Preparer

Use Only

Firm's name MARCUM LLP

Firm's address  $\triangleright$  1899 L STREET,

orm-	990	

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made publicated Oceanment of the Treasury ► Go to www.irs gov/Form990 for instructions and the latest information Inspection A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018 C Name of organization D Employer identification number Check if DISTRICT OF COLUMBIA COLLEGE ACCESS X Address PROGRAM Name change 52-2132835 Doing business as Initial Room/suite Number and street (or P 0 box if mail is not delivered to street address) E Telephone number Final 1425 K STREET, NW 200 (202)783-7933 37,070,580. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende WASHINGTON, DC 20005 H(a) Is this a group return F Name and address of principal officer ARGELIA RODRIGUEZ for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status. X 501(c)(3) ) ◀ (insert no ) If "No," attach a list (see instructions) J Website. > WWW.DCCAP.ORG H(c) Group exemption number Form of organization X Corporation Trust Association Year of formation 1998 M State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities TO ENCOURAGE AND ENABLE DISTRICT OF COLUMBIA STUDENTS TO ATTEND AND GRADUATE FROM COLLEGE. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 24 Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) 4 69 Total number of individuals employed in calendar year 2017 (Part V, line 2 5 25 Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,267. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 815. 3,000,607. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 9 <u>1869.</u> 10,676,157. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 991. -387,884. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 693. 13,288,880. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 499. 2,782,895. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 210. 3,516 795. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10) 180. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 584,798. b Total fundraising expenses (Part IX, column (D), line 25) 2,059,194 2,658,349. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,958,039. 7,157,083. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,382,610 4,330,841. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year Total assets (Part X, line 16) .395,055. 96,508,635. 528,995. 679.342. 21 Total liabilities (Part X, line 26) 90,866,060. 95,829,293. Net assets or fund balances, Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer other than officer) is based on all information of which preparer has any knowledge **Ø** Signature of officer Sign PINKIE DENT MAYFIELD TREASURER Here Type or print name and title Date Print/Type preparer's name PTIN reparer's signature P00639053 Paid FRANK H. SMITH

SUITE 850

NW,

LHA For Paperwork Reduction Act Notice, see the separate instructions.

WASHINGTON, DC 20036

May the IRS discuss this return with the preparer shown above? (see instructions)

11-1986323

227-4000 X Yes No

Form 990 (2017)

Firm's EIN ▶

Phone no (202)

	n 990 (2017) PROGRAM	52-2132835	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	•	
		<u> </u>	
1	Briefly describe the organization's mission	D \ DD T143 D14	
	THE DISTRICT OF COLUMBIA COLLEGE ACCESS PROGRAM'S (DC-CA		
	PURPOSE IS TO ENCOURAGE AND ENABLE DISTRICT OF COLUMBIA	STUDENTS TO	
	ATTEND AND GRADUATE COLLEGE.		
	· · · · · · · · · · · · · · · · · · ·		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			X No
	prior Form 990 or 990-EZ?	LJ Yes	I I NO
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O	,	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	o, the total expenses, a	
	E 446 00F		
4a			,
	COUNSELING: DC-CAP PROVIDED COLLEGE COUNSELING SERVICES		
	HIGH SCHOOL STUDENTS IN THE DISTRICT OF COLUMBIA PUBLIC		М
	IN FY 2018. SERVICES INCLUDED MOTIVATING STUDENTS TO PRE		
	GAIN ACCEPTANCE, AND GRADUATE FROM COLLEGE, DC-CAP COUNS	ELORS ALSO	
	ASSIST WITH THE FINANCIAL AID PROCESS BY IDENTIFYING SCHOOL	OLARSHIPS AN	Ď
	OTHER FUNDING SOURCES TO CREATE A FINANCIAL AID PACKAGE	FOR EACH	
	STUDENT. FURTHER, DC-CAP SERVED OVER 7,000 COLLEGE STUDE		18.
	SERVICES INCLUDED ASSISTING STUDENTS IN IDENTIFYING AND		
	ON-CAMPUS STUDENT SUPPORT SERVICES, MONITORING AND EVALUA		
			<u>.1C</u>
	PROGRESS TO ENSURE STUDENTS REMAIN IN GOOD ACADEMIC STANI		
	PROVIDING A SUPPORTIVE ENVIRONMENT FOR STUDENTS AND PAREL		<u>ss</u>
	ACADEMIC, FINANCIAL AND OTHER COLLEGE-RELATED ISSUES THAT		
4b	(Code) (Expenses \$2, 184, 803. Including grants of \$2, 184, 803. ) (Revenue		)
	SCHOLARSHIP AWARDS: DC-CAP PROVIDED STUDENTS WITH "LAST I	OLLAR" AWAR	DS
	AND NAMED SCHOLARSHIPS WHICH BRIDGE THE GAP BETWEEN FINAL	NCIAL PACKAG	ES.
	THE FAMILY CONTRIBUTION, AND COLLEGE TUITION COSTS. ANNUA		
	DISBURSEMENTS OF THESE AWARDS WERE MADE TO COINCIDE WITH		
	YEAR. THE FIRST DISBURSEMENTS WERE MADE DURING THE FALL S		<u>n</u>
	THE SECOND DISBURSEMENTS DURING THE SPRING SEMESTER. STU		
			KE_
	ELIGIBLE RECEIVED A MAXIMUM OF \$2,000 FOR THE "LAST DOLLA	AR" AWARD.	
		<u> </u>	
4c	(Code) (Expenses \$	ue \$	<u> </u>
		,	
		<del></del>	
4d	Other program services (Describe in Schedule O )		
	(Expenses S including grants of S ) (Revenue S	)	
4e	Total program service expenses ► 7,631,690.		
		Form 9	90 (2017)

