/a	, and line on born
	Explain in Part VI how the organization m						
	•	icels the lack			<del>-</del>	qualifica da d	. <b>&gt;</b> _
18	Private foundation. If the organization di					k this how and	
	instructions			,, 100, 170	, ., ., ., ., ., .,		~ _

	200 Cd 000-Cd 2010
Pårt 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
	If the organization fails to qualify under the tests listed below, please compl

	(Complete only if you checked the lf the organization fails to qualify						der Part II.
Sect	on A. Public Support	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			<del></del>			
	received. (Do not include any "unusual grants.")		- 10/4	<u> </u>		,	# 11 11111
:2:       :::::::::::::::::::::::::::::	Gross receipts from admissions, merchandises sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	पातासम्बद्धाः स्टब्स् पातासम्बद्धाः स्टब्स्	а аттынанынының шан	Jamas i va zerriji soverelle	Рам в жого станиваний	T CHRISTIAN AND RECEIVED AND SERVICES	
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 organization without charge						
6 7a	Total. Add lines 1 through 5 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	7 W. C. W. C. C. M. M. W. C.	manner vin manner verser v			1	
Secti	on B. Total Support	***************************************		7	Benefits terms on every seed.	<u>                                     </u>	
	dar year (or fiscal year beginning in)	. (a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		/	. •	1		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		./				
b	Unrelated business taxable income (less section, 511 taxes) from businesses acquired after June 30, 1975	-					
C	Add lines 10a and 10b		/				
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.)					-	
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 her	re /		· ·	, or fifth tax ye		
Secti	on C. Computation of Public Suppor						• 1
15	Public support percentage for 2015 (line 8					15	<u>%</u>
16	Public support percentage from 2014 Sch			<del></del>		16	<del>- %</del>
	on D. Computation of investment in		=				
17	Investment income percentage for 2015 (					17	<u>%</u>
18 19a	Investment income percentage from 2014 331a% support tests—2015. If the organi 17 is not more than 331a%, check this box	zation did not	check the box	on line 14, ai	nd line 15 is m		
b	331/2% support tests-2014. If the organiz						131/2%, and
20	line 18 is not more than 331/3%, check this to Private foundation. If the organization did	-	_	-			

### 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.)

Secti	on 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.			
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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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		
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.	36		
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.	48		
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		
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.	4c		
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).	5a		
ь	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?	5b		
6 6	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.	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).			
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 disquallfied 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		
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.	9c		
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		

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	· 1		*
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ļ
	below, the governing body of a supported organization?	11a		
	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		
Sect	ion 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	: 1	1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	j 1	٠ ١	
	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	ŀ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		L
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	1	, i	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			<b> </b> i
A		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	1		*
	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	, 1	, A	3
	the supported organization(s).		<u> </u>	
Cast	on D. All Type III Supporting Organizations	11		
Secu	on D. All Type III Supporting Organizations		V	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	-	Yes	No
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	- 1	. *	14 1
	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?		انست	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	E 1	F.A	. 1
_	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		l
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-	, <del>* 1</del>	7
	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.	3		
Secti	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	netnu	rtions	el·
a	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,	<i>-</i>	<b>-</b> /·
b	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	oo inc	ta cati	
•	The digalization supported a governmental entity. Describe in Fait of now you supported a government entity is	, <del>co</del> 1113	// OCIA	uriaj.
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		, 4	. 1
	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		أسست	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		· }	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	F 4	1 1	[
	reasons for the organization's position that its supported organization(s) would have engaged in these		النت	
	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		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ائـــــ	1
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this repart	labl	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	jan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the prop			
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		<del></del>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see Instructions for short tax year or assets held for part of year):	ĭ		4
a Average monthly value of securities	<u>1a</u>		
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	•	<u> </u>	
factors (explain in detail in Part VI):	Ŀ		
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	<u> </u>	
2 Enter 85% of line 1	2	1	-
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-functionall instructions).	y-in	tegrated Type III support	ing organization (see

