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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Ā	For the	2017 cale	endar year, or tax year beginnin	g , 2	2017, and end	ding			, 20		
В	Check if	applicable	D	Employer	identification number						
		change	C Name of organization Donors Doing business as				54-1934032				
$\overline{\Box}$	Name cl	•		mail is not delivered to street address	s) Room	/suite	E	Telephone	number		
$\overline{\Box}$	Initial return 1800 Diagonal Rd 2							(703)	535-3563		
H		rn/terminated	City or town, state or province, con			,					
H		ded return Alexandria, VA 22314 G Gross receipts \$ 6,56									
H		4				H(a) lo ti			bordinates ² Yes No		
Lawson R Bader, 1800 Diagonal Rd Ste 280, Alexandria, VA 23314 H(b) Are all s											
-	~		∑ 501(c)(3)			**************************************	If "No."	attach a l	st (see instructions)		
÷		mpt status			(1) 01 🗀 327			emption n			
7	Website		lonorscapitalfund.org		L Year of form	/ :			f legal domicile VA		
	_			ation ☐ Other ►	L fear of for	nation 1	. 9 9 9	W State 0	riegal domicile VA		
Р	art I	Summ						- (-)	12.1 33.24 (31		
	1		escribe the organization's mis								
Activities & Governance			n, research and private initia								
ш		welfare,	health, environment, economics	<u>, governance, foreign relatio</u>	ons, and arts	and cultur	re; and	which e	ncourage philanthropy		
ver	2		is box ▶☐ if the organization			d of more t	than 2		s net assets.		
ဗွ	3		of voting members of the gov				•	3	8_		
<u>مح</u>	4		of independent voting membe			b)		4	7		
ţ	5	Total nun	mber of individuals employed	ın calendar year 2017 (Part \	V, line 2a)		•	5	0		
ξį	6	Total nun	mber of volunteers (estimate i	necessary)	<u>.</u>			6	0		
Ac	7a		elated business revenue from		21 :1 .	1		7a	0.		
	b	Net unrel	lated business taxable incom-	e from Form 990-T, line 34	1.17	<u> </u>		7b	0.		
				1h) . NOV 20.2	2018.	Pri	or Year		Current Year		
Revenue	8	Contribut	tions and grants (Part VIII, line	783,	659.	366,087.					
	9	Program	service revenue (Part VIII, line	e 2g)	· &						
	10		ent income (Part VIII, column (575,	688.	1,458,711.		
ď	11		venue (Part VIII, column (A), Iır		1e) !				1		
	12	347.	1,824,798.								
_	13		enue-add lines 8 through 11 on nd similar amounts paid (Part				862,		3,942,288.		
	14		paid to or for members (Part		0.		0.				
۰,	15		other compensation, employee					0.	0.		
Expenses	16a		onal fundraising fees (Part IX,					- Ŭ.	0.		
Sen	b		draising expenses (Part IX, co		0.				1		
ă	17		penses (Part IX, column (A), II				120,	350	118,719.		
	1		penses Add lines 13-17 (mus				983,		4,061,007.		
	18		-					_	-2,236,209.		
	19	Hevenue	less expenses. Subtract line	18 Iron line 12	 	Beginning	623 , ¹		End of Year		
Net Assets or Fund Balances		Takal asa	ata (Dant V. Ivan 10)								
Sse	20		sets (Part X, line 16)				700,		22,377,810.		
e de	21		oilities (Part X, line 26)				108,		314,775.		
			ts or fund balances. Subtract	line 21 from line 20	<u> </u>	23,	591,	744.	22,063,035.		
	art II		ture Block								
Un	der pena	alties of perjui	iry, I declare that I have examined this lete. Declaration of preparer (other tha	return, including accompanying sch in officer) is based on all information	hedules and sta	atements, and arer has anv k	to the i	best of my ne	knowledge and belief, it is		
	-,	1. 2		omeen, ie saese en an iniernatien			1.1		[02) 0		
0:-			miss or				_	DY BW >	<u>v 15. 2018 </u>		
Sig	-	V Bigna	altere of officer				Date				
He	re		wson R Bader, Presid	lent							
		<u> </u>	e or print name and title			<u> </u>			- Intin		
Pa	id	Print/Ty	pe preparer's name	Preparer's signature		Date	1	Check] if PTIN		
	epare	er	Calf Dra	narod				self-emplo	pyed		
	e On	1	hame > JEII-PIE	spai cu			Fırm's	EIN ►			
		Firm's a	address ►				Phone	no			
Ма	y the IF	RS discuss	s this return with the preparer	shown above? (see instruct	tions)				🗙 Yes 🗌 No		
Ear	Danca	work Bodu	ction Act Notice see the sense	ate instructions BAA		REV 10/16/18 P	280		Form 990 (2017)		

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	П
1		<u> </u>
•	Support IRC 509(a)(1),(2)&(3) orgs, which alleviate, through	
	education, research and private initiatives, society's most pervasive and radical needs, including the	se relating to social
	welfare, health, environment, economics, governance, foreign relations, and arts and culture, and which	
	wellate, heatth, envilonment, economics, governance, lotelan litations, and also and outcold, and which	Purcountain Professional
2	2 Did the organization undertake any significant program services during the year which were not listed of	n the
	prior Form 990 or 990-EZ?	☐ Yes ☒ No
	If "Yes," describe these new services on Schedule O	_
3		gram
	services?	ັ. □Yes ⊠No
	If "Yes," describe these changes on Schedule O.	
4		vices, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	d allocations to others
	the total expenses, and revenue, if any, for each program service reported.	
4a	4a (Code:) (Expenses \$ 4,047,312. including grants of \$ 3,942,288.) (Revenue \$	0.)
70	A donor-advised fund program for donors seeking to support IRC 509(a) (1) & 509(a) (2) orgs, which	
	education, research and private initiatives, society's most pervasive and radical needs, including the	andourage philanthrony
	welfare, health, environment, economics, governance, foreign relations, and arts and culture, and which of	
	and individual giving and responsibility as an answer to society's needs, as opposed to gover	
	······································	
41-	41- (O-d \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/	1
4b		
	•	
	•••••	
	•	
	1 (Out) \(\sum_{\text{out}}\)	
4c	4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	/
		•••••
4d	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	4e Total program service expenses ► 4,047,312.	