PROGRAM Part IV Checklist of Required Schedules 52-2132835 Page **3** 

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ĺ	ľ
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
• •	as applicable			
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	х	
h	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		Х
_	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		X
А	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			
٠	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-116	<u></u> -	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>- '''</del> -		
124		120	$_{\rm X}$	
<b>L</b>	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	<del>^</del>	
U		12b		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	a		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
		14b	- 1	Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170	<del>-  </del>	
15		45		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		1.	[	Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	$\dashv$	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
10	column (A), lines 6 and 11e <sup>7</sup> If "Yes," complete Schedule G, Part I	17		- 71
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	,	, l	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			v
	complete Schedule G. Part III	19	<u>000</u> "	X
		Form	9 <b>9U</b> ()	2017)

Form 990 (2017) PROGRAM

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
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 27 If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	
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		ĺ	ĺ
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		J	v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1 1	- }	v
<b>.</b> .	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		Х
37	If "Yes," complete Schedule R, Part V, line 2	36		Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11b and 19?	37		
,0	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Tractor with outstanding and regulated to complete outlegate of		990 (	20171
		. 01111	(	' ' ' ' '

Form	990 (2017) PROGRAM 52-2132	835	F	age \$
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	_		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 47	<b>翻</b>		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	整建	Jer all	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		502	
	(gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	響落		
	filed for the calendar year ending with or within the year covered by this return 2a 69			1160
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	200		<b>3</b> /40
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	↓
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		ļ	]
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Lange-Street Street	X
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)	34.25		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	<u> </u>	↓
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	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	5-77,200	7000
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	X	├
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b_	X	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	- 1	
	to file Form 8282?	7c	\$100000	X  ₹@#
d	If "Yes," indicate the number of Forms 8282 filed during the year	~~~~	24237	تنسنت
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
g	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	253	2000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			23.00
	sponsoring organization have excess business holdings at any time during the year?	8		35-50
9	Sponsoring organizations maintaining donor advised funds.		20. C.	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├─
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	777	30.00
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			多邊
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			0.2
11	Section 501(c)(12) organizations. Enter	( 25 m)		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
Ü	amounts due or received from them)			200
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	RIV.	# 75%F
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	70, 70, 6	5 30
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		密播	KAN T
	Is the organization licensed to issue qualified health plans in more than one state?	13a	44 14.2	· + 28
а	Note. See the instructions for additional information the organization must report on Schedule O	, 37 (	5°,5° 3	\$
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
, b	organization is licensed to issue qualified health plans		据许多	
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	3984 - E 10 10 10 10 10 10 10 10 10 10 10 10 10	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		140		

PROGRAM

52-2132835

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Part VI; Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24	. E.		180							
	If there are material differences in voting rights among members of the governing body, or if the governing			1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24	N. S.									
2	<u> </u>												
	officer, director, trustee, or key employee?												
3													
_	of officers, directors, or trustees, or key employees to a management company or other person?												
4													
5													
6													
	5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or												
10	more members of the governing body?	point one of		7a		x							
h		ockholdere	Or.	10		<del>                                     </del>							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	JCKI IOIGEIS,	OI .	76		x							
_	persons other than the governing body?	. b., the faller		7b									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the rollov	virig.		X	444							
a	The governing body?			8a	X								
b	Each committee with authority to act on behalf of the governing body?			_8b		<b>-</b>							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the				.,							
<u></u>	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		<u> </u>							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code	J		r 1	г <del></del>							
					Yes	No							
	Did the organization have local chapters, branches, or affiliates?		-,	10a		_X_							
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affilia	ates,			1							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<del> </del>							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing	g the form?	11a	X	Y CARS A. JA							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u>TW</u>									
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	<b></b>							
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	to conflicts?		12b	_X	<u> </u>							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es," describ	e										
	ın Schedule O how this was done			12c	Х	<b></b>							
13	Did the organization have a written whistleblower policy?			13	Х	<b></b>							
14	Did the organization have a written document retention and destruction policy?			14		X							
15	Did the process for determining compensation of the following persons include a review and approval	by indepen	dent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			20.00		<b>沙</b>							
а	The organization's CEO, Executive Director, or top management official			15a	Х	L							
b	Other officers or key employees of the organization			15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			100 m	( 1.79 <del>/ /</del> / / / / / / / / / / / / / / / / /								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a		15.00g									
	taxable entity during the year?			16a		X							
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ts particip	ation	£, ~ 60		1.4.0							
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	• .		<b>3</b>									
	exempt status with respect to such arrangements?		,	16b	******	********							
Sec	tion C. Disclosure			1									
17	List the states with which a copy of this Form 990 is required to be filed NONE		-										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (	Section 50	1(c)(3)s only) av	/ailahle									
	for public inspection. Indicate how you made these available. Check all that apply	00011011 00	r(o)(o)s omy) av	unabic									
	X Own website Another's website X Upon request Other (explain)	,a Cabadiila	. (1)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf		•	financ:	al								
13		not of intere	sac policy, and	manci	αI								
20	statements available to the public during the tax year	احمد م،	rdo 🕨	•									
20	State the name, address, and telephone number of the person who possesses the organization's book	s and reco	us 🚩		_	—							
	ARGELIA RODRIGUEZ - (202) 783-7933  1425 K STREET, NW, NO. 200, WASHINGTON, DC 20005												
				r	990	(2042)							
/32006	11-28-17			Form	990 (	(2017)							