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	'III Non*Functionally Integrated 509(a) ibutions************************************			Current Year
	ald to supported organizations to accomplish			15 1 16 - 18 W
2 Amounts n	aid to nerform activity that directly furthers ex	emot nurnoses of supor	rtěd Mar Essay, fan	M ( 5 45)
organizatio	ns, in excess of income from activity	CAN I FINANCE OF THE SECOND	ST. 1/1/2. S. 1. 188	AT USE
3 Administra	ive expenses paid to accomplish exempt our	poses of supported orga	ınizations	
4 <sup>e</sup> Amounts p	ald to acquire exempt-use assets	The state of the s	Marie Company of the	Charles of the State of the Sta
5 Qualified s	t-aside amounts (prior IRS approval required	Article and the first than the same of		
	butions (describe in Part VI)."See instructions		en t	ij 🕸 :I
7 Total annu	al distributions. Add lines 1 through 6.			
	s to attentive supported organizations to whitalis In Part VI). See instructions.	ch the organization is res	ponsive	
9 Distributab	e amount for 2015 from Section C, line 6			
O Line 8 amo	unt divided by Line 9 amount			El .
		) <sub>10</sub>	<u>, (ii)</u>	(iii)
Section E - D	stribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	T WHI WILL	野 黄 Q	Pre-2015 <sub>kਵੱਡਰ</sub>	Amount for 2015
	e amount for 2015 from Section C, line 6			, , , , , , , , , , , , , , , , , , ,
	putions, if any, for years prior to 2015 cause required-see instructions)		e de com	
Excess dist	ributions carryover, if any, to 2015:			CONTRACTOR CONTRACTOR
a FERRAL				
b Taraka			piorpolygonopphy()*217,001(2,009), 170)	
c Residence				
d From 2013				
e From 2014	• • • •		95.500	
Total of line	es 3a through e	49 Maria \$\$		
Applied to	inderdistributions of prior years		的 13. 的	
Applied to	2015 distributable amount			- 1, ( , , , , , , , , , , , , , , , , ,
i Carryover f	om 2010 not applied (see instructions)			A VICTOR
Remainder.	Subtract lines 3g, 3h, and 3i from 3f.	マカンストランス はい		25.00 E3.50 E3.00
Distribution	s for 2015 from Section			1977 - Arian (1)
D, line 7:	\$			
Applied to	inderdistributions of prior years		g man in the fact the second	
Applied to	2015 distributable amount			
	Subtract lines 4a and 4b from 4.	i		
	underdistributions for years prior to 2015, if		ł	
any. Subtra	ct lines 3g and 4a from line 2 (if amount		<b>33</b> 2	
greater thai	zero, see instructions).	10 mg 10	. <u>.</u>	
Remaining	underdistributions for 2015. Subtract lines 3h			*
	line 1 (if amount greater than zero, see			
instructions				Language Control
Excess dis	tributions carryover to 2016. Add lines 3j	(II 1884		
Breakdown	of line 7:			
a (2000)				
b 12/202				
c Excess from			Martin Control	
d Excess from				
	12015			

788 F

; ,\$

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 D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/lorm990.