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Checklist of Required Schedules

Part IV

ROJIDIBA

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	×	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	×	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	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		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a]	×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		× _
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		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
		Form	990	(2017)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
_0	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	×	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25	-^-	
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
		-		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<u> </u>
	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		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		 ^
	Schedule L, Part IV	28b		×
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		├ ^
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		
	·	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l
	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	31		_×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	×	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		- ``
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		•	
	Part VI	37		
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3/		×
38	19? Note. All Form 990 filers are required to complete Schedule O.			
	13: 140te. All 1 om 330 mers are required to complete schedule of	38	×	l

Part				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4-	5 to the contract of the Day O of Forms 1000 February of materials and the Day O		res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16	_^_	
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	. 20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 За		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.			×
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
J	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	$\overline{\mathbf{x}}$
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.	,		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	,		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		structi	
	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · ·</u>	:	×
Secti	on A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a 8		163	<u> </u>
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8 If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			١.,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		×
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was need. Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a 8b	×	
ь 9	Each committee with authority to act on behalf of the governing body?	OD	×	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		×
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	122		
	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C)(3)e	only
18	available for public inspection. Indicate how you made these available. Check all that apply.	1 30 1 (1	U)(U)S	Or iiy)
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest :	policy	, and
	financial statements available to the public during the tax year.		•	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	
	the Organization, the Organization's, Address, (703)535-3563			

	•	
Form	ggn	(2017)

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ated any curren	t officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Adam Meyerson	1.50									
Chairman/BoD	0.00	×						0.	0.	0.
(2) Kimberly O Dennis	1.00									
Vice Chairman / Sec.	0.50	×		×				0.	0.	0.
(3) Lawson R Bader President/BoD	3.00 42.00	×		×				0.	306,655.	0.
(4) Arthur Brooks Board Member	1.00	×						0.	0.	0.
(5) Steven Hayward Treas./BoD	1.50	×		×				0.	0.	0.
(6) Kris Alan Mauren Board Member	1.00	×						0.	0.	0.
(7) Scott Bullock Board Member	1.00	×						0.	0.	0.
(8) Roger R Ream Board Member	1.00	×						0.	0.	0.
(9) Jeffrey C Zysik Asst. Treas.	3.00 42.00			×				0.	248,700.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per week (list any	Average box, unless persor					an tee)	(D) Reportable compensation from	(E) Reportable compensation froi	(F) Estimated amount of other
		hours for related organizations below dotted line)	. ~	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0	compensation
(15)											
(16)											
(17)											
(18)											
(19)									-		
(20)							-				
(21)							-				
(22)											
(23)											
(24)											
(25)											
1b c d	Sub-total	VII, Sectio					•	> >	0.	555,355 555,355	
2	Total number of individuals (including but reportable compensation from the organi					ed a	above	e) w	L		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s						-	mp	loyee, or high	est compensa	Yes No ated 3 ×
4	For any individual listed on line 1a, is the organization and related organizations individual										the state of the s
5	Did any person listed on line 1a receive of for services rendered to the organization'									ation or individual	
Section	on B. Independent Contractors	<u> </u>									
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	ress —							(B) Description of s	ervices	(C) Compensation
					_						
							-				·
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	

	990 (201 t VIII	Statement of Reve	enue					Page S
	-	Check if Schedule C		ponse or note t	o any line in this (A) Total revenue	Part VIII	(C) Unrelated business revenue	
rants	1a b	Federated campaign: Membership dues				revenue	revenue	512-514
Contributions, Grfts, Grants and Other Similar Amounts	d	Fundraising events . Related organizations	1c s 1d					
utions, ner Simi	e f	Government grants (cor All other contributions, g and similar amounts not inc	lifts, grants,	366,087.				
	g h	Noncash contributions inclu- Total. Add lines 1a–1	ded in lines 1a-1f \$	0.	366,087.			_
	2a		- 1	Business Code				
Program Service Revenue	b c d							
ogram S	e f	All other program ser	vice revenue .					
<u>~</u>	3	Total. Add lines 2a-2 Investment income and other similar amo	(including divid	► ends, interest, ►	500 300		0	E00 380
	4 5	Income from investment Royalties	•		509,380.	0.	0.	509,380.
	6a	Gross rents .	(ı) Real	(II) Personal				
	b	Less. rental expenses Rental income or (loss) Net rental income or	(1000)					-
	d 7a	Gross amount from sales of assets other than inventory	(i) Securities 5 , 687 , 420 .	(II) Other				
	b	Less cost or other basis and sales expenses	4,738,089.					
	c d	Gain or (loss) Net gain or (loss) .	949,331.	•	949,331.	0.	0.	949,331.
/enue	8a	Gross income from fu	undraising					
Other Revenue		of contributions reported See Part IV, line 18						
₹	4	Less: direct expenses Net income or (loss) f						
		Gross income from ga See Part IV, line 19 .	aming activities.			-		
		Less: direct expenses						
	10a	Net income or (loss) f Gross sales of ir returns and allowance	ventory, less					
	b c	Less: cost of goods s Net income or (loss) f	rom sales of inve	entory 🕨				
	44.	Miscellaneous F		Business Code				
	11a b					-		
	C							
	d	All other revenue .						
	12	Total. Add lines 11a- Total revenue. See in			1.824.798.	0.	0.	1,458,711.