52-2132835

7 ane

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	nıza	tion	con	nper	ısat	ed any current officer, d	rector, or trustee	
(A)	(B)	l			C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior more	ใ than ∈	one	Reportable	Reportable	Estimated
	hours per	box	, unie:	ss per	rson i	sboti or/trus	n an	compensation	compensation	amount of
	week	-	T		l	1	T	from	from related	other
	(list any hours for	or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	6 0.0	stee			salec		(W-2/1099-MISC)	(** 27 1000 (***)000)	organization
	organizations	Individual trustee	Institutional trustee		a A	ag w	i	(** = , ********************************		and related
	below	lenpı	utton	er	Key employee	est co	<u> </u>			organizations
	line)	N pul	Instil	Officer	Key	Highest compensated employee	Former			
(1) TED LEONSIS	5.00									
CHAIRMAN		X		Х			L	0.	0,	0.
(2) PINKIE DENT MAYFIELD	10.00	]					ļ			
TREASURER		Х		Х				0.	0.	0.
(3) DEBBIE MARRIOTT HARRISON	1.00									
SECRETARY		X		Х				0.	0.	0.
(4) RONALD D. ABRAMSON	1.00									
DIRECTOR		Х					L	0.	0.	0.
(5) AMANDA ALEXANDER	1.00					i				
DIRECTOR		Х						0.	0.	0.
(6) PETER BICHE	1.00					İ				
DIRECTOR		Х					L.	0.	0.	0.
(7) MURIEL BOWSER .	1.00	İ								
DIRECTOR		Х	Ш				_	0.	0.	0.
(8) DAVID BRADLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KATHERINE BRADLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LEO A. BROOKS, JR.	1.00									
DIRECTOR		Х	Ш					0.	0.	0.
(11) PATRICK BUTLER	1.00									
DIRECTOR		Х					<u> </u>	0.	0.	0.
(12) CALVIN CAFRITZ	1.00									
DIRECTOR	<u></u>	Х						0.	0.	0.
(13) LAWRENCE DI RITA	1.00							1		
DIRECTOR		Х						0.	0.	0.
(14) MARK D. EIN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) RAUL J. FERNANDEZ	1.00									
DIRECTOR		Х						0.	0.	<u> </u>
(16) NICKY GOREN	1.00									
DIRECTOR - UNTIL 03/2018		Х						0.	0.	0.
(17) DONALD E. GRAHAM	1.00									
DIRECTOR	<u> </u>	Х						0.	0.	0.

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Form 990 (2017) PROGRAM									<u> 52-2132</u>	835 Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	d Hi	ghe	st Ç	ompensated Employee	s (continued)	
(A)  Name and title	(B)  Average hours per week (list any hours for related organizations	or director oct	not c unle cer ar	(( Pos heck ss pe	c) intior more rson irecto	1 than is bot	one h an stee)	(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
	below line)	Individual trustee	Institutional t	Officer	Кеу етрюуее	Highest co employee	Former			organizations
(18) ANDREW M. HERMAN DIRECTOR	1.00	x				į		0.	0.	0.
(19) ROBERT P. KOGOD	1.00									
DIRECTOR (20) ANTHONY A. LEWIS	1.00	Х	$\vdash$	<del> </del>	-	-	┝╌	0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(21) CARMEN GUZMAN LOWREY DIRECTOR	1.00	x						0.	0.	0.
(22) CHRIS NEWKIRK	1.00	<del>  ^</del>	-		H	$\vdash$	-	0.		
DIRECTOR	1200	x				]	}	0.	0.	0.
(23) COURTNEY CLARK PASTRICK DIRECTOR	1.00	х						0.	0.	0.
(24) W. RUSSELL RAMSEY DIRECTOR	1.00	х						0.	0.	0.
(25) CATHERINE B. REYNOLDS DIRECTOR	1.00	х						0.	0.	0.
(26) ANTWAN WILSON DIRECTOR - UNTIL 02/2018	1.00	х						0.	0.	0.
1b Sub-total			_				<b>&gt;</b>	0.	0.	0.
c Total from continuation sheets to Part	VII, Section A						<b></b>	595,996.	0.	28,222.
d Total (add lines 1b and 1c)							▶	<u>595,996.</u>	0.	28,222.
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	3
										Van Na

