OMB No 1545-0047

**Return of Organization Exempt From Income Tax** 

2019

(Rev January 2020) Department of the Treasury 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 Open to Public

Int	ernal Reve	enue Service	► Go to www.ii	rs.gov/Form990 for instructio	ns and the late	est informati	on.	110	Inspection		
Ā	For th	e 2019 calen	dar year, or tax year beginn	ing	2019, and end	ding		7	, 20		
В	Check	f applicable	C Name of organization Capi	tol Hill Community	Foundati	on		D Employ	er identification number		
_		s change	Doing business as		100.1001	<u> </u>	_	52-15			
-				ox if mail is not delivered to street a	ddress)	Room/suite			ine number		
_	Named	•	419 East Capito		1001633)	1 TOOTH/Suite		(202) 544-1845			
느	Initial re				1	I	-	(202/344 1043			
<u> </u>		turn/terminated		e, country, and ZIP or foreign posta	ıı code		L.	<b>0</b> C			
L		ed return	Washington, DC			1	_	G Gross r			
L	Applica	tion pending	F Name and address of principa		_				subordinates? Yes No		
_				t Capitol St. SE, Wash:							
<u> </u>	Tax-ex	empt status	X 501(c)(3)	) ◀ (insert no.)	7(a)(1) or 🗌 \$2	ľ	"No," att	tach a list	(see instructions)		
<u>J</u>	Websit	e: ► www.c	apıtolhıllcommuni	tyfoundation.org		H(c) G	roup exe	mption n	umber ▶		
K		organization 🗵	Corporation 🔲 Trust 🔲 Ass	ociation ☐ Other ►	L Year of for	rmation 1	987	M State o	f legal domicile DC		
	Part I	Summa									
	1	Briefly des	cribe the organization's m	nssion or most significant a	ctivities: The	Capitol	Hıll	Commu	unity Foundation		
9	3	draws on t	the generosity and ideal	sm of our neighborhood to	help build a	stronger a	nd mor	e carın	g community, a place		
ā	<u>i</u>	where f	amilies can flour	ish and where every	resident	can sha	re in	n a be	etter future.		
٥	2	Check this	box ▶ 🔲 if the organizat	on discontinued its operati	onstor dispos	ed of more	than 2	5% of it	ts net assets.		
Š	3	Number of	voting members of the g	overning body (Part VI, line	1a)	OS BANK -	USB	3	34		
۵	4	Number of	f independent votina mem	bers of the governing body	(Part VI. line	1b)		4	34		
9	5 5	Total numb	per of individuals employe	ed in calendar year 2019 (Pa	rt V. line 22 a)/	1.6 .200		5	0		
<u>:</u>	6	Total numi	per of volunteers (estimate	e if necessary)		1.0 .7070	· ·	6	4		
Activities & Governance	7a		-	om Part VIII, column (C), line	12		•	7a	0.		
	b			me from Form 990-T, line 3			• •	7b	0.		
	<del>                                     </del>	110t dilicia	ted basiness taxable inco	1110 1101111 01111 030 1, 11110 0	<u> </u>		or Year	<del>''</del>	Current Year		
	. 8	Contribution	ons and grants (Part VIII, I	ine 1h)			767,4	15.4			
9			ervice revenue (Part VIII, I				707,4	134.	540,048.		
Revenue	9	-	· · · · · · · · · · · · · · · · · · ·	<del>-</del> -			26.6	755	117 647		
ă	10			n (A), lines 3, 4, and 7d) .			-36,8		117,647.		
	11			lines 5, 6d, 8c, 9c, 10c, and	•	<u></u>		4.	-61,843.		
_	12			1 (must equal Part VIII, colur art IX, column (A), lines 1-3)			730,6		595,852.		
_	13		<u>847, 6</u>	504.	498,619.						
12021	14	•		rt IX, column (A), line 4) .					<del></del>		
2	3   15		· · · · · · · · · · · · · · · · · · ·	ee benefits (Part IX, column	. ,				<del></del>		
0 12 Expenses	16a		- ·	X, column (A), line 11e) .			<del></del>				
0 }	{   b		raising expenses (Part IX,		5,419.						
	17			, lines 11a-11d, 11f-24e)			116,3	369.	42,001.		
3	18	-		ust equal Part IX, column (A	•		963, <u>9</u>	973.	540,620.		
$\bigcirc$	19	Revenue le	ess expenses. Subtract lin	ne 18 from line 12	<u></u>		233,3	370.	5 <u>5,</u> 232.		
NN Seets or	eg					Beginning	of Currer	nt Year	End of Year		
<b>Z</b> g.	[ 20	Total asse	ts (Part X, line 16) .			1,	123,4	156.	1,179,453.		
	<b>21</b>	Total liabili	ities (Part X, line 26)				10,7	750.	11,515.		
<u>چ</u> ي	를 22	Net assets	or fund balances. Subtra	ct line 21 from line 20 .		1,	112,	706.	1,167,938.		
C. E	art II	Signatu	re Block								
ū	Inder pen	alties of perjury	, I declare that I have examined t	this return, including accompanying	schedules and s	tatements, and	to the b	est of my	/ knowledge and belief, it is		
				than officer) is based on all informa					,		
_			WAAA				9	NOV :	2020		
S	ign	Signat	ure of officer				Date	,,,,			
	ere			rassurar							
•	<b></b>		or print name and title	reasurer					<del></del>		
_		<u> </u>	preparer's name	Preparer's signature		Data			D . DTIN		
Ρ	aid	i illio type	proparer a name	i reparer a signature		Date		Check _ self-emplo	] if PTIN		
P	repar	er	- Self-Pr	<del>'enared</del>		J			Jyeu		
	se On	ly Firm's nar	<del></del>	oparou			Firm's 8		· <u></u>		
		Firm's add	<del></del>				Phone	no			
<u>M</u>	ay the I	HS discuss	tnis return with the prepai	rer shown above? (see instr	uctions)	· · · ·	<u>· · · ·   ·                            </u>	<u> </u>	. ☐ Yes ⊠ No		
Fo	r Paner	work Reduct	tion Act Notice, see the sec	arate instructions RAA		REV 10/27/20 I	PRO	<b>フ</b> [	Form 990 (2019)		