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com				ımn (A)
	Check if Schedule O contains a respons				· · · · <u>L</u>
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	`		,	
	and domestic governments. See Part IV, line 21	3,942,288.	3,942,288.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.	0.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	, F	0.	0.		
4 5	Benefits paid to or for members Compensation of current officers, directors,		<u>U.</u>		
5	trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0.	0.	0.	0.
9	Other employee benefits	0.	0.	0.	0.
10	Payroll taxes	0.	0.	0.	0.
11	Fees for services (non-employees)			-	
а	Management	0.	0.	0.	0.
b	Legal	0.	0.	0.	0.
С	Accounting	10,280.	9,252.	1,028.	0.
d	Lobbying	0.	0.	0.	0.
е	Professional fundraising services. See Part IV, line 17	0.			0.
f	Investment management fees	95,922.	95,772.	150.	0.
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion		-		
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy			-	
18	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	·			
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	11,827.	0.	11,827.	0.
	Other expenses. Itemize expenses not covered	11,027.		11,027.	<u> </u>
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Registration feesRegistration fees	690.	0.	690.	0.
b					
С					
d					
е	All other expenses				·
25	Total functional expenses. Add lines 1 through 24e	4,061,007.	4,047,312.	13,695.	, 0.
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 I graph of the following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year Cash—non-interest-bearing 1 2 4,950,893. 2 Savings and temporary cash investments . . . 6,945,723. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . 6 **Assets** 7 7 8 8 a Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b **b** Less: accumulated depreciation . . . 10c 15,976,022. 11 16,648,229. 11 Investments—publicly traded securities . . . Investments—other securities See Part IV, line 11 12 12 13 13 Investments—program-related. See Part IV, line 11 14 14 778,688. 778,688. 15 15 23,700,433. 22,377,810. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 108,689. 17 314,775. 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . 25 Total liabilities. Add lines 17 through 25 26 26 108,689. 314,775 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . 23,591,744. 27 22,063,035. 28 28 29 29 Permanently restricted net assets . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 Retained earnings, endowment, accumulated income, or other funds. 32 32 33 23,591,744. 33 22,063,035. 23,700,433. 34 22,377,810. Total liabilities and net assets/fund balances

Page	1	2

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	24,7	798.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,0	61,0	07.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,2	36,2	209.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,5	91,7	744.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	21,3	<u>55,5</u>	35.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		<u> </u>	ᆜ
				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," exp	olain ir	וי		li
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oilea oi	r		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	u on a	1		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	orolah	.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account			.,	
	If the organization changed either its oversight process or selection process during the tax year, ex			×	1
	Schedule O	piaii ii	' '		
0-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	, I——		
За	the Single Audit Act and OMB Circular A-133?	10111111	່ _{3a}		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	ran the			<u> </u>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at		́ Зь		
	required dealt of description of the service of the service day of the service description of the serv			990	(2017)
			. 5		/

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.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(E)

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization 54-1934032 Donors Capital Fund, Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university ☐ An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations 53 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? instructions) instructions) above (see instructions)) Yes No See continuation pages × (B) (C) (D)

3,942,288

Ο.

Part							
	(Complete only if you checked the				_		alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Parț/III.)	
	on A. Public Support	(-) 0010	(h) 004.4	(-) 0015	(4) 0016	/ /-V0017	(f) Total
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, / grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Socti	Public support. Subtract line 5 from line 4		-	/			
	on B. Total Support dar year (or fiscal year beginning in),	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(a) 2013	(6) 2014	(6) 2013	(d) 2010	(6) 2017	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	X					
11	Total support. Add lines 7 through 10	/					
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	<i>b</i> ⁻	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
<u> </u>	organization, check this box and stop he		/.		<u> </u>	· · · ·	· · • <u> </u>
	on C. Computation of Public Suppor			A 00(1100 (0)		14	%
14 15	Public support percentage for 2017 (line g Public support percentage from 2016 Sch			Column (i)	• •	15	
16a	331/3% support test—2017. If the organi			on line 13. ar	nd line 14 is 33		
	box and stop here. The organization/qua						▶ 🗆
b	331/3% support test—2016. If the organithis box and stop here. The organization	zation did not qualifies as a	check a box o publicly suppo	n line 13 or 16 rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	tion meets th	e "facts-and-c	ircumstances'	" test, check	this box and s	top here.
18	Private foundation If the organization di	d not check a	box on line 13,	16a, 16b, 17a	ı, or 17b, chec	k this box and	see
	instructions . /		<u> </u>			<u>. \</u>	▶ □
		-			Sch	edule A (Form 990	or 990-EZ) 2017

Schedu	le A (Form 990 or 990-EZ) 2017						Page 3
Part	· · · · · · · · · · · · · · · · · · ·	ations Descr	ibed in Sect	ion 509(a)(2)			
· are	(Complete only if you checked the					d to qualify u	nder Part II.
	If the organization fails to qualify						
Secti	on A. Public Support	under the te	oto notog bor	ov, please o	1	,	
	dar year,(or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(2) 2011	(0) 2010	1 1	(0) 2011	(.,
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	· · · · · · · · · · · · · · · · · · ·					
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	:					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the				4		
	organization's benefit and either paid to			l <i>i</i>	'		
	or expended on its behalf			<i>[</i>			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
^	Total. Add lines 1 through 5			/			
6 7a	Amounts included on lines 1, 2, and 3						
<i>i</i> a	received from disqualified persons			l /			
							
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			/			
_	- '			- /			
_	Add lines 7a and 7b			/			· · · · · · · · · · · · · · · · · · ·
8			,	'			İ
Ca at:				l	<u> </u>		<u> </u>
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2018	(b) 2014/	(c) 2015	(d) 2016	(e) 2017	(f) Total
Galen 9	Amounts from line 6	(a) 2019	(0) 2014;	(0) 2013	(u) 2010	(e) 2017	(i) rotal
-	Gross income from interest, dividends.	 	 				-
10a	payments received on securities loans, rents,		\ /				
	royalties, and income from similar sources.		\ /				
L	Unrelated business taxable income (less		-X $-$		-		
D	section 511 taxes) from businesses		/ \				
	acquired after June 30, 1975		/ \				
_	Add lines 10a and 10b		/ \				
С 11	Net income from unrelated business		/				
'''	activities not included in line 10b, whether		/				
	or not the business is regularly carried on	/			1		
12	Other income. Do not include gain or	/-					
12	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	ne organization	ı's first_secon	d third fourth	or fifth tax ve	ear as a sectio	on 501(c)(3)
. ,	organization, check this box and stop he						▶ □
Secti	on C. Computation of Public Suppor					<u></u>	
15	Public support percentage for 2017 (line			3 column (fi)		15	%
16	Public support percentage from 2016 Sci		-	-, -ciaiiii (i))		16	
	on D. Computation of Investment In			· · ·	· · · · / ·		
17	Investment income percentage for 2017 (v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2016			-		18	<u>/</u> %
19a	331/3% support tests—2017. If the organ					v1 · - 1	
	17 is not more than 331/3%, check this box						

b 331/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

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	1		×
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			×
За	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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	_	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		×
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 .	6		×
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		×
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		×
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		×
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	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	10b		