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
RUANE, CUNNIFF & GOLDFARB, INC., 767 FIFTH	INVESTMENT	
AVENUE, SUITE 4701, NEW YORK, NY 10153	MANAGEMENT	65 <u>6,</u> 672.
SORELLE GROUP		
4701 29TH PLACE, NW, WASHINGTON, DC 20008	EVENT MANAGEMENT	187,201.
BANK OF AMERICA	INVESTMENT	
100 N. TRYON STREET, CHARLOTTE, NC 28202	MANAGEMENT	172,909.
THE BRIDGESPAN GROUP, INC., 2 COPLEY	STRATEGIC PLANNING	
PLACE, SUITE 3700B, BOSTON, MA 02116	SERVICES	148,289.
RAFFA, P.C., 1899 L STREET, NW, SUITE 850,		
WASHINGTON, DC 20036 _	ACCOUNTING SERVICES	137,751.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization		•

SEE PART VII, SECTION A CONTINUATION SHEETS

PROGRAM

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1b **b** Membership dues 409,048. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 591,559 similar amounts not included above 12,669 g Noncash contributions included in lines 1a-1f \$ 000,607 h Total. Add lines 1a-1f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 802,051 802,051. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 6 a Gross rents Less rental expenses Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 33163875 assets other than inventory b Less cost or other basis 23289769 and sales expenses 9874106. c Gain or (loss) 874,106 9874106 d Net gain or (loss) 8 a Gross income from fundraising events (not 409,048. of including \$ contributions reported on line 1c) See a 104,047 Part IV. line 18 Other 491,931 b Less direct expenses -387,884 387,884 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue d All other revenue e Total. Add lines 11a-11d 13288880 0.10288273. Total revenue See instructions

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- Section 1	Fau #1(A Nollind grafield)									
Sec.	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b,	- (A)	(B)	(C)	(D) Fundraising					
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising • expenses					
1	Grants and other assistance to domestic organizations			F-2012-171-181-181	P4772 - 12753					
	and domestic governments. See Part IV, line 21	598,092.	598,092.		777 7 1 44V A					
. 2	Grants and other assistance to domestic .	•		(X (2 - 4 - 5)   3 - 5 - 5						
	individuals · See Part IV, line 22	2,184,803.	2,184,803.							
3	Grants and other assistance to foreign			37.00	3-400 C 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	organizations, foreign governments, and foreign	[ .	['	3357						
	ındıvıduals See Part IV, lines 15 and 16				A Land Corp.					
4	Benefits paid to or for members	• ,		To come to						
5	Compensation of current officers, directors,	, , .	·	. '	<i>'</i> ,					
	trustees, and key employees	524,120.	346,445.	- 16,915.	160,760.					
6 '	Compensation not included above, to disqualified	ļ`								
	persons (as defined under section 4958(f)(1)) and			, ,						
	persons described in section 4958(c)(3)(B)				•					
7	Other salaries and wages	2,338,076.	2,144,232.	74,760.	119,084.					
8	Pension plan accruals and contributions (include			·						
•	section 401(k) and 403(b) employer contributions)	37,992.	<u>*33,433.</u>	653.	3,906.					
9	Other employee benefits	387,759.	342,319.	12,159.	33,281.					
10	Payroll taxes	228,848.	199,510:	7,272.	22,066					
11	Fees for services (non-employees)	*		, ,						
а	Management 4									
p	Legal	146 425	<u> </u>	146 425	· · · · · · · · · · · · · · · · · · ·					
С.	Accounting	146,435.	, , ,	146,435.	, Jw ,					
ď	Lobbying	<u> </u>	(40) - Maria (10)		, , r ·					
e	Professional fundraising services. See Part IV, line 17	776,429.	KENNET WELL CHROSS TO SHOW	776,429.						
T	Investment management fees	170,423.	, , , , , , , , , , , , , , , , , , ,	110,429.						
g	•	· 647,335.	134,378.	500,373.	12,584.					
10	column (A) amount, list line 11g expenses on Sch 0 ) Advertising and promotion	72,082.	59.	72,023.	12,504.					
12 13	Office expenses	158,299.	. 24,158.	125,223.	8,918.					
14	Information technology	129,280.	1,749.	127,531.	0,510.					
15	Royalties *	123,200.	2,713.							
16	Occupancy	277,563.		277,563:	<u> </u>					
17	Travel ·	18,021.	13,355.	4,431.	235.					
18	Payments of travel or entertainment expenses		20,73331	, , , , ,						
	for any federal, state, or local public officials	* **	•							
19	Conferences, conventions, and meetings '	133,688.	77,030.	55,214.	1,444.					
20	Interest .	,			• • • • • • • • • • • • • • • • • • • •					
21 '	Payments to affiliates									
22	Depreciation, depletion, and amortization	51,096.		51,096.						
23	Insurance	28,616.		28,616.						
24	Other expenses Itemize expenses not covered	的學學學								
	above. (List miscellaneous expenses in line 24e If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	PROGRAM FEES & SUPPLIES	. 102,315.	99,801.	2,119.	395.					
b	LOSS ON DISP. OF ASSETS	49,402.		49,402.	•					
С	FUNDRAISING MAILINGS	45,351.		11,214.	34;137.					
á	DUES & SUBSCRIPTIONS	21,917.	1 21,243.	674.						
е	All other expenses	520.	1,411,083.	-1,598,551.	187,988.					
25	Total functional expenses Add lines 1 through 24e	8,958,039.	7,631,690.	741,551.	584,798.					
26	Joint costs. Complete this line only if the organization			. (						
٠,	reported in column (B) joint costs from a combined -		٠ ,		,					
	educational campaign and fundraising solicitation	,		,	:					
	Check here If following SOP 98-2 (ASC 958-720)	•		·	_ <del></del>					
732010	11-28-17				Form <b>990</b> (2017)					