Form 9	90 (2019). Page <b>2</b>
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Capitol Hill Community Foundation
	draws on the generosity and idealism of our neighborhood to help build a stronger and more caring community, a place where families can flourish and where every resident can share in a better future.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code. ) (Expenses \$ 572,479. including grants of \$ 572,479. ) (Revenue \$ 0.)
	Program of supporting and making "regular" and "mini" grants to Capitol  Hill community charitable, educational, and other non-profit organizations.
4b	(Code: ) (Expenses \$ 2,703. including grants of \$ 0.) (Revenue \$ 0.)  Ruth Anne Overbeck Capitol Hill History Project, including oral histories and public lectures
	(Code: ) (Expenses \$ 750. including grants of \$ 750. ) (Revenue \$ 0.)
40	Program of making grants to former residents of Capper Seniors Dwelling who were displaced by a fire which destroyed their building
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 575, 932.

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Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		res	140
•	complete Schedule A	1 2	×	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	^	×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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 donor-restricted endowments or in 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, IX, or X as applicable.		22 11 Jb J-	
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		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
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	-	×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	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	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
	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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 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		×
20a	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	×	

Fart	Checklist of Required Schedules (Continued)			
00	Did the appearance to a few demonstration of the COO of greate or other appearance to or for demonstrating individuals on		Yes	No
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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	į	<b>x</b> _
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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	or IV, and Part V, line 1	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .	 V	
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   6		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	1c	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
́ За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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	×	_
C	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	-	×
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	<b>-</b>		ļ
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
ь 10	Section 501(c)(7) organizations. Enter:	30		
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 . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
·· a	Gross income from members or shareholders			ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			ł
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		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.	<u> </u>		]
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	Į		
C	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<u> </u>	ļ
	If "Yes," see instructions and file Form 4720, Schedule N.	<u> </u>		·
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<del>  -</del>	<u> </u>
	If "Yes," complete Form 4720, Schedule O.	l		1

Part <sup>-</sup>	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	"No" tions. ⊠				
Secti	on A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year			l				
	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 on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 34							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<u>×</u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		<u>×</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>×</u>				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		_ <u>×</u> _				
6	Did the organization have members or stockholders?	_ 6		<u>×</u>				
7a	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?							
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	×	×				
b	· -·· · · · · · · · · · · · · · · · · ·							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9_	ada \	×				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No				
102	Did the organization have local chapters, branches, or affiliates?	10a	163	×				
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100						
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	×					
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		<del></del> i				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		×				
13	Did the organization have a written whistleblower policy?	13		×				
14	Did the organization have a written document retention and destruction policy?	14		×				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		×				
b	Other officers or key employees of the organization	15b		×				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
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							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)	(Sec	tion 5	01(c)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,				
20	State the name, address, and telephone number of the person who possesses the organization's books and re							

Part VII	<b>Compensation of Officers, Directors, Trustee</b>	s, Key Employees	s, Highest Compen	sated Employees, ar	nd
	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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	(do x, office Individua	ot ch	Pos neck ss pe	C) sition more		one n an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
<u> </u>		6	tee			sated				
(1) Nicky Cymrot	10.00									
President		×		×	<u> </u>	<u> </u>		0	0.	0.
(2) Monica Warren-Jones	8.00									
Vice President		×	_	×	┝	<u> </u>		0.	0.	0.
(3) Mark Weinheimer	6.00	×		×					_	
Secretary				^-	┢	-		0.	0.	0.
(4) Stephen Daniels	6.00	×		×				0.	0.	0.
Treasurer	2 00	ļ · ·		┝	$\vdash$		<u> </u>	0.	0.	<del></del>
(5) Gary Abrecht Board member	2.00	×						0.	0.	0.
	2.00	<u> </u>	┢	$\vdash$	$\vdash$		┢	<u> </u>	<u> </u>	<u> </u>
(6) Randy Anderson Board member		×						0.	0.	0.
(7) Melissa Ashabranner	2.00	$\vdash \frown$			H	<u> </u>	<u> </u>			
Board member		×	ļ			1		0.	l o.	0.
(8) Vicki Butler	2.00			T						
Board member		×						0.	0.	0.
(9) Gary Carleton	2.00									
Board member		×_						0.	0.	0.
(10) Todd Cymrot	2.00									
Board member		×		<u> </u>				0.	0.	0.
(11) Don Denton	2.00									
Board member		×					<u> </u>	0.	0.	0.
(12) Andy Didden	2.00								Ì	_
Board member		×	<u> </u>	_	<u> </u>	ļ	<u> </u>	0.	0.	0.
(13) John Franzen	2.00							_	_	
Board member		×	<u> </u>	<u> </u>	1	<u> </u>	$\vdash$	0.	0.	0.
(14) Jeanne Harrison	2.00									_
Board member		×	L				1	0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(c)										
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
Name and title	hours					is both or/trust		compensation	compensation	of other
	per week			_	_		<del>,                                    </del>	from the	from related	compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	organizations	from the
	hours for related	통호	₫	e	l eg	lest by	릴	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	of a	읦	l	믕	ြို့ ရှိ	ł	}		related organizations
	below	Z	1 2		yee	#g				
	dotted line)	l e	ste			nsa				
			, e	İ	ĺ	l ed				
(15) Nishan Halim	2.00								_	
Board member	†	×						0.	0.	0.
(16) Martha Huizenga	2.00	<del>                                     </del>				<del>                                     </del>			-	
Board member	<del> 2-00</del> -	×						0.	0.	0.
		<u>  ^ </u>	-		-			0.	<u> </u>	0.
(17) Nancy Lazear	2.00								_	
Board member		×					_	0.	0.	0.
(18) James Loots	2.00			ŀ	ŀ					
Board member		×						0.	0.	0.
(19) Caroline Marshall	2.00									
Board member		×	1		1			0.	0.	0.
(20) Floyd Mills	2.00							· <del>-</del>		
Board member	† <del></del>	×						0.	0.	0.
(21) Peter May	2.00		-		<del> </del>		-			<del>``</del>
	<u> </u>	×					1		0.	
Board member	<del></del>			-	-	_	-	0.	<u> </u>	0.
(22) Brian Pate	2.00							_	_	
Board member		_×						0.	0.	0.
(23) Gary Peterson	2.00									
Board member		×						0.	0.	0.
(24) Melanie Pittard	2.00								<del></del>	
Board member	†	×		ļ	1	l	1	0.	0.	0.
(25) Martha Bono	2.00					-				
Board member	† <u></u>	×						0.	0.	0.
1b Subtotal				L		L		0.	0.	0.
	 VII Contin	 	•	•	•	•		0.	0.	0.
A - 1 (4 (4 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	-		•	•	•	•				
	· · · ·					• •	<u> </u>	0.	0.	0.
2 Total number of individuals (including but		to th	ose	list	ted	above	e) w	ho received more	e than \$100,000	of
reportable compensation from the organi	zation >					0				
										Yes No
3 Did the organization list any former of	officer, dire	ector.	tru	stee	e, k	ey e	mpl	oyee, or highes	t compensated	
employee on line 1a? If "Yes," complete s										3 ×
4 For any individual listed on line 1a, is the							n a	nd other compe	nsation from the	
organization and related organizations										
individual	greater tri	αι <b>ι</b> ψ	100,	000	, ,	, , .	٥,	complete conce	2010 0 101 30011	4 ×
			٠.		• •	•				
5 Did any person listed on line 1a receive of										
for services rendered to the organization	? IT "Yes," C	ompi	ete	Scr	neau	ile J T	or s	such person .	<del></del>	5 X
Section B. Independent Contractors									<u>_</u>	
1 Complete this table for your five high										
compensation from the organization. Rep	ort compen	satıor	າ for	the	ca	lenda	r ye	ar ending with or	within the organ	nization's tax year.
(A) (B) (C)										
Name and business address Description of services Compensation										
						-	$\vdash$		<del>- -</del> -	
							$\vdash$	<u> </u>	+-	
							L <u>.</u>		· · ·	
2 Total number of independent contractor							th		e) who	
received more than \$100,000 of compens	ation from t	he or	ัดลท	izatı	ion l	▶		0		