2015

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

Name of	the organization		Employer identification number
DC SC		-	52-2230721
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	•
	•	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
-	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year) .		
	Aggregate value at end of year		
	Did the organization inform all donors and donor	achicars is writing that the courts h	l la donor odvisod
	funds are the organization's property, subject to the		
		_	· ·
	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene-		• • •
	conferring impermissible private benefit?		· · · · · · · · · · · · · Yes 🛚 N
Part	Conservation Easements,		
	Complete if the organization answered '	<u>"Yes" on Form 990, Part IV, line 7.</u>	<u>.                                    </u>
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recreat	tion or education)   Preservation o	f a historically important land area
	Protection of natural habitat	·	f a certified historic structure
-	Preservation of open space		
	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Yes
			2a
	Total acreage restricted by conservation easement		
	Number of conservation easements on a certified i		
	Number of conservation easements included in		ł i
_	historic structure listed in the National Register		· · [2d]
	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the
-	tax year ▶		
	Number of states where property subject to conse		
5	Does the organization have a written policy reg	garding the periodic monitoring, ins	pection, handling of
,	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
	•		• •
7	Amount of expenses incurred in monitoring, inspectin	a. handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b> \$	g,g	someone described and your
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4\/B)(i)
			· · · · · · · · · · · · · · · · · · ·
	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o		
	organization's accounting for conservation easeme		iarciai statements that describes the
	- <u> </u>		04-0-1-1-44-
Part			
	Complete if the organization answered "		
	If the organization elected, as permitted under SF/		
	works of art, historical treasures, or other similar	•	
l	public service, provide, in Part XIII, the text of the fo	ootnot <del>e</del> to its financial statements tha	t describes these items.
Ь	If the organization elected, as permitted under SI	FAS 116 (ASC 958), to report in its	revenue statement and balance she
,	works of art, historical treasures, or other similar	assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide the following amounts relati		
	Revenue included on Form 990, Part VIII, line 1		<b>&gt; \$</b>
2	(ii) Assets included in Form 990, Part X	historical treasures or other similar	assets for financial pain provide th
- :	following amounts required to be reported under Si	FAS 116 (ASC 958) relating to these it	eme.
	Revenue included on Form 990, Part VIII, line 1 .		<u>&gt; \$</u>
b /	Assets included in Form 990, Part X		<b> ¢</b>

Pa	na.	2

Par		lections of Art, Hi	storical Treasure	s, or O	ther Similar A	Assets (continued)
3	Using the organization's acquisition, according to the organization acquisition according to the organization of the organization acquisition according to the organization acquisition according to the organization of the organization acquisition according to the organization of the organization acquisition according to the organization of the organization the organizatio	ession, and other rec	ords, check any of	the follow	wing that are a	significant use of its
а	☐ Public exhibition		Loan or exchai			
þ	☐ Scholarly research	•	Other			*******
C	Preservation for future generations					. 4
4	XIII.					
5	During the year, did the organization soll					
	assets to be sold to raise funds rather tha		part of the organiza	ation's co	ollection? .	· Yes No
Part			000 Do-4 N/ U	0		
	Complete if the organization and 990, Part X, line 21.	swered Tes on Fo	ım 990, Part IV, II	ne 9, or	геропео ап а	amount on Form
12	is the organization an agent, trustee, cu	stodian or other inter	mediary for contrib	utions o	other assets	not
,,,	included on Form 990, Part X?					
ь	If "Yes," explain the arrangement in Part >	Kill and complete the f	ollowing table:			
		•				Amount
C	Beginning balance			. 10	; ]	
d	Additions during the year			. 10	1	
e	Distributions during the year			. 16		
f	Ending balance			. 11		
2a	Did the organization include an amount or					
	If "Yes," explain the arrangement in Part > Londowment Funds.	KIII. Check here if the (	explanation has bee	n provid	ed on Part XIII	
ناناك	Complete if the organization an	swered "Yes" on Fo	rm 990 Part IV li	ne 1N		
			rior year (c) Two ye		(d) Three years b	ack (e) Four years back
1a	Beginning of year balance		, ,,,,,,			<del>                                     </del>
ь	Contributions					
C	Net investment earnings, gains, and tosses					
d	Grants or scholarships					<del></del>
e	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
9	End of year balance					
2	Provide the estimated percentage of the c		ce (line 1g, column	(a)) held	as:	
a	Board designated or quasi-endowment	*****				
b	***********	%				
C	Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c s	shoutd agual 100%				
3a	Are there endowment funds not in the po		ization that are held	d and ad	Iministered for	the
Ju	organization by:	ossession of the organ	ALLEGOT BILL GO TO			Yes No
	(i) unrelated organizations					. 3a(i)
	(ii) related organizations					. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as requ	ilred on Schedule A	7		. 3b
4	Describe in Part XIII the intended uses of		lowment funds.			
Part						
	Complete if the organization and		<del></del>			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)		Accumulated epreciation	(d) Book value
1a	Land		0	0		0
b	Buildings		·	0	0	0
C	Leasehold improvements			<u> </u>	0	0
d	Equipment		69,30		56,522	
Total	Other			100)	<u>0</u>	12.702
1 U LEEL	TOTA BIES TO BE AND AREA TO COMMITTE (O) THUSE	oyuai i viili 330, rait	A, COIGHAN (D), MIC	100./ .	· · · · ·	12,783