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A)		(B)
					Beginning of year	ļ	End of year
	1	Cash - non-interest-bearing			48,061.	1	0.
	2	Savings and temporary cash investments			1,000,188.	2	403,227.
	3	Pledges and grants receivable, net			11,586,006.	3	10,645,608.
	4	Accounts receivable, net		•	0.	4	28,122.
	5	Loans and other receivables from current and fo	rmer c	fficers, directors,			
		trustees, key employees, and highest compensa	ted en	nployees Complete		1956	
	1	Part II of Schedule L			A PROPERTY WAS STRANGED AS A SALT DESTROYER	5	STANDARD SEE VALOR SEATON
	6	Loans and other receivables from other disqualit		•			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect				200	
\$		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
٩	8	Inventories for sale or use			06.054	8	107 127
	9	Prepaid expenses and deferred charges		1	86,054.	9	127,137.
	10a	Land, buildings, and equipment cost or other		165 165			
		basis Complete Part VI of Schedule D	10a	465,165. 234,674.	260,780.		220 401
	b		_10b	234,674.	78,258,986.	10c	230,491. 84,537,395.
	11	Investments - publicly traded securities	_		10,230,300.	11	04,557,595.
	12	Investments - other securities See Part IV, line 1				12	
	13	Investments - program-related See Part IV, line 1	11			13	
	14	Intangible assets		154,980.	14 15	536,655.	
	15	Other assets See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal)	al lina '	24)	91,395,055.	16	96,508,635.
	16 17	Accounts payable and accrued expenses	ıı iii e v	04)	184,893.	17	432,717.
	18	Grants payable				18	132,71,1
	19	Deferred revenue			<del>-</del>	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
	22	Loans and other payables to current and former					4132727377777777777777777777777777777777
ties		key employees, highest compensated employees					
Liabilities		Complete Part II of Schedule L	-,	, ,		22	No. of Control of Cont
֡֝֡֞֞֞֞֞֩֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֡	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, pay	/ables	to related third			
		parties, and other liabilities not included on lines					
		Schedule D			344,102.	25	246,625.
	26	Total liabilities. Add lines 17 through 25			528,995.	26	679,342.
	ı	Organizations that follow SFAS 117 (ASC 958)	, chec	k here $lackbox \qquad \widehat{f X}$ and			
υ		complete lines 27 through 29, and lines 33 and	d 34.			WOLL.	
2	27	Unrestricted net assets			63,338,488.	27	68,054,337.
ala	28	Temporarily restricted net assets			19,277,572.	28	19,524,956.
9 8	29	Permanently restricted net assets		_	8,250,000.	29	8,250,000.
盲		Organizations that do not follow SFAS 117 (AS	SC 958	3), check here 🕨 🔔			
Net Assets or Fund Balances		and complete lines 30 through 34.				<u> </u>	
ets	30	Capital stock or trust principal, or current funds			<u> </u>	30	<u> </u>
SS	31	Paid-in or capital surplus, or land, building, or equ				31	
et/	32	Retained earnings, endowment, accumulated inc	ome,	or other funds		32	05.000.000
2	33	Total net assets or fund balances			90,866,060.	_33	95,829,293.
	34_	Total liabilities and net assets/fund balances			91,395,055.	_34	96,508,635.
-							Form <b>990</b> (2017)

Рa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,28		
. 2	Total expenses (must equal Part IX, column (A), line 25)	2		8,039	
3	Revenue less expenses Subtract line 2 from line 1	3_		0,841	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	90,86		
5	Net unrealized gains (losses) on investments	5	63	2,392	<u> </u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			) <u>.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	_10	95,82	9,293	<u>}.</u>
Pa	TEXII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	 0			lo
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
b	Separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis  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 audited on a separate consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis	basıs,			
, C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c_	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	<b>3</b> 3.36		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit 👫		j. 3
	Act and OMB Circular A-133?		3a_	<u> </u>	ζ_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	}	
			Earn	990 (20)	4 71

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2017 Open to Public

Inspection

OMB No 1545-0047

Name of the organization DISTRICT OF COLUMBIA COLLEGE ACCESS Employer identification number 52-2132835 PROGRAM Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document (described on lines 1 10 organization support (see instructions) support (see instructions) Nο above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Total