Part I	V Supporting Organizations (continued)						
			Yes	No			
	Has the organization accepted a gift or contribution from any of the following persons?						
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		 			
	below, the governing body of a supported organization?	11a 11b		X			
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		×			
	on B. Type I Supporting Organizations	110					
Jecuio	True Type Toupporting Organizations		Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the						
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or						
	controlled the organization's activities. If the organization had more than one supported organization,						
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.						
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1	×	<u> </u>			
	Did the organization operate for the benefit of any supported organization other than the supported						
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part						
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.						
		2		×			
Section	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		103	110			
	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]					
	the supported organization(s)	1					
Section	on D. All Type III Supporting Organizations						
			Yes	No			
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the						
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the							
	organization's governing documents in effect on the date of notification, to the extent not previously provided?						
		1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how						
	the organization maintained a close and continuous working relationship with the supported organization(s)						
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2					
	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					
Sectio	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	nstru	ctions	s).			
а	☐ The organization satisfied the Activities Test. Complete line 2 below.						
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>						
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	struct	ions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No			
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of						
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify						
	those supported organizations and explain how these activities directly furthered their exempt purposes,						
	how the organization was responsive to those supported organizations, and how the organization determined						
	that these activities constituted substantially all of its activities .	2a					
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more						
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the						
	reasons for the organization's position that its supported organization(s) would have engaged in these						
	activities but for the organization's involvement.	2b					
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			1			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>						
	trustees of each of the supported organizations: Frovide details in Fait VI.	_ oa		\vdash			
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			I			

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			i
instructions for short tax year or assets held for part of year):	<u> </u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		_	
2 Acquisition indebtedness applicable to non-exempt-use assets	2	· · · · · ·	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	-	
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions). 7		regrated Type III supporti	ng organization (see
- L Chook here in the current year is the organization s mist as a non-functional	7 11 11		,

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	•		
6	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>	<u> </u>			
b	From 2013 .			
C	From 2014			
d	From 2015			
e f	From 2016			
<u>'</u>	Applied to underdistributions of prior years			
	Applied to Underdistributable amount			
i	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		•	
4	Distributions for 2017 from			
_	Section D, line 7 ⁻ \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7:			
<u>.</u> а	Excess from 2013			
<u>a</u>	Excess from 2014			
	Excess from 2015		<u></u> .	
_ d	Excess from 2016			
	Excess from 2017			

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, 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 lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	on a, 2b,
Pt IV Sec A Ln 1: Support organizations which alleviate, through education,	
Pt IV Sec A Ln 1: research and private initiatives, society's most	
Pt IV Sec A Ln 1: pervasive and radical needs, including those relating	
Pt IV Sec A Ln 1: to social welfare, health, environment, economics,	
Pt IV Sec A Ln 1: governance, foreign relations and arts and culture;	
Pt IV Sec A Ln 1: and which encourage philanthropy and individual giving	
Pt IV Sec A Ln 1: and responsibility as an answer to society's needs, as	
Pt IV Sec A Ln 1: opposed to governmental involvement.	
Pt IV Sec B Ln 1: President and CEO of Donors Trust nominates members of the	
Pt IV Sec B Ln 1: supported class to nominate board members.	
, ♥ Ø	?
· Aph	

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 54-1934032 Donors Capital Fund, Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 . 0. 366,087. 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 3,736,919. Aggregate value at end of year. 19,726,786. 2,180,066. 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

Door	. 2
Page	e∡

Part	III Organizations Maintaining	Collections of	Art, Historical	Treasures, or C	ther Similar Ass	sets (continued)
3	Using the organization's acquisition,	accession, and o	ther records, che	ck any of the follo	wing that are a sign	gnificant use of its
	collection items (check all that apply).					
а	☐ Public exhibition		d □ Loar	or exchange pro	grams	
b	☐ Scholarly research		e 🗌 Othe			
c	Preservation for future generations	2	.			
4	Provide a description of the organization		and explain how t	they further the o	rganization's exem	ot purpose in Part
7	XIII.	tion a concotiona	and explain new	andy further the of	garnzation o oxom	p. pa. pooo / a
5	During the year, did the organization	collect or receive	donations of art	hietorical treasur	es or other similar	
3	assets to be sold to raise funds rather					☐ Yes ☐ No
Dort			amed as part of th	organization a c	- I I	☐ 1e3 ☐ NO
Part	Complete if the organization	_	" on Form 000	Port IV line 0 o	r rapartad an am	ount on Form
	•	i alisweled Tes	on ronn 990,	raitiv, iiile 3, 0	rieported arram	ount on romi
	990, Part X, line 21.		intermediani f	or contributions	r other coasts not	
1a	Is the organization an agent, trustee			or contributions (or other assets no	
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the following t	able:	1	
						nount
С	Beginning balance				С	
d	Additions during the year			_	d	
е	Distributions during the year			_	е	
f	Ending balance				f	
2a	Did the organization include an amoun					' □ Yes □ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the explanation	n has been provid	led on Part XIII .	<u> </u>
Pari	V Endowment Funds.					
	Complete if the organization	answered "Yes	" on Form 990,			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	23,640,930.	27,622,047.	35,500,375.	35,382,493.	36,269,849.
b	Contributions	366,087.	70,783,659.	60,204,785.	48,024,045.	48,677,677.
С	Net investment earnings, gains, and					
	losses	2,166,211.	1,097,929.	-36,863.	1,327,806.	3,276,729.
d	Grants or scholarships	3,942,288.	75,089,323.			52,091,881.
e	Other expenditures for facilities and		, , , , , , , , , , , , , , , , , , , ,		<u> </u>	<u> </u>
	programs	118,719.	0.	0.	160,101.	23,529.
f	Administrative expenses	205,369.	773,382.	644,543.	+	726,352.
g					35,500,375.	35,382,493.
2	Provide the estimated percentage of t					,
a	Board designated or quasi-endowmer			g, column (a), mola		
	Permanent endowment ▶	%	′			
	Temporarily restricted endowment ▶	·′′′ %				
С	The percentages on lines 2a, 2b, and		0004			
22	Are there endowment funds not in the			at are held and a	dministered for the	
Ja	organization by:	e possession or tr	ie organization tri	at are field and a		Yes No
	•					
	(i) unrelated organizations					
	(ii) related organizations			· · · · · · ·		
	If "Yes" on line 3a(ii), are the related o					3b
4	Describe in Part XIII the intended uses		on's endowment t	unas.		
Part			"	D 1 1 1 4 4	0 5 000 5	2. 1.7/ 1 40
	Complete if the organization	answered "Yes				
	Description of property	(a) Cost or of	1,,,		Accumulated	(d) Book value
		(investm	ieni) (C	other)	depreciation	
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
е	Other					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90 Part X columi	n (B), line 10c.)	•	

