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2019

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2019, or tax year beginning 01-01-20)19 , aı	nd er	nding 12-31-		
		INDITION F PLAZA WEST COMMUNITY CENTER ASSOCIATION				entification numbe	er
					20-3735975		
		d street (or P O box number if mail is not delivered to street address) FTON ST NW) Room/suite		B Telephone nu	mber (see instructio	ns)
					(202) 332-1151	-	
		n, state or province, country, and ZIP or foreign postal code DN, DC 20009			C If exemption	application is pendir	ng, check here
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check h	ere
		☐ Final return ☐ Amended return				ganizations meeting k here and attach co	
		Address change Name change					· -
	,	pe of organization Section 501(c)(3) exempt private				indation status was n 507(b)(1)(A), che	
		n 4947(a)(1) nonexempt charitable trust					
of '	year (f	xet value of all assets at end from Part II, col (c), ▶\$ 357,038 J Accounting method □ Other (specify) (Part I, column (d) must	Cash Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), che	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	02.454				
		schedule)	82,461				
	2	Check ► ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	6,448		6,448		
	4	Dividends and interest from securities					
Revenue	5a	Gross rents					
	ь	Net rental income or (loss)	-				
	6a	Net gain or (loss) from sale of assets not on line 10					
	b	Gross sales price for all assets on line 6a	-		0		
	7 8	Capital gain net income (from Part IV, line 2) Net short-term capital gain			0		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold	1				
	c	Gross profit or (loss) (attach schedule)	0				
	11	Other income (attach schedule)	0				
	12	Total. Add lines 1 through 11	88,909		6,448		
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages	66,225				66,22
es	15	Pension plans, employee benefits					
ens Sue	16a	Legal fees (attach schedule)	0				
Operating and Administrative Expenses	Ь	Accounting fees (attach schedule)	1,650				
Je F	C	Other professional fees (attach schedule)	0				
a a	17	Interest					
<u> </u>	18	Taxes (attach schedule) (see instructions)	0				
≣	19	Depreciation (attach schedule) and depletion	0	<u> </u>			
₽Ġ	20	Occupancy					
פ	21	Printing and publications					
е Б	23	Other expenses (attach schedule)	27,753				25,00
E .	24	Total operating and administrative expenses.					
ě		Add lines 13 through 23	95,628		0		91,23
5	25	Contributions, gifts, grants paid	11,770	-			11,77
	26	Total expenses and disbursements. Add lines 24 and 25	107,398		0		103,00
	27	Subtract line 26 from line 12	137,330		0		105,00
	a	Excess of revenue over expenses and					
	ь	disbursements Net investment income (if negative, enter -0-)	-18,489		C 440		
	b	Adjusted net income (if negative, enter -0-)			6,448		
or		work Reduction Act Notice, see instructions.	<u> </u>	Щ,	Cat No. 11289	/ 50	rm 990-PF (2019

358,706

5,549

5.549

353,157

353,157

358,706

357,038

22,356

22,356

334,682

334,682

357,038

1

2

3

4

5

6

353,157

-18,489

334,682

334,682 Form **990-PF** (2019)

14

357,038

Accete	
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8 9

10a

11

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19 20

21 22

23

24

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26

28

30

Part III

2

Liabilities

Balances

Fund

ŏ

Assets 27

Net 29

b c

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶ ____

Total assets (to be completed by all filers—see the

Foundations that follow FASB ASC 958, check here ▶

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Net assets with donor restrictions