Schedule A (Form 990 or 990 EZ) 2017 PROGRAM

52-2132

Page II

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

5	2-	21	3	2	8	3	5	Page 2
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J	(Complete only if you checke fails to qualify under the tests				n failed to qualify u	nder Part III If the	organization
Sec	tion A. Public Support	<u> </u>			·		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4)	13/2	1-7	-,-,-		,
	membership fees received (Do not				1		
	include any "unusual grants ")	3415538.	15505337.	2021411.	4759815.	3000607.	28702708.
2	Tax revenues levied for the organ-	,					
	ization's benefit and either paid to	•					
•	or expended on its behalf						
3	The value of services or facilities				1		
	furnished by a governmental unit to	ĺ ,				,	
	the organization without charge			•			
4	Total. Add lines 1 through 3	3415538.	15505337.	2021411.	4759815.	3000607.	28702708.
5	The portion of total contributions	K. A. G. B. C. S. C.	A V Kell			received the	
	by each person (other than a						
•	governmental unit or publicly						
	supported organization) included						1
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						16879878.
6	Public support. Subtract line 5 from line 4	1.70 m 20 m			20.40		11822830.
	tion B. Total Support	-			,		
Caler	idar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	3415538.	15505337.	2021411.	4759815.	3000607.	28702708.
8	Gross income from interest,						,
	dividends, payments received on	4	4 May			-	
	securities loans, rents, royalties,	•	_				
	and income from similar sources	887,784.	779,196.	796,428.	777;037.	802,051.	4042496.
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	<b>经图式图</b> 3					32745204.
	Gross receipts from related activities,					12	488,914.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stor						<u> </u>
	tion C. Computation of Publi			<del></del>			
14	Public support percentage for 2017 (I	ıne 6, column (f) dı	vided by line 11, co	olúmn (f))	,	14	36.11 %
	Public support percentage from 2016					15	35.03 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or me	ore, check this box	
	stop here. The organization qualifies		_				►X
	33 1/3% support test - 2016. If the				line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual						▶∟⊥
	10% -facts-and-circumstances test						
	and if the organization meets the "fac					τ vi how the organ	iization
	meets the "facts-and-circumstances"					<b>-</b>	▶ 🔲
	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		_		-		
10	Private foundation. If the organization	п ою посспеск а г	oux on line 13, 16a	a, 100, 17a, 07 17b		dule A (Form 990	

Calendar year (or fiscal year beginning in) 📂 [	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income	į	/				
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						_
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital						

Total support (Add lines 9, 10c, 11, and 12)

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

15	
16	%
17	%
18	%
	16

19a 33 1/3% support <sub>s</sub> ť	ests - 2017. If the or	rganization did not check	the box on line 14, a	and line 15 is more th	han 33 1/3%	and line 17 is not
more than 33 1/3%	check this box and	stop here. The organization	ation qualifies as a pu	ablicly supported org	ganization	

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schodul	- Δ	/Form	aar

assets (Explain in Part VI)

### Schedule A (Form 990 or 990-EZ) 2017 PROGRAM

### Part V Supporting Organizations

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

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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
  - 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.)

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ζIT, C	Supporting Organizations (continued)			
	·	Normal 2012	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)	0.24	MA	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		<u>l</u>
Sec	ction B. Type I Supporting Organizations			,
			Yes	No_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		7.	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		3.73	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	7	
2	Did the organization operate for the benefit of any supported organization other than the supported		SHEET	4
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		20 5.65	
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			<u> </u>
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	5452000	33.00	13977
	· · · · · · · · · · · · · · · · · · ·			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	14.46.00	-3775	566CA
500	the supported organization(s). tion D. All Type III Supporting Organizations	لــــــــــــــــــــــــــــــــــــــ		
360	tion B. All Type III Supporting Organizations		.,	
		N. A. S.	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	632		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	25, 24303, 6471	10 AS	36421
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<u>in an</u>	- 33
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	233 7	3 85 8 A M
3	By reason of the relationship described in (2), did the organization's supported organizations have a			366
	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		<b>300</b>	
	supported organizations played in this regard.	3		
Sec	tion 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 instructions	).		
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			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insi	tructions),		
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		1. S. A. S.	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		<i>~</i> 3	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	&CAD	(57.4)	N. P.
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		かり <b>漢</b> かな場	数符
	•	\$782.993 		變為
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		<u> </u>
•	activities but for the organization's involvement  Percent of Supported Organizations Anguer (a) and (b) below	20	PE 988	43,633
3	Parent of Supported Organizations Answer (a) and (b) below.		3, 3,3,	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	المتعددة المتعددة	<u>~~~~~</u>	
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	3.53.2	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each	-		1124.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Sch	edule A (Form 990 or 990-EZ) 2017 PROGRAM	_	· 5	2-2132835 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust o	n Nov 20, 1970 (explain in F	art VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sec	ion 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			. 4
	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	T	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınimum Asset Amount	_	(A) Prior Year	. (B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	4.5		第一篇 2 位 · 著 1 查 7 数 7
,	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		•
b	Average monthly cash balances	1b		
С.	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	135 C		
	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		
Sect	on 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	ALWIN MININ	<b>)</b>
3 '	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	16.25.16.16.16.16.16.16.16.16.16.16.16.16.16.	
4	Enter greater of line 2 or line 3	4	AND THE PROPERTY OF THE PROPER	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting organ	nization (see
	instructions)		5 5	•