Part VII Investments - Other Securities.

	Complete if the organization	n answered "Yes" on Fo	rm 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or c (including name of secur		(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives			
(2) Closely-h	neld equity interests		•	
(3) Other				
(B)				
(C)				
(D)				
(F)				
(F)				
(G)				
(H)				
	n) must equal Form 990, Part X, col (B) line 1		<u></u>	
Part VIII	Investments-Program Re			
		 -	T	11c. See Form 990, Part X, line 13.
	(a) Description of investm	ent	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				<u> </u>
_(7)				
(8)				
(9)				
) must equal Form 990, Part X, col. (B) line 1	(3) ▶	<u> </u>	
Part IX	Other Assets.	107 7 5	000 D- LIV I'	44 d. O. a. Farras 2000, Part V. Ivan 45
	Complete if the organization		rm 990, Part IV, line	11d. See Form 990, Part X, line 15. (b) Book value
		(a) Description		(b) Book value
(1)				
(2)		 .		
(3)				
(4)			·	
(5)		· · ·		
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Par	t X, col (B) line 15.)		—
Part X	Other Liabilities.	τ λ, cor (b) iiric το.)		• • • • • • • • • • • • • • • • • • • •
PartA	Complete if the organization	answered "Yes" on Fo	rm 990, Part IV, line	11e or 11f. See Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		
(1) Federal in		(b) Book value		
	Conie taxes			
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				•
	o) must equal Form 990, Part X, col (B) line 2	251		
			note to the organization's	financial statements that reports the
LIAUHITY TOP	uncertain tax positions. In Fart XIII	, provide the text of the footi	iolo lo line organization s	manoidi otatomento triat reporto trie

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

Part	ΧI	Reconciliation of Revenue per Audited Financial Stateme			per Retu	ırn.	
	-	Complete if the organization answered "Yes" on Form 990, I		7, line 12a.			<u> </u>
1		revenue, gains, and other support per audited financial statements	•		. 1		
2		ints included on line 1 but not on Form 990, Part VIII, line 12:	ا ما				
а		nrealized gains (losses) on investments	2a				
b		ted services and use of facilities	2b	<u> </u>			
С		veries of prior year grants	2c				
d		(Describe in Part XIII.)	2d		-	-	
			•		. <u>2e</u>		
3		act line 2e from line 1	i .			-	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	40				
a		ment expenses not included on Form 990, Part VIII, line 7b .	4a 4b	••	\dashv		
b		(Describe in Part XIII.)			. 4c		
с 5		nes 4a and 4b			5	<u> </u>	
Part		Reconciliation of Expenses per Audited Financial Statem				turn	
rart	ΛII	Complete if the organization answered "Yes" on Form 990, F			s per me	.turri.	
1	Total	expenses and losses per audited financial statements			. 1	T	
2		ints included on line 1 but not on Form 990, Part IX, line 25:		,	Ė		
a		red services and use of facilities	2a		1		
b		year adjustments	2b				
C		losses	2c	·			
d		(Describe in Part XIII.)	2d				
		,			. 2e	1	
3		act line 2e from line 1			. 3		
4		nts included on Form 990, Part IX, line 25, but not on line 1:					
		ment expenses not included on Form 990, Part VIII, line 7b	4a			-	
а	invest	ment expenses not included on Form 990, Fart viii, line 70 .					
a b		· ·	4b			<u>'</u>	
b	Other				. 4c	-	
b	Other Add Ii	(Describe in Part XIII.)			. 4c		
b c 5 Part	Other Add II Total	(Describe in Part XIII.) . nes 4a and 4b	 e 18.)	· · · · · · · · · · · · · · · · · · ·	. 5		
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) . nes 4a and 4b	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line
b c 5 Part	Other Add II Total XIII e the c	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa	art IV, lines 1b an	. 5		X, line

Schedule D (Fo	orm 990) 2017	Page 5
art XIII	Supplemental Information (continued)	
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		<u> </u>

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

		Employ	er identification number
		54-19	934032
Grants and Assistance			
cords to substantiate the amount of the grants or assistance	e, the grantees' eligibility fo	or the grants or assistance	
rd the grants or assistance?			· 🛛 Yes 🗌 No
on's procedures for monitoring the use of grant funds in the			
tance to Domestic Organizations and Domestic Go ny recipient that received more than \$5,000. Part II ca	vernments. Complete if addition	the organization answ onal space is needed.	ered "Yes" on Form
			(h) Purpose of grant or assistance
·			
(c)(3) and government organizations listed in the line 1 table			. ▶5

the Instructions for Form 990.