Part VII	Complete if the organization ans		rm 99	0. Part IV. lin	1	orm 990. Par	t X. line 12.
`	(a) Description of security or categor (including name of security)			) Book value	(c)	Method of valuati end-of-year mark	on:
(1) Financia	I derivatives			-	-		
(2) Closely-I	held equity interests						
(3) Other		· · · · · · · · · · · · · · · ·		* - 4			
(A) *	and and a make		`# `\# '*		6 " " '		- , , ,
(B)	**************************************		<u> </u>				· · · · · · · · · · · · · · · · · · ·
(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	*****************			<u> </u>	·	
(D) (E)			<u> </u>			-	
(F)			ļ: 		<del> </del>		
(G)			<u> </u>		<b>-</b>		
(H)		,		1	,		· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col. (8) line 12.) ▶	· (%		NN , X	Ewismannys, I.	ri vikia i shu mummu	er mannen er
Part VIII	Investments-Program Relate			i Y munha rakos ia 11 takina	11111, pt 1		
	Complete If the organization ans		m 99	0, Part IV, lin	e 11c. See Fo	rm 990, Parl	X, line 13.
	(a) Description of investment	1	_	Book value	(c)	Method of valuati end-of-year mark	ion:
(1)							
(2)					]		
(3)						1	
(4)					<u> </u>		
(5)						•	
(6)				<del></del>	<del> </del>		<u> </u>
(7) .							
(8)	<del></del>						
	b) must equal Form 990, Part X, col. (8) line 13.)				277 0600	mandadalanan wa eerdiinaa	#74H87II\
Part IX	Other Assets.				מונוניתני <u>קי</u> מו מידייבע <i>הבירונה</i> ב עינוידיותי		
	Complete if the organization ans	wered "Yes" on Foi	m 99	D, Part IV, lin	e 11d. See Fo	orm 990, Pari	t X, line 15.
	- (	a) Description			~	(b) 8	lock value
(1) ;	1		1				
(2)							· · · · · · · · · · · · · · · · · · ·
(3)		1		f.	,		
(4)							
(5) (5)			,				
<u>(6)</u> (7)			·	•			
(8)		1			· · · · · - ·	-	
(9)	~ <					1.	•
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)				<b>&gt;</b>	
Part X	Other Liabilities.			r,		. "	
	Complete if the organization ans line 25.	wered "Yes" on For	m 991	), Part IV, lin	e 11e or 11f. S	See Form 99	0, Part X,
1.	(a) Description of liability	(b) Book value			مرعوديا الرسيسية والمجهورة المساوعين	dir come Tempelar in marine men	all a special acceptance
(1) Federal in	come taxes		0				
(2)						9.	
(3)				· · · · · · · · · · · · · · · · · · ·			`````\
(4)		<u></u> <u>.</u>		,	, " `	् भेडी	^~\\
(5)				·	ž,	i n	
(6)					ý	1. N.	•
(7)				,		ŧ	-
(8)				1, 7	· ;		,
(9)	n) must equal Form 990, Part X, col. (B) line 25.)			1			and the
	uncertain tax positions. In Part XIII, provi	lde the text of the foots	Ol	he organization	n'e financial etate	mente that rea	orte the
an waviiity IVI	uncortain tax positions. In Fait XIII, provi	Me the text of the loofis	71 <del>0</del> 10 1	sie organizativi	् उत्तराधाधाया अक्षार	aneura niar ich	vita uie

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page 4
1,973,183
0 1,973,183
0 1,973,183
1,916,158