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 PROGRAM 52-2132835 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (11) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 b From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D. a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount . c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3) Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016 Excess from 2017 

Schedule A (Form 990 or 990 EZ) 2017 PROGRAM 52-2132835 Page 8
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 A, THE BILL AND MELINDA GATES FOUNDATION GRANT
IN FISCAL YEAR 2017, THE BILL AND MELINDA GATES FOUNDATION GAVE DC-CAP
A \$10,000,000 GRANT AWARD, TO FUND THE WARD 7 & 8 SCHOLARS PROGRAM AND
TO INCREASE COLLEGE ACCESS, RETENTION AND GRADUATION RATES FOR STUDENTS
IN WARDS 7 AND 8 BY PROVIDING FINANCIAL AID AND WRAPAROUND SUPPORT
SERVICES FOR A COHORT OF STUDENTS STARTING IN 7TH GRADE THROUGH COLLEGE
GRADUATION.
·

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

DISTRICT OF COLUMBIA COLLEGE ACCESS

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**PROGRAM** 

Employer identification number 52-2132835

Га	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Irr		Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	-	Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	<del></del>	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certifi	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	•
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	irganization during the tax
	year▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consei	rvation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII line 1		<b>&gt;</b> \$
	(II) Assets included in Form 990 Part X		► \$ ► \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 1:	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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732051 10-09-17

Schedule D (Form 990) 2017

	edule D (Form 990) 2017 PRUGRAM		t Wistoriaal Tra		har 6	`::I-	52-21			age 2
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a signi	ificant u	use of its o	ollection	items	š
	(check all that apply)									
а	Public exhibition d Loan or exchange programs									
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's	exemp	t purpo	se in Part	XIII		
5	During the year, did the organization solicit of	r receive donations of	of art, historical treas	sures, or other sin	ıılar as	sets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of the	he organization's co	llection?		_		Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the organization	n answered "Yes	on Fo	orm 990	), Part IV, I	line 9, or		
	Is the organization an agent, trustee, custode		ion, for contribution	s or other accets	act inc	ludod				
14		an or other intermed	lary for contribution	s or other assets	iot inc	luueu	Γ-	Yes		П <sub>No</sub>
<b>L</b>	on Form 990, Part X?	and complete the fol	llovena tablo				L	_ res	L	7 140
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table					Amount		
_	Bassassa hatanaa	•				-	<u> </u>	Amount		
c	<b>5</b>					1c 1d	_	-		
u	Additions during the year									
e 4	Distributions during the year					1e 1f		-		
f 2a	Ending balance  Did the organization include an amount on Fi	orm 990 Part V line	21 for escrow or cu	istodial account li	ability'			Yes		No
	If "Yes," explain the arrangement in Part XIII	•			-		L	] 163	<u> </u>	i ''
	rt V Endowment Funds. Complete								<u> </u>	<u> </u>
	- Complete	(a) Current year	(b) Prior year	(c) Two years bad		Three \	ears back	(e) Four	vears	back
1a	Beginning of year balance	78,123,008.	71,226,143.	95,988,74			26,889.			469.
b	Contributions	348,000.							222,803.	
c	Net investment earnings, gains, and losses	11,308,548.	9,970,336.	-20,899,13						500.
ď		<u> </u>		·						
e					$\top$					
-	and programs	3,896,883. 3,398,471. 3,863,465. 2,823,252. 2,8					809	883.		
f	Administrative expenses							·		
g	End of year balance	85,882,673.	78,123,008.	71,226,14	3.	95,9	88,741.	75,326,889.		889.
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1g. column (a)	) held as		· · ·				
_ _a	Board designated or quasi-endowment	82.07	%	,						
b	Permanent endowment ▶ 9.61	%	<del>-</del>							
c		8.32 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	nd administered fo	r the c	organiza	ation			
	by								Yes	No
	(i) unrelated organizations							3a(i)		X
	(II) related organizations							3a(n)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
_4_	Describe in Part XIII the intended uses of the		wment funds							
Pa	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a S	ee Form 990, Par	t X, line	e 10				
	Description of property	(a) Cost or of basis (investing		or other (d	-	imulate	ed	(d) Book	value	9
12	Land				•					
	Buildings									
c	Leasehold improvements								_	
d	Equipment							_		
e	Other		46	5,165.	23	4,6	74.	230	, 49	<u>₹</u> 1.
Tota	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part 2						230		