Part	'VIII	Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII									
		Officer in Confederation	0 00	ritanio a re	, <u></u>	ise of flote to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514	
ts ts	1a	Federated campaigi	ns .		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b						
<u>a</u> <u>e</u>	C	Fundraising events			1c	226,473.					
Gifts, ilar An	d	Related organization			1d			;			
S,E	е	Government grants			1e						
Sign	f	All other contribution			4.6	212 575			•		
Contributions, and Other Sim	_	and similar amounts no			1f	313,575.					
الم ق	g	Noncash contribution lines 1a-1f			1g	<b>\$</b> 3,530.	j.				
a G	h	Total. Add lines 1a-					540,048.				
		Total: Add lines to	<u> </u>	<u> </u>		Business Code	310,010.				
9	2a										
ه څ	b		·	•••••							
S	С										
Program Service Revenue	d						-		<u> </u>		
P. B.	е						_				
<b>P</b>	f	All other program se									
	g	Total. Add lines 2a-							<u> </u>		
	3	Investment income		-		_	117 647	_		117 647	
		other similar amoun	•				117,647.	0.	0.	117,647.	
	4	Income from investm				•					
	5	Royalties	<u> </u>			(II) Personal					
	6a	Gross rents	6a	() 1100		(ii) i orodiiai					
	b	Less. rental expenses	6b				1			,	
	C	Rental income or (loss)	<u> </u>								
	d	Net rental income o		s)		•					
	7a	Gross amount from		(ı) Securi	ties	(II) Other					
		sales of assets									
		other than inventory	7a								
enne	b	Less: cost or other basis									
		and sales expenses .	7b								
- Se	C	Gain or (loss)									
e	d	Net gain or (loss)			<del></del>	<u> ▶</u>		· · · · · · · · · · · · · · · · · · ·			
Other Rev	8a	Gross income from		_				+			
		events (not including of contributions rej									
		1c). See Part IV, line			8a	0.					
	ь	Less: direct expens			8b	61,855.					
	C	Net income or (loss)			g eve		-61,855.		0.	-61,855.	
	9a	Gross income f									
		activities. See Part I	IV, lin	e 19 .	9a						
	b	Less: direct expens			9b						
	С	Net income or (loss)		-	ctiviti	es <u></u> ►	_				
	10a	Gross sales of in				10					
		returns and allowan			10a		1				
		Less: cost of goods Net income or (loss)			10b		12.	0.	0.	12.	
	С	IVEL INCOME OF (IOSS)	, 11011	oales UI II	IVEIIU	Business Code	12.	<del>                                     </del>	J	12.	
Miscellaneous Revenue	11a					Dadnieda Oode					
scellaned Revenue	b							<del> </del>		<u> </u>	
ella	c										
isc	d	All other revenue	· · ·								
Σ	e	Total. Add lines 11a	a-11c	<u></u>	<u>.                                    </u>	•					
	12	Total revenue. See					595,852.	0.	0.	55,804.	