Par				Retur	n. 'n
	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			1	4 072 402
1	Amounts Included on line 1 but not on Form 990, Part VIII, line 12:	• •	• • • • • •	<del>-</del> -	1,973,183
2	Net unrealized gains (losses) on investments	2a	o		
a b	Donated services and use of facilities	2b	. 0	1	
C	Recoveries of prior year grants		- 0	, [	
d	Other (Describe in Part XIII.)	2d	0		
8	Add lines 2a through 2d			2e	n
3	Subtract line 2e from line 1			3	1,973,183
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ΪÍ			1,770,100
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	o		
Ь	Other (Describe in Part XIII.)	4b	0		
¢	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	<i></i> .	5	1,973,183
Part	XII Reconciliation of Expenses per Audited Financial Staten	rents	With Expenses pe	r Ret	urn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and tosses per audited financial statements			1	1,916,158
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0	*	
d	Other (Describe in Part XIII.)	2d	74,488		
e	Add lines 2a through 2d			2e	74,488
3	Subtract line 2e from line 1	: -		3	1,841,670
4	Amounts included on Form 990, Part IX, tine 25, but not on line 1:	١.		[, ]	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
Ь	Other (Describe in Part XIII.)	4b	0		
_	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	1,841,670
	XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	4 4. 0		· Onet 1	V line 4: Dort V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
-	· · · · · · · · · · · · · · · · · · ·		·		
Scheo	ule D, Part X, Line 1 - Income tax status: The organization is incorporated as a	ruonp	ront organization and i	Sexem	pi irom rederai
	e taxes under Section 501(c)(3) of the Internal Revenue Code as a publicly-sup		formation. The are		on avaluator
incom	e taxes under Section 301(C)(3) of the internal Revenue Code as a poblicity-sup	portec	organization. The org	Pi ii Zaii	ALL EAGINGLES
Neced	ainty in income tax positions based on a more-likely-than-not recognition star	dard	If that throshold is mai	lhe ta	v nasitlan is then
uncei	gilla ili nicolle ray bosimoris pasen ou a lilore-likela-filialia-por recodiliriori stat	<u> </u>	II that the short is the		
mazei	ired at the largest amount that is greater than 50% likely of being realized upor	s altten	ate settlement. As of A	tener	31 2016 there are no
iiicas;	ned of the landest animality that 13 theore, thou 30 to trick of ording regimes about		410.5011011101111		<u> </u>
accrua	als for uncertain tax positions. If applicable, the organization records interest	and pe	nalties as a componen	t of inc	ome tax expense.
				d a 7 depire an	
Tax ve	ears from 2013 through the current year remain open for examination by federa	i and s	state tax authorities.		
			***************************************	******	
Sched	ule D, Part XII, Line 2d = Bad debt - \$74,488.				
1414545	######################################				
******					
	A CONTRACTOR OF THE CONTRACTOR			*****	
******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				*
	***************************************	~~~~			
		4 4 <i>4 4 <del>4 4 4 4 4</del></i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,

Part XIII Supplemental Information (continued)	***********
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### SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

> Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Name	of the organization	Dodt Scheddie G (r		J-22, 6/10/12	misu accoms is at ww	Employer identific	cation number
DC S	CORES					52-	2230721
Par	Fundraising Activities. Form 990-EZ filers are i					Form 990, Part IV,	
1	Indicate whether the organization	n raised funds	through any	of the foli	owing activities. C	heck all that apply	
а	Mail solicitations		é	」Solicitat	ion of non-govern	ment grants	•
b	Internet and email solicitation	ns	1 [		ion of governmen		
c d	☐ Phone solicitations ☐ In-person solicitations		9 L	J Special	fundralsing events	•	
2a		tten or oral agre	ement with	anv indivi	dual (Including off	icers directors trus	tees
	or key employees listed in Form If "Yes," list the ten highest paid compensated at least \$5,000 by	i 990, Part VII) o d Individuals or (	er entity in co entities (fun	onnection t	with professional i	fundralsing services?	Yes No
	compensated at least 40,000 by	y ule organizatio	Ji i.				
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundralser listed in col. (i)	(vi) Amount paid to (or retained by) ' organization
			Yes	No			
1					]		
2							<u>'</u>
3					<del>  ,                                   </del>		
4		:			' '		
5	,						
6							
7				<u> </u>			•
8	**************************************					•	-
9			<u> </u>				Å.
10			<u> </u>		 		
10			<u> </u>				
Fotal					,		
3	List all states in which the orga registration or licensing.	nization is regis	tered or lice	ensed to s	olicit contribution	s or has been notifie	d it is exempt from
******					•••		************
	***************************************		****		+		
			******************				
	*******************************			·			
		*	***********	********	***************************************	<u>a à a de de Branch de la la la la la de de de de de de la </u>	· · · · · · · · · · · · · · · · · · ·
	***************************************				***************************************		
	# # # # # # # # # # # # # # # # # # #						
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•••••	·	***************************************		• • • • • • • • • • • • • • • • • • • •			