REV 10/16/18 PRO

Schedule I (Form 990) (2017)

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ernments in the U.S.

(b) EIN	(c) IRC Section if Applicable	(d) Amount of Cash Grant	(e) Amount of Non-Cash Assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of Non-Cash Assistance	(h) Purpose of Grant or Assistance
52-2166327	501(c)(3)	\$10,903 15	N/A	Cash	N/A	for a donor-advised fund
26-4066298	501(c)(3)	\$10,500 00	N/A	Cash	N/A	for general operations
94-0373222	501(c)(3)	\$20,000 00	N/A	Cash	Ń/A	for general operations
75-2192081	501(c)(3)	\$392 95	N/A	Cash	N/A	for general operations
52-2166327	501(c)(3)	\$1,478,488 26	N/A	Cash	N/A	for a donor-advised fund
95-6006173	501(c)(3)	\$1,500 00	N/A	Cash	N/A	for Jesus Translations and to support the work of Garrick and Dziu Roegner
75-2486132	501(c)(3)	\$1,200 00	N/A	Cash	N/A	to support the work of Vicki Mullins, and Charles and Dawn Debtor
75-2899609	501(c)(3)	\$600 00	N/A	Cash	N/A	for general operations

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(b) EIN	(c) IRC Section if Applicable	(d) Amount of Cash Grant	(e) Amount of Non-Cash Assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of Non-Cash Assistance	(h) Purpose of Grant or Assistance
84-0385934	501(c)(3)	\$600 00	N/A	Cash	N/A	for the Cimarron Region (AF75-4110)
51-0558527	501(c)(3)	\$1,200 00	N/A	Cash	N/A	for general operations
75-0983832	501(c)(3)	\$600 00	N/A	Cash	N/A	for general operations
43-1815310	501(c)(3)	\$1,710 00	N/A	Cash	N/A	to support a camp scholarship for a male camper at K-2
53-0218495	501(c)(3)	\$30,000 00	N/A	Cash	N/A	for general operations
74-2726757	501(c)(3)	\$40,000 00	N/A	Cash	N/A	for general operations
06-1008595	501(c)(3)	\$5,000 00	N/A	Cash	N/A	for general operations
34-0714626	501(c)(3)	\$5,000 00	N/A	Cash	N/A	for the Ashbrook Center

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(b) EIN	(c) IRC Section if Applicable	(d) Amount of Cash Grant	(e) Amount of Non-Cash Assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of Non-Cash Assistance	(h) Purpose of ' Grant or Assistance
94-2763845	501(c)(3)	\$30,000 00	N/A	Cash	N/A	for general operations
48-0891418	501(c)(3)	\$25,000 00	N/A	Cash	N/A -	for general operations
52-1289734	501(c)(3)	\$80,000 00	N/A	Cash	N/A	for general operations
23-7432162	501(c)(3)	\$60,000 00	N/A	Cash	N/A	for general operations
52-1847187	501(c)(3)	\$10,000 00	N/A	Cash	N/A	for general operations
52-1600481	501(c)(3)	\$20,000 00	N/A	Cash	N/A	for general operations
54-1672138	501(c)(3)	\$40,000 00	N/A	Cash	N/A	for general operations
95-3443202	501(c)(3)	\$10,000 00	N/A	Cash	N/A	for general operations

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rnments in the U.S.

(b) EIN	(c) IRC Section if Applicable	(d) Amount of Cash Grant	(e) Amount of Non-Cash Assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of Non-Cash Assistance	(h) Purpose of Grant or Assistance
				,		
94-3136961	501(c)(3)	\$5,000 00	N/A	Cash	N/A	for general operations
				-		
23-7327730	501(c)(3)	\$40,000 00	N/A	Cash	N/A	for general operations
52-1744337	501(c)(3)	\$40,000 00	N/A	Cash	N/A	for general operations
51-0235174	501(c)(3)	\$50,000 00 ,	N/A	Cash	N/A	for general operations
						:
84-0736725	501(c)(3)	\$55,000 00	N/A	Cash	N/A	for general operations
						6
52-1226614	501(c)(3)	\$45,000 00	N/A	Cash	N/A	for general operations
52-1750188	501(c)(3)	\$40,000 00	N/A	Cash	N/A	for general operations
94-2197343	501(c)(3)	\$70,000 00	N/A	Cash	N/A	for general operations

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(b) EIN	(c) IRC Section if Applicable	(d) Amount of Cash Grant	(e) Amount of Non-Cash Assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of Non-Cash Assistance	(h) Purpose of Grant or Assistance
57-0952531	501(c)(3)	\$40,000 00	N/A	Cash	N/A	for general operations
52-1071570	501(c)(3)	\$40,000 00	N/A	Cash	N/A	for general operations
94-3435899	501(c)(3)	\$5,000 00	N/A	Cash	N/A	for general operations
23-7042029	501(c)(3)	\$60,000 00	N/A	~ Cash	N/A	for general operations and for the Reagan Ranch
47-5598652	501(c)(3)	\$5,000 00	N/A	Cash	N/A	for general operations
52-2166327	501(c)(3)	\$100,000 00	N/A	Cash	N/A	for general operations
13-6006960	501(c)(3)	\$50,000 00	N/A	Cash	N/A_	for general operations
52-1744337 -	501(c)(3)	\$100,000 00	N/A	Cash	N/A	for general operations