	0 (2019)				Page <b>10</b>
	IX Statement of Functional Expenses	·			
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	or note to any line			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	498,619.	498,619.		,
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1307 013.		-	- ;
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	trustees, and key employees		_		
6	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	11,000.	0.	11,000.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees	4,543.	0.	4,543.	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	Occupancy				
17	Travel			-	<u> </u>
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	Depreciation, depletion, and amortization .			-	
23	Insurance	1,292.	0.	1,292.	0.
24	Other expenses. Itemize expenses not covered		-		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	1 670			
а	Postage	1,678.	0.	238.	1,440.
b	Bank fees & other	2,293.	0.	34.	2,259.
C	Other admin expenses	7,383.	0.	5,703.	1,680.
d	Website	10,594.	9,537.	1,017.	40.
е	All other expenses	3,218.	3,218.	0.	
25	Total functional expenses. Add lines 1 through 24e	540,620.	511,374.	23,827.	5,419.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	<u>tx</u>	<u>· ·                                   </u>	<u> U</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	542,395.	2	478,899.
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net	41,195.	4	49,168.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	<u> </u>		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
\$	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
<b>ĕ</b>	9	Prepaid expenses and deferred charges	0.	9	<u>1,225.</u>
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	539,866.	11	650,161.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,123,456.	16	1,179,453.
	17	Accounts payable and accrued expenses	10,750.	17	11,515.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
<u>≅</u>		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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	
	26	Total liabilities. Add lines 17 through 25	10,750.	26	11,515.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			
ag	27	Net assets without donor restrictions	851,912.	27	886,391.
ĕ	28	Net assets with donor restrictions	260,794.	28	281,547.
Fun		Organizations that do not follow FASB ASC 958, check here ▶ □			
9	20	and complete lines 29 through 33.  Capital stock or trust principal, or current funds	· <del>-</del>	29	
ţ	29 20	Paid-in or capital surplus, or land, building, or equipment fund		30	<del></del>
sse	30	Retained earnings, endowment, accumulated income, or other funds		31	
Ä	31	Total net assets or fund balances	1,112,706.	32	1,167,938.
<u>F</u>	32	Total liabilities and net assets/fund balances	1,112,700.	33	1,179,453.
_	33	rotar nadmities and riet assets/fund dalances	1,123,430.	55	1,110,400.

_	4	•
Page		4

Pari	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>	<u>.                                    </u>		_ 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	95,8	352.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	40,6	520.
3	Revenue less expenses. Subtract line 2 from line 1	3			55,2	232.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,1	12,7	706.
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 on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,1	67 <b>,</b> 9	938.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other			•		'
	If the organization changed its method of accounting from a prior year or checked "Other,"	explair	n in	1	١	
	Schedule O.		1	· <u> </u>		
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 co	mpiled	l or	•		.
	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	X	-
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	dited o	n a		, 3	I has
	separate basis, consolidated basis, or both:		\ \ \\			100
	Separate basis Consolidated basis Both consolidated and separate basis		-		<u> </u>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		t of	_		
	the audit, review, or compilation of its financial statements and selection of an independent account		.	2c		×
	If the organization changed either its oversight process or selection process during the tax year,	explain	on		· "՝	7
	Schedule O.				47	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in	the	0-		
	Single Audit Act and OMB Circular A-133?		:. ⊦	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un			3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits	.	SD		

Form **990** (2019)

REV 10/27/20 PRO



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

**Public Charity Status and Public Support** 

trust | 20

OMB No 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name	of the	organizat	tion					Employer identification	n number
Capi	itol	Hill	Community F	oundation				52-1582214	
Par	t I	Reas	on for Public C	harity Status (All	organizations must	comple	te this p	art ) See instruction	ons.
The c	organiz	zation is	s not a private fou	ndation because it i	s' (For lines 1 through	12, ched	ck only or	ne box.)	
1	ДΑ	church,	convention of ch	urches, or associati	on of churches descr	ibed in <b>s</b> e	ection 17	O(b)(1)(A)(i).	1/
2	_				(Attach Schedule E (F			· · · · · · · · · · · · · · · · · · ·	1
3	_				ganization described i				J
4	_	•	•	,	onjunction with a hosi				(iii). Enter the
	ho	ospital's	name, city, and s	state:					
5			ization operated 170(b)(1)(A)(iv). (C		college or university	owned c	r operate	ed by a government	al unit described in
6				•	mental unit described	ın sectio	on 170(b)	(1)(A)(v).	
7	X Ar	n organ	ization that norma	_	stantial part of its sup				n the general public
8	LJ A	commu	inity trust describe	ed in <b>section 170(b</b> )	)(1)(A)(vi). (Complete	Part II.)			
9					d in section 170(b)(1)		erated in	conjunction with a l	and-grant college
	or		sity or a non-land-		riculture (see instruction				
10	☐ Ar	n organı	zation that norma	Ily receives: (1) mor	e than 331/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
	re	ceipts f	rom activities rela	ted to its exempt fu	nctions—subject to c related business taxa	ertaın exc	ceptions,	and (2) no more tha	n 331/3% of its
					75 See <b>section 509(</b> a				Dudii 103303
11	☐ Ar	n organi	zation organized	and operated exclus	sively to test for public	c safety	See <b>sect</b> i	ion 509(a)(4).	
12	☐ Ar	n organı	zation organized	and operated exclus	sively for the benefit o	f, to perfe	orm the fu	unctions of, or to ca	rry out the purposes
					ns described in sect				
	Ch	heck the	e box iņ līnes 12a t	through 12d that des	scribes the type of sup	oporting o	organizati	on and complete line	es 12e, 12f, and 12g
а			• • • •	•	l, supervised, or conti	-			
					regularly appoint or e			he directors or trust	ees of the
		suppo	orting organization	. You must comple	ete Part IV, Sections	A and B	•		
b			• • • •	-	sed or controlled in co				
					rganization vested in		e persons	that control or man	age the supported
	_	_			V, Sections A and C				
С	Ш				ting organization oper ons) You must comp				ally integrated with,
	_		•		•				
d	Ш				ipporting organization inization generally mu				
					omplete Part IV, Sec				u an attentiveness
•			•	·	<u>-</u>				. U. T
е					a written determination at la written determination at la written at la				е іі, туре ііі
f	Ente		umber of support		monany integrated su	pporting	organizat	1011	
g g					oorted organization(s)	•			L
			ported organization	(ii) EIN	(III) Type of organization	(iv) Is the d	organization	(v) Amount of monetary	(vi) Amount of
	()			(.,,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docu	ment?	instructions)	instructions)
						Yes	No	1	
/A\			·						
(A)									
(B)		_							
(C)							}		
		_	<del></del>			<del> </del>	<del>-</del>		
(D)									
/E\				<del>-  </del>					
(E)									
						1	1		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	254,269.	293,208.	295,970.	532,754.	212 575	1,689,776.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	234,269.	293,208.	293,970.	332,734.	313,373.	1,009,776.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	254,269.	293,208.	295,970.	532,754.	313,575.	1,689,776.
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	Public support. Subtract line 5 from line 4				***************************************		1,689,776.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	254,269.	293,208.	295,970.	532,754.	313,575.	1,689,776.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-12,522.	49,163.	86,944.	-36,855.	113,104.	199,834.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				,		
11	Total support. Add lines 7 through 10						1,889,610.
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> </u>			
Secti	on C. Computation of Public Suppor					I	
14	Public support percentage for 2019 (line	,		1, column (f))		14	89.42%
15	Public support percentage from 2018 Sch					15	93.59 %
16a	331/3% support test—2019. If the organi					31/3% or more,	
h	box and <b>stop here.</b> The organization qua	•		-		10 221 al/ or m	
b	331/3% support test—2018. If the organithis box and stop here. The organization	qualifies as a į	publicly suppo	rted organizati	on .		▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	ets the "facts	-and-circumsta	ances" test, ch	eck this box a	and <b>stop here</b>	. Explain in
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets the	e "facts-and-c	rcumstances'	' test, check t	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions		• •		<u> </u>	<u> </u>	· <u> </u>