	τ	gross receipts greater tha	in 55,000.	(b) Event #2	(c) Other events	
			SCORES Cup	IN EAGUL AC	fel Oniei aveira	(d) Total events (add col. (a) through col. (c))
_	1		(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	121,259	:		121,259
Œ	2 3	Less: Contributions Gross income (line 1 minus	121,259			121,259
_		line 2)	0			0
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
Direct Expenses	6	Rent/facility costs	0			
Ē	7	Food and beverages	0			0
Direc	8	Entertainment	0			0
	9	Other direct expenses .	0			
	10	Direct expense summary. Ac	ld lines 4 through 9 in c	olumn (d)		O
	11	Net income summary. Subtr		olumn (d)	▶ [	0
Ьē	irt III	Gaming. Complete if the	e organization answei	יטח "עספ" אח ו-אירווו ענ	III PartiV line 14 nri	CONCROS MICHO
		than \$15,000 on Form 9		ed les on lonns	, r carty, and 15, or 1	eported more
enne		than \$15,000 on Form 9		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1		90-EZ, line 6a.	(b) Pull tabs/instant	<u></u>	(d) Total gaming (add
		Gross revenue	90-EZ, line 6a.	(b) Pull tabs/instant	<u></u>	(d) Total gaming (add
	1 2		90-EZ, line 6a.	(b) Pull tabs/instant	<u></u>	(d) Total gaming (add
		Gross revenue	90-EZ, line 6a.	(b) Pull tabs/instant	<u></u>	(d) Total gaming (add
Direct Expenses Revenue	2	Gross revenue	90-EZ, line 6a.	(b) Pull tabs/instant	<u></u>	(d) Total gaming (add
	3	Gross revenue	90-EZ, line 6a.	(b) Pull tabs/instant bingu/progressive bingo	(c) Other gaming	(d) Total gaming (add
	2 3 4	Gross revenue	90-EZ, line 6a.	(b) Pull tabs/instant	<u></u>	(d) Total gaming (add
	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	90-EZ, line 6a.  (a) Bingo  Yes%	(b) Pull tabs/instant binga/progressive bingo  Yes % No	(c) Other gaming	(d) Total gaming (add
	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	90-EZ, line 6a.  (a) Bingo  Yes%  No  Id lines 2 through 5 in c	(b) Pull tabs/instant binga/progressive bingo  Yes % No	(c) Other gaming  Yes % No	(d) Total gaming (add
Direct Expenses	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Act	90-EZ, line 6a.  (a) Bingo  Yes %  No  Id lines 2 through 5 in c	(b) Pull tabs/instant binga/progressive bingo  Yes%  No  olumn (d)	(c) Other gaming  Yes % No	(d) Total gaming (add
	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Act	90-EZ, line 6a.  (a) Bingo  Yes %  No  Id lines 2 through 5 in c  y. Subtract line 7 from it  ganization conducts gae  onduct gaming activities	(b) Pull tabs/instant binga/progressive bingo  Yes % No  No  No  No  No  No  No  No  No  No	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Act	90-EZ, line 6a.  (a) Bingo  Yes %  No  Id lines 2 through 5 in c  y. Subtract line 7 from it  ganization conducts gae  onduct gaming activities	(b) Pull tabs/instant binga/progressive bingo  Yes % No  No  No  No  No  No  No  No  No  No	(c) Other gaming  Yes % No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Ei a is b if	Gross revenue	90-EZ, line 6a.  (a) Bingo  Yes %  No  Id lines 2 through 5 in c  y. Subtract line 7 from it  ganization conducts ga  onduct gaming activities	(b) Pull tabs/instant binga/progressive bingo  Yes%  No  olumn (d)	(c) Other gaming  Yes % No	(d) Total gaming (add col. (e) through col. (c))