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(b) EIN	(c) IRC Section if Applicable	(d) Amount of Cash Grant	(e) Amount of Non-Cash Assistance	(f) Method of Valuation (book, FMV, . appraisal, other)	(g) Description of Non-Cash Assistance	(h) Purpose of Grant or Assistance
,						
06-1634525	501(c)(3)	\$25,000 00	N/A	Cash	N/A	for general operations
52-1779606	501(c)(3)	\$15,000 00	N/A	Cash	N/A	for general operations
				•		
13-4002189	501(c)(3)	\$250,000 00	N/A	Cash	N/A	for general operations
23-7432162	501(c)(3)	\$30,000 00	N/A	Cash	N/A	for general operations
				01		to support the Great
20-3518877	501(c)(3)	\$30,000 00	N/A	Cash	N/A	Connections Seminar
20-0105601	501(c)(3)	\$275,000 00	N/A	Cash	N/A	for general operations
04-3467254	501(c)(3)	\$75,000 00	N/A	Cash	N/A	for general operations
94-3435899	501(c)(3)	\$30,000 00	N/A	Cash	N/A	for general operations

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(b) EIN	(c) IRC Section if Applicable	(d) Amount of Cash Grant	(e) Amount of Non-Cash Assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of Non-Cash Assistance	(h) Purpose of Grant or Assistance
22-2570926	501(c)(3)	\$15,000 00	N/A	Cash	N/A	for general operations
54-1436224	501(c)(3)	\$150,000 00	N/A	Cash	N/A	for general operations and to support the Adam Smith Fellows
95-6006173	501(c)(3)	\$1,500 00	N/A	Cash	N/A	to be allocated as follows \$600 00 for Jesus Translations (2570262) and \$900 00 to s
75-2486132	501(c)(3)	\$1,200 00	N/A	Cash	N/A	to support the work of Vicki Mullins, and Charles and Dawn Debtor
75-0983832	501(c)(3)	\$600 00	N/A	Cash	N/A	for general operations
75-2899609	501(c)(3)	\$600 00	N/A	Cash	N/A	for general operations
			N/A	Cash	N/A	for the Cimarron Region (AF75-4110)
84-0385934 54-1672138	501(c)(3) 501(c)(3)	\$600 00 \$50,000 00	N/A	Cash	N/A	to support the renovation of the new Center for Conservative Women

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(b) EIN	(c) IRC Section if Applicable	(d) Amount of Cash Grant	(e) Amount of Non-Cash Assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of Non-Cash Assistance	(h) Purpose of Grant or Assistance
						:
75-0995808	501(c)(3)	\$2,500 00	N/A	Cash	N/A	for the Annual Trinity Fund
75-1301544	501(c)(3)	\$3,625 00	N/A	Cash	N/A	for general operations
						-
84-0736725	501(c)(3)	\$50,000 00	N/A	Cash	N/A	for general operations
22-3786806	501(c)(3)	\$1,200 00	N/A	Cash	N/A	for general operations
84-0385934	501(c)(3)	\$1,200 00	N/A	Cash	N/A	for the Midland Area (TX28)
75-6003774	501(c)(3)	\$1,200 00	N/A	Cash	N/A	for the Legacy Society
54-1426643	501(c)(3)	\$50,000 00	N/A	Cash		to be used as needed for Cold Harbor Virginia and for Campaign 1776
37-0816885	501(c)(3)	\$25,000 00	N/A	Cash	N/A	for the U.S. Grant Presidential Library

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ernments in the U.S.

(b) EIN	(c) IRC Section if Applicable	(d) Amount of Cash Grant	(e) Amount of Non-Cash Assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of Non-Cash Assistance	(h) Purpose of Grant or Assistance
94-3255845	501(c)(3)	\$15,000 00	N/A	Cash	N/A	for general operations
52-2166327	501(c)(3)	\$205,368 64	N/A	Payable	N/A	for general operations
59-1626795	501(c)(3)	\$10,000 00	N/A	Cash	N/A	for general operations

	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		· 			
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Provid	e the information re	equired in Part I, Ii	ne 2; Part III, colum	n (b); and any other addition	onal information.
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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Donors Capital Fund, Inc Employer identification number

54-1934032

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			Ì
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
		15		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		×
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		×
b	Any related organization?	5b		×
J	If "Yes" on line 5a or 5b, describe in Part III.	0.5		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		×
b	Any related organization?	6b		×
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	In Part III	8	-	×
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

istees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

on must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the individuals that aren't listed on Form 990, Part VII

ach listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

301	(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and			(F) Compensation				
	(i) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	in column (B) reported as deferred on prior Form 990				
)	0.	0.	0.	0.	0.	0.	0.				
1)	247,055.	59,600.	0.	30,666.	0.	337,321.	0.				
)	0.	0.	0.	0.	0.	0.	0.				
i)	205,000.	43,700.	_0.	24,870.	0.	273,570.	0.				
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Schedule J (Form 990) 2017

Page	. 3

Schedule J (Form 990) 2017

tion
n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
organization uses a compensation committee,
the compensation committe, and Form 990 of other
s to set compensation.
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REV 10/16/18 PRO

SCHÈDULE 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.

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Donors Capital Fund, Inc	54-1934032
Pt VI, Line 11b: FORM 990 REVIEWED BY OFFICIERS PRIOR TO FILING	
Pt VI, Line 11b: IN ADDITION, FORM 990 IS DISTRIBUTED TO ALL BO.	ARD MEMBERS
Pt VI, Line 11b: AFTER FILING FOR THEIR REVIEW AND COMMENTS. I	F ANY
Pt VI, Line 11b: ISSUES ARE RAISED, APPROPRITE REMEDIAL ACTION	IS TAKEN,
Pt VI, Line 11b: INCLUDING FILING AN AMENDED FORM 990 IF NECESS.	ARY.
Pt VI, Line 15b: THE ORGANIZATION PAYS NO COMPENSATION	
Pt VI, Line 12c: THE ORGANIZATION REQUIRES ALL OFFICERS, DIRECT	ORS, AND
Pt VI, Line 12c: KEY EMPOLOYEES TO COMPLY WITH OUR CONFLICT OF	INTEREST
Pt VI, Line 12c: POLICY. THESE INDIVIDUALS ARE PROHIBITED FROM	HAVING
Pt VI, Line 12c: BUSINESS DEALINGS WITH COMPANIES AFFILIATED WI	TH, OR
Pt VI, Line 12c: ACT AS MAJOR CUSTOMERS OR SUPPLIERS OF, THE OR	GANIZATION.
Pt VI, Line 12c: TRANSACTIONS WITH OFFICERS OF TEH ORGANIZATION	ARE
Pt VI, Line 12c: ADEQUATELY CONTROLLED AND DISCLOSED IN RECORDS	, AND SUCH
Pt VI, Line 12c: TRANSACTIONS OCCURE ONLY IN THE NORMAL COURSE	OF BUSINESS
Pt VI, Line 12c: AND ARE APPROVED BY THE BOARD OF DIRECTORS.	
Pt VI, Line 19: NOT PUBLICLY AVAILABLE.	
Pt VI, Section C, Line 17:	
State: FL	
State: IL	
State: NY	·····
State: TN	
State: VA	
State: WA	
State: PA	
	-