Part	III Support Schedule for Organiza	itions Desc	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked th			•			nder Part II
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	11.)	
	on A. Public Support				T	<del>, -</del>	
Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						/
2	received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise					ļ	<b>/</b>
2	sold or services performed, or facilities		Ì			/	Ì
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose		ļ	<u> </u>			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge .						
- 6 <b>-</b>	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>/6)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		1				
	payments received on securities loans, rents, royalties, and income from similar sources			_			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	<u> </u>					
С	Add lines 10a and 10b .						
11	Net income from unrelated business		İ				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or				}	}	}
	loss from the sale of capital assets						
42	(Explain in Part VI)			<del>                                     </del>			
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)				1		
14	First five years. If the Form 990 is for th	e organizațio	n'e firet secor	d third fourth	or fifth tax v	ear as a section	n 501(c)(3)
14	organization, check this box and stop hei	-	113 11131, 30001	ia, tilia, tourti			DI 301(C)(3)
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2019 (line 8			13 column (fl)	<del></del>	15	%
16	Public support percentage from 2018 Sch	. ,,,	•	• • • •		16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (I			by line 13, colu	ımn (f)) .	17	%
18 /	Investment income percentage from 2018			•		18	%
1,9a	331/3% support tests - 2019. If the organi				nd line 15 is m		
	17 is not more than 331/3%, check this box a						
b	331/3% support tests - 2018. If the organiz	ation did not o	check a box on	line 14 or line	19a, and line 10	6 is more than	33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this b	oox and <b>stop l</b>	<b>nere.</b> The orgar	nzation qualifies	s as a publicly s	supported organ	nization 🕨 🗌
20	Private foundation. If the organization did	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🗌

# 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.)

All Supporting Organizations

ecu	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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported	2		
0-	organization was described in section 509(a)(1) or (2).	2		<del></del> i
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination	3b		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
С	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
40	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		<del></del>	
<b>L</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	- <del>-</del> -a		1
b	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			1
	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			
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			٠. ا
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ju	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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			1
	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			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			ئـــا
	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 <b>Part VI</b> .	9a		<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		ļ
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		ļ <u>.</u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b	l	l

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		l
Section	on B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		i	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1	] .
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization.			أـــــــــــــــــــــــــــــــــــــ
<del></del>		2		
Secti	on C. Type II Supporting Organizations		Yes	Na
	Many a majority of the appearant on a directors of the directors		162	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<del></del>	
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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	<u> </u>	ļ
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s)
а	☐ The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in		1
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ļ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E							
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<del></del>					
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1						
a Average monthly value of securities	1a						
<b>b</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							
emergency temporary reduction (see instructions)	6						
7 Check here if the current year is the organization's first as a non-functionall instructions)	y int	tegrated Type III support	ing organization (see				

Schedule A (Form 990 or 990-EZ) 2019

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	le A (Form 990 or 990-EZ) 2019  Type III Non-Functionally Integrated 509(a)(3	() Supporting Organi	zations (continued)	Page 7
Part		o) Supporting Organi	zations (continueu)	
Secti	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	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 which	th the organization is res	ponsive	
	(provide details in <b>Part VI</b> ) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount		(ii)	(iii)
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
<u>b</u>	From 2015 .			
<u>c</u>	From 2016 .			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years  Applied to 2019 distributable amount			
<u>h</u>	Carryover from 2014 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
7	Section D, line 7. \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount		·	
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			,
	and 4c			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018 .			
Δ	Evenes from 2019	l .		1

Schedule A (Form 990 or 990-EZ) 2019

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

### SCHEDULE D (Form 990)

# **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.

20**19** 

Open to Public

Schedule D (Form 990) 2019

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Employer identification number Name of the organization 52-1582214 Capitol Hill Community Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . . . . . . 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? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **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 (for example, 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 Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 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 ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) 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. 1a If the organization elected, as permitted under FASB 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. If the organization elected, as permitted under FASB 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: 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 FASB ASC 958 relating to these items: Assets included in Form 990, Part X . . . . .