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Ju leuu	18 G (FURIT 850 OF 550-EZ) 2013	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No
		☐ Yes ☐ No
13	Indicate the percentage of gaming activity conducted in:  The organization's facility	%
a b	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name >	1
	Address►	<del></del>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∏ Yes ∏ No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	
	Name >	
	Address ▶	•••••
16	Gaming manager information:	
	Name >	·
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes ☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	
Part I	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) are Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations.	nd (v); and nation (see
	V	
		•
	•••••••••••••••••••••••••••••••••••••••	

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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 SCORES

Employer Identification number 52-2230721

Par	Types of Property	• · · ·		21 2 <b>444 14</b> 67 1277	73 <b>144</b>	• Y
	Mary Table 1	(a) Check if applicable	(b)  Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining htribution amounts
1	Art-Works of art					· · · · · · · · · · · · · · · · · · ·
2	Art-Historical treasures					· · · · · ·
3	Art-Fractional interests	<u> </u>				
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	Qualifled conservation				1	
	contribution—Historic				1	
	structures					
14	Qualified conservation contribution—Other					
15	Real estate - Residential					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles					-
19	Food inventory				Ĺ	
20	Drugs and medical supplies					<del></del> -
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ► ( Program Supplies )		12	31,422	cost of donate	d property
26	Other► ()					<del></del> _
27	Other► ()		-			
28	Other ► (	Ļ			ļ	
29	Number of Forms 8283 received					
	which the organization completed	Form 8283	s, Part IV, Donee Acknowled	igement	29	124 124
						Yes No
30a						
	28, that it must hold for at least th			ontribution, and which is n	ot required	
	to be used for exempt purposes f		e nolaing period?		• • •	30a 🗸
	If "Yes," describe the arrangement		A P 11 - 1	AL		
31	Does the organization have a contributions?	-	tance policy that require	s the review of any no	n-standard	
						31 "
32a	Does the organization hire or use	•	<del></del>		noncash	_
_					• • •	328
b	If "Yes," describe in Part II.			manka damankalak androno 4-4-4	الدينام مطمما	
33	If the organization did not report ar describe in Part II.	ı amount in	column (c) for a type of pro	perty for which column (a)	г спескес,	
	uescribe in Fart II.					<b></b>

Schedule M (Fo	m 990) (2015) Page	2
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.	-
Part I, Line 25	Program supplies consists of 12 donations: 1,025 soccer patches, 1,270 soccer balls, snacks, goals, soccer equipment, boys and girls alumni teams	_
	and Winter. Amounts are determined by actual receipts from donors. Total of all donations = \$31,422.	•••
****************	**************************************	
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#### 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.

20**15** 

Department of the Treasury Internal Revenue Service Name of the organization ► 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

Employer Identification number

DC SCORES	52-2230721
Form 990, Part III, Line 4: Other program services all support same mission of organization but are for	** .
Older Youth (40,540) and Summer Camp (148,550) & Total of \$189,090.	
Form 990, Part VI, Line 11b: The governing body and Finance Committee review the Form 990 prior to	the Issuance of the return
Form 990, Part VI, Line 12c: The board is adhering to the conflict of interest policy to organization has	pul in place and they agreed to when
they joined the board.	······································
Form 990, Part VI, Line 15a: The executive committee of the Board of Directors reviews the executive of	lirectors compensation.
Form 990, Part VI, Line 19: The annual Form 990 is available upon request. The organizations governing	ng documents, conflict of interest
policy, and financial statements are available on an as-needed basis after request.	
Form 990, Part IX, Line 11g: Other fees are Coaches and Teachers = 404,621; Other Professionals = 61,	031. Total = 465.652.
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