Other assets (describe > _

Other liabilities (describe -

Grants payable

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗀

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg, and equipment fund

Less accumulated depreciation (attach schedule) ▶

Other notes and loans receivable (attach schedule)

orm 9	990-PF (2019)						Page 3
Part	IV Capital Gains and I	Losses for Tax on Invest	ment Income				
		kınd(s) of property sold (e g , ı ıse, or common stock, 200 shs	(b) How acquire P—Purchas D—Donatio	e D.	(c) ate acquired no , day, yr)	(d) Date sold (mo , day, yr)	
1 a	1						
					_		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain o	h) r (loss)) minus (g)
a							
b							
С							
d							
е							
	Complete only for assets show	ring gain in column (h) and own	<u> </u>		_	(Col. (I	l) h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) l (ʒ), ıf any	c	ol (k), but not	less than -0-) or om col (h))
a							
b							
С							
d							
е							
2	Capital gain net income or (n		If gain, also enter in F If (loss), enter -0- in I		} 2		
3	Net short-term capital gain o	r (loss) as defined in sections 1	222(5) and (6)				
	If gain, also enter in Part I, li in Part I, line 8	ne 8, column (c) (see instruction	ons) If (loss), enter -0)- 	} _ 3		
Des	·V Ouglification Undo	" Costion 4040/s) for Do	duced Toy on Not	Tarractare	, - T		
Par	-	r Section 4940(e) for Re				<u>e</u>	
FOF O	ptional use by domestic private	foundations subject to the sec	tion 4940(a) tax on ne	et investment ir	icome)		
f sect	ion 4940(d)(2) applies, leave t	hıs part blank					
		tion 4942 tax on the distributation lifty under section 4940(e). Do			rıod?	☐ Y€	es 🔽 No
		ın each column for each year,			ntries		
	(a) se period years Calendar (or tax year beginning in) Ad	(b) djusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(col	(d) Distribution rati I (b) divided by co	

33,168

15,850

13,763

19,099

40,760

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

256,508

200,182

210,225

215,668

206,867

2

3

4

5

6

7

8

0 129306

0 079178

0 065468

0 088557

0 197035

0 559544

0 111909

363,154

40,640

40,704

103,002

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64

2018

2017

2016

2015

2014

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

7 Add lines 5 and 6 .

instructions

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly, any voter registration drive?. (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children on animals?. (5) Provide for any purpose other than religious, chanitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children on animals?. (6) Provide for any purpose other than religious, chanitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children on animals?. (7) If any answer is "Yes" to \$413 (-15), did any of the transactions fall to qualify under the exceptions described Regulations section \$3.4945 or in a current notice regarding disaster assistance? See instructions. (8) If the answer is "Yes" to question \$54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?. (9) If "Yes," attach the statement required by Regulations section \$3.4945-5(a)\$ (9) Of the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. (1) If "Yes", did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. (1) If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? (2) It is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? (1) The production of the payment during the year? (1) The production of the payment during the year? (2) Compensation (If any Contractors) (3) Name and address of each employee paid hours per week devoted to position (C) Compensation. (3) Name and address of each employee paid more than \$50,000 in termination and the production				Г	age (
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to \$4(1) (-15), did any of the transactions fail to qualify under the exceptions described Regulations section \$3.4945 or in a current notice regarding disaster assistance See instructions. C If the answer is "Yes" to question \$5.4(4), coses the foundation diam exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section \$3.4945–5(d) 6 Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" of b, file Form 8870 Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" of b, file Form 8870 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. See instruction (d) Contribute employee benefit devoted to position VETE STEPHENS ORGANDATE INSCRIPTION STIMM AND TO STI	ntınued))			
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b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	1 5	<u> </u>			
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors List all officers, directors, trustees, foundation managers and their compensation. See instructions (b) Title, and average hours per week devoted to position (c) Compensation (If not paid, enter deferred compensation (d) Contributing (d) Contributing (effect of paid) (d) Contributing (effect of paid) (effect of	Yes ⊻	✓ No	6ь		No
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors List all officers, directors, trustees, foundation managers and their compensation. See instructions (a) Name and address (b) Title, and average hours per week devoted to position (a) Name and address PRESIDENT ONASHINGTON, DC 20009 WASHINGTON, DC 20009 WASHINGTON, DC 20015 WEGINA BAZEMORE TREASURER ONASHINGTON, DC 20009 CHONA BRAVANTE 100 COMMUNITY MEMBER ONASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW WAPT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW WAPT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW WAPT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW WAPT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW WAPT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW WAPT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW WAPT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW WAPT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW WAPT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW WAPT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW WAPT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW APT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW APT 6 MASHINGTON, DC 20009 CHONA BRAVANTE 1350 CLIFTON ST NW APT 6 MASHINGTON DC 20009 CHONA BRAVANTE 100 COMMUNITY MEMBER 101 102 COMPENSATION COMPEN			05		110
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		Fr	orm 99	0-PF ((2019