REV 10/27/20 PRO

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Page	2

Part	Organizations Maintaining	Collections of A	<u>Art, Histor</u>	<u>ical I</u>	reasures,	or Ot	ner Similar Ass	sets (cont	inuea)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records	chec	k any of the	follow	ring that make sig	gnificant u	se of its
а	☐ Public exhibition		d 🗀	Loan e	or exchange	progra	am		
b	☐ Scholarly research		e □	Other					
C	☐ Preservation for future generations							••••	
4	Provide a description of the organizat		ind evoluin	how th	hev further t	he ora	anization's exem	nt nurnose	in Part
	XIII.								, iii i ai c
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							☐ No
Part									
	Complete if the organization 990, Part X, line 21.				····				orm 
1a	Is the organization an agent, trustee, included on Form 990, Part X?							t Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the follow	ving ta	able:				
							An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour					stodial	account liability?	∑ Yes	□ No
	If "Yes," explain the arrangement in Pa								
Par									
	Complete if the organization	answered "Yes"	on Form	990. F	Part IV. line	10.			
		(a) Current year	(b) Prior y		(c) Two years		(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	260,045.	259,0		259,6		259,635.	1	,435.
b	Contributions	2,000.		100.	237,	010.	10.	200	200.
		2,000.		100.		<del>   </del>			
С	Net investment earnings, gains, and losses								
d	Grants or scholarships					-	-		<del>.</del>
	Other expenditures for facilities and		-						
е	programs		•						
f	Administrative expenses								
g	End of year balance	262,045.	260,0	)45.	259,6	645.	259,645.	259	,635.
2	Provide the estimated percentage of the			ine 1g	, column (a)	) held a	as:		
а	Board designated or quasi-endowmer	nt ▶	%						
b	Permanent endowment ▶	%	••						
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2	2c should equal 10	00%.						
3a	Are there endowment funds not in the			ion tha	at are held a	and add	ministered for the	9	
-	organization by:		· g						es No
	(i) Unrelated organizations							3a(i)	×
	••							3a(ii)	×
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses	-							
Part						<del></del>			
ı aı c	Complete if the organization		on Form	99N F	Part IV line	11a :	See Form 990	Part X lin	e 10
	Description of property	_			or other basis		Accumulated	(d) Book v	
	Description of property	(a) Cost or oth			ther)		preciation	(a) BOOK V	alue
	Lond		-	,-	•				
1a	Land	•		_					<del></del>
b	Buildings	·			-	_		,	<del></del>
C	Leasehold improvements	•							<del></del>
d	Equipment	•							
<u>е</u>	Other				(0) / (1)				
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90, Part X, c	olumn	n (B), line 10d	c.)	▶		

Part VII	Investments – Other Securities.	m 000 Dort IV line	11h Con Form	000 Port V line 12
	Complete if the organization answered "Yes" on Form  (a) Description of security or category	m 990, Part IV, IIne		od of valuation
	(including name of security)	(b) BOOK Value		f-year market value
(1) Financial	derivatives			
	neld equity interests	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(3) Other				
(A)				
				<del></del>
			·	
		***************************************		
				· · · · · · · · · · · · · · · · · · ·
(G) (H)			<del></del>	
	mn (b) must equal Form 990, Part X, col (B) line 12).▶		<del>-</del>	
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on Fori	m 990, Part IV, line	11c. See Form 9	990, Part X, line 13.
	(a) Description of investment	(b) Book value		od of valuation
			Cost or end-o	f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				<u>.</u>
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) .		<del></del> -	
Part IX	Other Assets.	1		
T GIT IX	Complete if the organization answered "Yes" on Form	m 990. Part IV. line	11d. See Form	990. Part X. line 15.
	(a) Description	, <u></u>		(b) Book value
(1)				
(2)		·		
(3)				
(4)				
(5)				
(6)		·		
(7)				
(8)				
(9)	(1) 15 000 D 1 V 11 (D) (11 15)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u>.</u>	<u>P</u>	
Part X	Complete if the organization answered "Yes" on Fori	m 000 Part IV line	11e or 11f See	Form 990 Part Y
	line 25.	iii 990, Fait IV, iiile	; i ie oi i ii. See	i Oiiii 990, Fait A,
1.	(a) Description of liability		····	(b) Book value
(1) Federal ır				(2) 20011 12:00
(2)	isome taxes			
(3)	<u> </u>			<del></del>
(4)				··
(5)			<u> </u>	
(6)			-	
(7)				
(8)		···		
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		▶	
2. Liability for	r uncertain tax positions. In Part XIII, provide the text of the footnot	ote to the organization	's financial statemen	ts that reports the