Related Organizations and Unrelated Partnerships

2017

OMB No 1545-0047

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

Open to Public Inspection

(f) Direct controlling

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

jarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

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the Instructions for Form 990. BAA

Employer identification number

Schedule R (Form 990) 2017

54-1934032

i) plicable) of disregarded entity		Prima	(b) ary activity		(c) egal domicile (state or foreign country)	Tot	(d) al income		(e) year assets	(f) Direct controlling entity		
Alexandria VA 22314	 :	Hold raw	Land	ME)					Donors Capi	tal Fund Inc	
											_	
		_										
ed Tax-Exempt Organizations du	ations. Co	L omplete if thax year.	ne organization	an	swered "Yes" o	n For	m 990, Par	t IV, lır	ne 34, be	cause it	had	
ited organization		(b) ry activity	(c) Legal domicile (state or foreign country)		(d) Exempt Code section	Pub (if s	(e) lic charity status ection 501(c)(3)	s Dir	(f) rect controllin entity	~ I co	(g) in 512(b)(13) introlled entity?	
										Yes	No	
166327 lexandria VA 22314	Grant makin	g organization	MD		501(c)(3)	7		N/A	A		×	
				•								
							•					
	-								-			
		-	-						-			
		* "			-							
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nore relate (b) Primary activit	zations Taxable d organizations (c) Legal domicile (state or foreign country)	treate	ed as a pa (d) et controlling entity	Pre- incon ur excli	(e) dominant ne (related, nuded from x under ns 512—514)	the t	ax year. (f) e of total come	(g) Share of end- year assets	-of- Dispr	(h) oportional ocations?	e Code amount of Sche	(i) V—UBI In box 20 dule K-1	Gene man	y, III le (j) eral or aging ener?	(k) Percentage ownership
		ļ	<u> </u>						Ye	s No		_	Yes	No	
,															
		1		L						+					
									<u>.</u>		<u> </u>				
							-								
		 							+	+	+				<u>-</u> -
	-			_						<u> </u>					-
	zations Taxable re related organi									swer	ed "Yes"	on Fo	rm 99	0, Pa	art IV,
zation	(b) Primary activity		(c) Legal dom		(d) Direct contro		(e Type o	e)	(f) hare of to	otal	(g) Share of	Pe	(h) rcentag	e Sec	(i) tion 512(b)(13)

zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti) 12(b)(13) oiled ty?
								Yes	No
	1								
							-		

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Schedule R (Form 990) 2017

isted in Parts II, III, or IV of this schedule.			-											_								Yes	No
inization engage in any of the following transactions with on	e or i	mo	re r	ela	ted	or	aan	nza	atio	ns	liste	ed	ın F	art	ts II	–IV	?						
es, (iii) royalties, or (iv) rent from a controlled entity							-														1a		×
n to related organization(s)																					1b	×	
n from related organization(s)																					1c		×
or related organization(s)																					1d		×
ated organization(s)																					1e		×
tion(s)																					1f		×
ation(s)																					1g		×
organization(s)																					1h		×
organization(s)																							×
rother assets to related organization(s)																					<u>1j</u>		×
r other assets from related organization(s)											-								•		1k		×
bership or fundraising solicitations for related organization(-										11		×
bership or fundraising solicitations by related organization(s	s) .																				1m	×	<u> </u>
mailing lists, or other assets with related organization(s).																					1n	×	<u> </u>
related organization(s)																					10		×
organization(s) for expenses					•				•	•								•			1p	×	<u> </u>
organization(s) for expenses				•	•	•	•		•	•						•					1q		×
ty to related organization(s)	•			•	•	•			•			•	•		•					•	1r		×
ty from related organization(s)	<u> </u>	٠	•		•				•	•	•	•	•		•		٠_	•	•		<u> 1s</u>	L	×
e is "Yes," see the instructions for information on who must	com	ple	te t	his	line	e, Ir	<u> 1Clu</u>	ıdıı	ng (CO	/ere	d I	rela	tioi	nsh	ıps	an	d tr	an	sact	ion thr	eshol	ds.
(a)			Tran	(b)	tion				۸۰	ייטמ	(c) nt in	vol	, ad			Met	hod	of d	etei	(d)) ng amou	nt invo	lved
Name of related organization			type						\sim	1100	• • • • • • • • • • • • • • • • • • • •	VOI	vea			Wici	1100	0. u	O.C.		ig airioc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1100
	-						\dashv								+								
1.5' 1.b. TDQ 510/b) /12)															1								
anization as defined by IRC 512(b)(13)	+						\dashv								╁╌								
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ns Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

ach entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets diorganization. See instructions regarding exclusion for certain investment partnerships.

d org	ganizatıon. See	e instructions r	egardıng exclusi	on fo	r certa	aın ınvestment p	artnerships.						
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all sec 501 organiz	e) partners ction (c)(3) zations?	total income	Share of Share of total income end-of-year assets Disproportionate Code V – UBI armount in box 20 of Schedule K-1 (Form 1065) Given the code v – UBI armount in box 20 of Schedule K-1 (Form 1065) Code v – UBI				Gene mana part	aging ner?	(k) Percentage ownership
			360110113 012 014)	Yes	No			Yes	No		Yes	No	
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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
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