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation
NONE
Total number of others receiving over \$50,000 for professional services
Part IX-A Summary of Direct Charitable Activities
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.
1 PROVIDE COMPUTER RESOURCES, COMMUNITY ACTIVITIES, AND EDUCATIONAL AND SOCIAL SERVICES TO THE TENANTS OF FAIRCLIFF PLAZA WEST APARTMENTS 91,23
2
3
4
Part IX-B Summary of Program-Related Investments (see instructions)
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount
1
All other program-related investments. See instructions
3
Total. Add lines 1 through 3

2

3a 3h

4

5

103.002

102,938

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64

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

3

4

5

Page 9

18,094

18,094

Form **990-PF** (2019)

Part XIII	Ur

Form 990-PF (20	019)
Part XIII	Undistributed Income (see instructions)

b Total for prior years

From 2014.

b From 2015. **c** From 2016.

e From 2018.

d From 2017. . . .

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

5 Excess distributions carryover applied to 2019

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

b Excess from 2016. .

d Excess from 2018. .

e Excess from 2019. .

c Excess from 2017. . . .

same amount must be shown in column (a))

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

30,419 8,318

3.254

5,842 33,168

> 8,318 3,254

> 5.842

33.168

103.002

(a)

Corpus

81.001

103.002

18,094

165,909

12,325

153,584

(b)

Years prior to 2018

(c)

2018

nter gros	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Prograi	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
						
f						
2 Member	and contracts from government agencies ership dues and assessments st on savings and temporary cash					
ınvestr	ments			14	6,448	
5 Net re	nds and interest from securities					
	-financed property					
	debt-financed property					
	investment income					
	r (loss) from sales of assets other than					
	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
d						
		1				
е	ral Add columns (h) (d) and (e)				6.448	
e	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	6,448 3	
e 2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			6,448 	
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Form 990-PF (2019)	
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	table
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501	

Part XVI.	Exempt Organi	zations							
Did the o	rganization directly or in r than section 501(c)(3)	directly engage in	any of the f in section 52	following with any 27, relating to poli	other organization	on described in section 5 s?	01	Yes	No
	from the reporting foun								
(1) Cash	h						1a(1)		No
(2) Othe	er assets						1a(2)		No
b Other tra	nsactions								
(1) Sale	es of assets to a nonchari	table exempt orga	anization				1b(1)		No
	thases of assets from a n						1b(2)		No
	tal of facilities, equipmer	•					1b(3)	 	No
	nbursement arrangemen						1b(4)		No
	ns or loan guarantees.						1b(5)		No
	rmance of services or m						1b(6)		No
-	of facilities, equipment, n swer to any of the above	-					1c		No
of the go	ods, other assets, or ser ansaction or sharing arra (b) Amount involved	vices given by the	reporting fo column (d)	oundation If the for the value of the	oundation receive goods, other asse	d less than fair market v	/alue	ngemen	ts
						·			
	undation directly or indire						☑ No		
	in section 501(c) (other complete the following so		(c)(3)) or in	section 52//.		⊔ Yes	I ▼ I NO		
D II 165, 1	(a) Name of organization		(b)	Type of organization	n I	(c) Description of re	lationship		
	, , , , ,		, ,	,, ,		, , , ,			
of r whi	der penalties of perjury, ny knowledge and belief ich preparer has any kno	, it is true, correct							
Sign Here	*****		;	2020-06-26	*****	re	ay the IRS d turn th the prepa		
	Signature of officer or t	rustee		Date	Title		elow ee instr)	Yes 🗆] No
	Print/Type preparer's	Print/Type preparer's name Prepa		eparer's Signature		Check if self-	P0162	2353	
Paid	ROBERT E LANE			2020-06-26 employ				-	
Prepare Use Only	y	& Company CPAs				Firm	's EIN ▶		
		17 Pennsylvania A ashington, DC 200		Suite 4		Phor	e no (202) 463-6	5500
	1					1			