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

	IIE D (Form 990) 2019				Page 4
Pari	Reconciliation of Revenue per Audited Financial State			Return.	
1	Complete if the organization answered "Yes" on Form 99  Total revenue, gains, and other support per audited financial statemen			4	CE2 164
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ı.s			653,164.
a	Net unrealized gains (losses) on investments	.   2a			
b	Donated services and use of facilities	<b>—</b>	<del></del>	1	
c	Recoveries of prior year grants	_ +		<b>                                     </b>	
ď	Other (Describe in Part XIII.)		61,855.		
e	Add lines 2a through 2d			2e	61,855.
3	Subtract line <b>2e</b> from line <b>1</b>			3	591,309.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a			
b	Other (Describe in Part XIII.)	. 4b	4,543.		
С	Add lines <b>4a</b> and <b>4b</b>			4c .	4,543.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lines and Inc.)			5	595,852.
Part	· · ·			er Retur	n.
	Complete if the organization answered "Yes" on Form 99	0, Part IV,	ine 12a.		<u> </u>
1	Total expenses and losses per audited financial statements			1	597,932.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		<b> </b>	
a	Donated services and use of facilities	<del></del>	<del></del> -		
b	Prior year adjustments				
C	Other losses		C1 055	$\{ \  \cdot \  \}$	
d	Other (Describe in Part XIII.)	<u> </u>	61,855.	2e	61,855.
е 3	Subtract line 2e from line 1			3	536,077.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· i · i		Ě	330,011.
a	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a	4,543.		
b	Other (Describe in Part XIII.)	<b>—</b>			
C	Add lines <b>4a</b> and <b>4b</b>			4c	4,543.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			5	540,620.
Part	XIII Supplemental Information.	,		<u> </u>	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a				
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provid	e any additional in	formatio	n.
			·		••••••
D+ V	, Line 2: The organization is exempt from income	. + 2 4 2 2 3	ndor Intorna	1 Porr	2010
PL A	., Line 2: The organization is exempt from income	caxes c	mder incerna	T Keve	
Code	501(c)(3) and applicable DC statutes. No provi	sion for	income taxe	S 15	
				•••••	
requ	ired at December 31, 2019, as the Organization h	ad no ne	et unrelated	busine	ess
			••••••••		
ınco	me. The Organization follows FASB ASC 740 Incom	e Taxes	the authorit	ative	
			••••		
guid	ance relating to accounting for uncertainty in i	ncome ta	xes. These	provis	sions
	***************************************	•	····		
prov	ide consistent guidance for the accounting for u	ıncertair	nty in incom	e taxe	es
reco	gnized in an entity's financial statements and p	rescribe	a threshold	of "r	nore
lıke	ly than not" for recognition and derecognition	of tax p	ositions tak	en or	
			_		
expe	cted to be taken in a tax return. The Organizat	ion perf	formed an eva	luatio	on
_		-		-	
of u	ncertain tax positions for the year ended Decemb	er 31, 2	2019, and det	ermine	ed

that there were no matters that would require recognition in the financial statements

Part XIII Supplemental Information (continued)
or which may have any effect on its tax-exempt status. As of December 31, 2019,
the statute of limitations for tax years 2016 through 2018 remains open with
federal and DC authorities
Pt XII, Line 2d: Direct expenses of fundraising events reported on the audit
as an expense rather than a reduction of revenue from those events.
Pt XII, Line 4b: Investment advisory fees reported on the audit as a reduction
of investment income.
Pt XI, Line 4b: Investment advisory fees reported on the audit as a reduction
of investment income.
Pt XI, Line 2d: Direct expenses of fundraising events reported on the audit
as an expense rather than a reduction of revenue from those events.
·

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

Department of the Treasury

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

nternal Neverlue Service	- Go to www.iis.govi	ronnisso ioi i	isti uctions a	no the latest informa		Inspection
Name of the organization					Employer identific	ation number
Capitol Hill Community I					52-1582214	
Part I Fundraising Activities Form 990-EZ filers at				ered "Yes" on	Form 990, Part IV,	line 17.
1 Indicate whether the organiz				wing activities. C	Check all that apply.	<del></del>
a  Mail solicitations				on of non-govern		
b Internet and email solicit	ations	_		on of governmen	•	
c  Phone solicitations				undraising event	-	
d  In-person solicitations			,	3		
2a Did the organization have a	written or oral agree	ement with	any individ	ual (including off	icers, directors, trust	ees.
or key employees listed in Fe	orm 990, Part VII) o	r entity in co	onnection v	with professional	fundraising services?	Yes 🗌 No
b If "Yes," list the 10 highest p						
compensated at least \$5,000			, .	J		
·						
(i).Name and address of individual or entity (fundraiser)	(ti) Activity	custody o	draiser have r control of outions?	-(IV) Gross receipts- from activity	(v) Amount paid to (or-retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	-		
		162	140	{		
1						
		<del> </del>				
2						
3		<del> </del>			<del></del>	_
3						
4						
•						
5						
6						
						-
7						
		_	_			
8						
						-
9						
	<del></del>	-	-			
10						
		1	<u> </u>			
Total <u></u>						
3 List all states in which the o	rganization is regis	tered or lic	ensed to s	olicit contribution	ns or has been notific	ed it is exempt from
registration or licensing.	ngamzation is regis	nereu or no	enseu to s		is of flas boot flotting	od it io oxompt from