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TY 2019 Accounting Fees Schedule								
Name: FAIRCLIFF PLAZA WEST COMMUNITY CENTER ASSOCIATION								
	EIN: 20-3735975							
Catalana			Not Tourseton out	A discrete d North	Diah			
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable			
					Purposes			
LANE & COMPANY ACCOUNTING		1,650						

SERVICES

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TY 2019 Other Expenses Sche	dule							
Name: FAIRCLIFF PLAZA WEST COMMUNITY CENTER ASSOCIATION								
EIN: 20-3735975								
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
COMMUNITY PROGRAMS	25,007			25,007				
INSURANCE	1,414							
OFFICE EXPENSES	1,332							

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491178013080		
TY 2019 Other Increases Schedule					
Name: FAIRCLIFF PLAZA WEST COMMUNITY CENTER ASSOCIATION					
EIN:	20-3735975				
Description		Amount			

PRIOR PERIOD ADJUSTMENT

efile GRAPHIC print - I	DO NOT PROCESS	As Filed Data -				DLN: 93491178013080	
Schedule B		Schedu	le of Contributor	'S		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990-F <u>v/Form990</u> for the latest in			2019	
Name of the organization FAIRCLIFF PLAZA WEST		ASSOCIATION			Employer id	entification number	
					20-3735975		
Organization type (che	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	ganization				
	☐ 4947(a)(²	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 527 politi	☐ 527 political organization					
Form 990-PF	✓ 501(c)(3)	√ 501(c)(3) exempt private foundation					
	4947(a)(^	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3)	501(c)(3) taxable private foundation					
			F that received, during thomplete Parts I and II Se				
Special Rules							
under sections a received from a	509(a)(1) and 170(b)	(1)(A)(vı), that chec urıng the year, tota	Form 990 or 990-EZ that cked Schedule A (Form 9 I contributions of the grea plete Parts I and II	90 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that	
during the year,	total contributions of	more than \$1,000	or (10) filing Form 990 or exclusively for religious, animals Complete Parts	charitable, scient			
during the year, If this box is che purpose Don't o	contributions exclus ecked, enter here the complete any of the p	ively for religious, or total contributions parts unless the Ge	or (10) filing Form 990 or charitable, etc , purposes, that were received during neral Rule applies to this or more during the year.	but no such cont the year for an e organization bed	tributions total exclusively rel cause it receiv	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>	
990-EZ, or 990-PF), bu	t it must answer "No	" on Part IV, line 2,	e and/or the Special Rule of its Form 990, or check et the filing requirements	the box on line h	H of its Form 9	m 990, 990-EZ	
For Paperwork Reduction for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2019)	

Employer identification number 20-3735975

Part I Contributors	Contributors (see instructions) Use duplicate copies of Part I if additional contributors	cional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	FPW PARTNERS LLC		✓ Person
1	5101 WISCONSIN AVE NW STE 410		☐ Payroll
		\$ 82,461	─ Noncash
	WASHINGTON, DC 20016		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, audiess, and ZIF + 4	Total Contributions	Person
-			
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions)
		Cabadula D /Fa	000 000 E7 000 DE\ /0040

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4		
	me of organization IRCLIFF PLAZA WEST COMMUNITY CENTER ASSOCIATION			Employer identification number		
Part III	than \$1,000 for the year from any one cont	ributor. Complete total of exclusive instructions.) ►	columns (a) thr ely religious, cha	20-3735975 ed in section 501(c)(7), (8), or (10) that total more ough (e) and the following line entry. For ritable, etc., contributions of \$1,000 or less for		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, address, and 2		ransfer of gift Re	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of Transferee's name, address, and ZIP 4		•	gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee					
	(e) Transfer of gift					