		gross receipts greater that	(a) Event #1 Community awards dinner	(b) Event #2 Fall dinner	(c) Other events NONE	(d) Total events (add col (a) through
.			(event type)	(event type)	(total number)	col. <b>(c)</b> )
enuaceu	1	Gross receipts	175,013.	51,460.		226,473.
۱ ٔ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	175,013.	51,460.		226,473.
	4	Cash prizes	_			
_	5	Noncash prizes				
200	6	Rent/facility costs	8,681.	1,990.		10,671.
חופכו באחפוואפא	7	Food and beverages	39,834.	4,329.		44,163.
֓֞֟֟֟֟֟֟֟֟֟֟	8	Entertainment				
	9	Other direct expenses .	3,050.	3,971.		7,021.
	10	Direct expense summary. Add				61,855.
	11	Net income summary. Subtra	ct line 10 from line 3, co	olumn (d)	<b>▶</b>	164,618.
а			ct line 10 from line 3, co e organization answe	olumn (d)	<b>▶</b>	164,618.
	11	Net income summary. Subtra Gaming. Complete if the	ct line 10 from line 3, co e organization answe	olumn (d)	<b>▶</b>	164,618.
	11	Net income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-EZ	ct line 10 from line 3, co e organization answe /, line 6a.	red "Yes" on Form 9	▶   990, Part IV, line 19, c	164,618. or reported more that  (d) Total gaming (add
2010001	11	Net income summary. Subtra Gaming. Complete if the	ct line 10 from line 3, co e organization answe /, line 6a.	red "Yes" on Form 9	▶   990, Part IV, line 19, c	164,618. or reported more that  (d) Total gaming (add
ises neveline	11	Net income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	ct line 10 from line 3, co e organization answe /, line 6a.	red "Yes" on Form 9	▶   990, Part IV, line 19, c	164,618. or reported more that  (d) Total gaming (add
ises neveline	1 2	Net income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	ct line 10 from line 3, co e organization answe /, line 6a.	red "Yes" on Form 9	▶   990, Part IV, line 19, c	164,618. or reported more that  (d) Total gaming (add
	1 2 3	Net income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue  Cash prizes  Noncash prizes	ct line 10 from line 3, co e organization answe /, line 6a.	red "Yes" on Form 9	▶   990, Part IV, line 19, c	164,618. or reported more that  (d) Total gaming (add
laca i reveilac	1 2 3 4	Met income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	ct line 10 from line 3, co e organization answe /, line 6a.	red "Yes" on Form 9	▶   990, Part IV, line 19, c	164,618. or reported more that  (d) Total gaming (add
laca i reveilac	1 2 3 4 5	Met income summary. Subtra  Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue	ct line 10 from line 3, cd organization answer., line 6a.  (a) Bingo	olumn (d) red "Yes" on Form 9  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming	164,618. or reported more that  (d) Total gaming (add
laca i reveilac	1 2 3 4 5	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue  Cash prizes  Noncash prizes  Other direct expenses .  Volunteer labor	ct line 10 from line 3, core organization answer. line 6a.  (a) Bingo  Yes % No	Dlumn (d)	(c) Other gaming  Yes%  No	164,618. or reported more that  (d) Total gaming (add
laca i reveilac	1 2 3 4 5 6 7 8	Gaming. Complete if the \$15,000 on Form 990-EZ  Gross revenue  Cash prizes  Noncash prizes  Other direct expenses  Volunteer labor  Direct expense summary. Add	ct line 10 from line 3, cd organization answer. line 6a.  (a) Bingo  Yes % No  d lines 2 through 5 in cd.	olumn (d)	▶	164,618. or reported more that  (d) Total gaming (add col (a) through col (c))

b If "Yes," explain:

ule G (Form 990 or 990-EZ) 2019	Page 3
Does the organization conduct gaming activities with nonmembers?	No
Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	] No
	<u>%</u>
	<u>%</u>
Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name ►	
Address ▶	<b>-</b>
Does the organization have a contract with a third party from whom the organization receives gaming revenue?	] No
amount of gaming revenue retained by the third party ▶ \$	
If "Yes," enter name and address of the third party:	
Name ▶	
Address ▶	
Gaming manager information.	
Name ▶	
Gaming manager compensation ▶ \$	
Don't believe at any transported N	
Description of services provided ▶	
□ Director/officer □ Employee □ Independent contractor	
☐ Director/officer ☐ Employee ☐ Independent contractor	
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
□ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	] No
	formed to administer charitable gaming?   Yes   Indicate the percentage of gaming activity conducted in: The organization's facility   13a   An outside facility   13b   Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name   Address   Addre

SCHEDULEI (Form 990)

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	2019.	pen to Public Inspection
OME	160	ope I

Employer identification number 52-1582214 General Information on Grants and Assistance Capitol Hill Community Foundation Department of the Treasury Internal Revenue Service Name of the organization Part I

<b>№</b>	Form 990,
X Yes	res" on
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, and</li> <li>the selection criteria used to award the grants or assistance?</li> <li></li></ul>	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash assistance (b) ENV, appraisal, noncash assistance or oovernment	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
er Sch PTA on DC 20002	52-1476472		9,500.		(harr)		Prog support
<del> </del>	20-5150809		12,000.				Prog support
	52-1944180		10,000.				Prog support
	54-1534910		7,200.				Prog support
<del></del>	81-4586740		31,964.				Prog support
(6) Ellot-Hine Middle Sch PTO 1830 Constitution Ave NE Washington DC 20002 46-	46-3739410		10,900.				Prog support
(7) Everyone Home DC 415 - 2nd St. NE, 3d fl Mashington DC 20002 52-0	52-0853501		19,500.				Prog support
	45-5306104		5,700.				Prog support
	27-1832760		6,801.				Prog support
	52-2125232		12,500.				Prog support
	47-5568358		14,550.				Prog support
(12) See Statement			76,800.				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(c)(3) and gove	srnment organiza	tions listed in the l	ine 1 table			<b>A</b>

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

Schedule I (Fc	Schedule I (Form 990) (2019)					Page 2
Part III	<b>Grants and Other Assistance to Domestic Individuals.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	nestic Individua space is needed.	<b>ls.</b> Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(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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Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	he information re	equired in Part I, lin	e 2; Part III, column	(b); and any other additi	onal information.
Pt I Li	Line 2: The Board of Directors I	monitors the	use of grant	funds by visiting	ıng	
⊢	Line 2: programs which use the funds	and	so by reviewin	also by reviewing reports from		
Pt I L	Line 2: grant recipients on the	use of funds.	The	Foundation maintains		
Pt I L	Line 2: ongoing relationships with the	b	rantees in order to	to be aware of	the	
Pt I L	Line 2: strengths and weaknesses	of the	programs and to be	e alert to ways	Ø	
Pt I L	Line 2: in which the Foundation can be helpful to them	can be help	ful to them.			
BAA		REV 10/27/20 PRO	ડ			Schedule I (Form 990) (2019)

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

# Supplemental Information to Form 990 or 990-EZ

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

2019

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Capitol Hill Community Foundation	52-1582214
Pt VI, Line 2: The organization's president's son-in-law is a mer	
Board	
Pt VI, Line 8b: The organization documents actions of committees	through minutes
of meetings of the board.	
Pt VI, Line 11b: A copy of the 990 is provided to the organization	on's executive
committee prior to filing.	on o chooselve
Pt VI, Line 19: These documents are made available in response to	written requests.
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