	COLUMBIA COI	LEGE ACCES		) 112202E - 4
Schedule D (Form 990) 2017 PROGRAM Partivill Investments - Other Securities.			54	2-2132835 Page
3 65 35 40		444 0 5 000		
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or en	d-of-year market value
(1) Financial derivatives		·	<u> </u>	·· <del>··</del>
(2) Closely-held equity interests		<u> </u>		
(3) Other				
(A)		<del> </del>		
(B)		<b></b>		
(C)	•			
(D)		<u> </u>		
(E)		ļ		
		<u> </u>	<u>.</u>	
	•			
(H)				
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990,	Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of v	/aluation Cost or en	d-of-year market value
(1)		1		
(2)	1		<del>_</del>	•
(3)				
(4)		•	,	
(5)	,			
(6)				<u> </u>
(7)				
(8)				
(9)	• " "			
Total (Col (b) must equal Form 990, Part X, col. (B) line 13 )			(15 to 15	FIFT HARLING
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d See Form 990.	Part X, line 15	
	Description	1		(b) Book value
(1)				
(2)				
(3)				
(4)		<del></del>	<del></del>	
(5)				
(6)		<del></del>	<del></del>	
(7)				
(8)			<del></del>	
(9)				
	15)			<u> </u>
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.				· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" or	on Form 990, Part IV, line			distance is a second to the second section of the second
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			IN A STATE OF THE	
(2) DEFERRED RENT		75,038.		
(3) DEFERRED COMPENSATION		70,000.		
(4) TENANT IMPROVEMENT ALLOWAN	ICE	101,587.		
(5)				
(6)				
			Literatura Succession Section 1	TOUR SAN SOUR COURT IN THE PROPERTY OF

246,625. Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

(8)

Sche	dule D (Form 990) 2017 PROGRAM		52-	2132835	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı			
1	Total revenue, gains, and other support per audited financial statements		1	13,848,	,037.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	$ _{2a} $ 632,392.			
b	Donated services and use of facilities	2b 211,263.	.]		
С	Recoveries of prior year grants	2c	7		
d	Other (Describe in Part XIII )	2d 491,931.	.]		
e	Add lines 2a through 2d	<u> </u>	2e	1,335,	586.
3	Subtract line 2e from line 1		3	12,512,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			·	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a   776,429.			
b	Other (Describe in Part XIII )	4b	1 .		
	Add lines 4a and 4b		4c	776.	429.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,288,	880.
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
	Total expenses and losses per audited financial statements		1	8,884,	804
1	•		<del>-</del>	0,001,	001.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a   211,263.			
a	Donated services and use of facilities		-		
b	Prior year adjustments	2b	-		
C	Other losses	2c 491,931.	-		
d	Other (Describe in Part XIII )	$\lfloor 2d \rfloor = 491,931.$	<del>  _</del> -	702	104
	Add lines 2a through 2d		2e	703, 8,181,	(10
3	Subtract line 2e from line 1		3_	0,101,	010.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 776,429.	-{		
b	Other (Describe in Part XIII )	4b	I	77.C	400
С	Add lines 4a and 4b		4c		429.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,958,	039.
	t XIII Supplemental Information.				
Provid	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines 1b and 2b, Part V, line	1, Part	X, line 2, Part XI	,
lines :	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information			
				<del></del>	
D 3 D	m 17				
PAR	T V, LINE 4:	<del></del>		<del></del>	
OTT TO	DOADD OF DIDECTORS OF DO CAD UAC DECICALA	DED GEDMATAL HADE	י ד מיחיי	omer Nea	
THE	BOARD OF DIRECTORS OF DC-CAP HAS DESIGNAT	TED CERTAIN UNKES	TKI	CLED NET	
3 0 0	ETS AS INTENDED FOR LONG-TERM INVESTMENT S	TIDDODE DEDMANEN	יותו ע		
ADD	ETS AS INTENDED FOR LONG-TERM INVESTMENT S	OPPORT. PERMANEI	17777		
DEC	מסורשטה פוואוהל אסט דאשטאהטים שה סוודו ה שעט רי	ADACTEV OF DC_CAT	т п	TMDDOWE	
VE 2	TRICTED FUNDS ARE INTENDED TO BUILD THE CA	TRACTIT OF DC-CAP	10	IMPROVE	
Tmc	PERFORMANCE PROGRAMMATICALLY AND OPERATION	MALLY. EYDAND TA	י חיים	TUE	
110	PERFORMANCE PROGRAMMATICADDI AND OPERATIO	MADDI, EXPAND IN	110		
СПУ	RTER SCHOOL SYSTEM; AND, TO ENLARGE THE HI	CH SCHOOL AND CO	T.T.EC	26	
CILA	KIEK SCHOOL SISIEM, AND, TO ENLARGE THE H	IGH BEHOOD AND CO	ימתרת/		
na a	ENTION SERVICES PROGRAMS. THE EARNINGS ON	THE ENDOWNENT ED	שוחפ	ADE NOT	
VE I	ENTION SERVICES PROGRAMS: THE EARNINGS ON	THE ENDOWMENT FO	ממווי	ARE NOT	
סממ	TRICTED AND MAY BE USED FOR GENERAL PURPOS	rc			
VE2	IRICIED AND MAI BE USED FOR GENERAL FORFOS	)ED.			
Դու	TEMPORARILY RESTRICTED NET ASSETS PORTION	I ∪ድ ውክድ ድልኮ∪ሚጭፎ%	ום ייףן	ерта тыс	<b>ጥ</b>
THE	TEMPORATEL RESIRICIED NEI ASSETS FORTION	OF THE ENDOWMEN		TVIVIND	10
ԴԱԵ	EARNINGS GENERATED FROM THE CORPUS THROUGH	בארוויי שמד ו דבב סב	י קינו	₹.	
41117	THE CORPORTION THOM THE CORPORTION	WOOT THE DIEF OF	1111	<u> </u>	
EMD	OWMENT.				
			0	LL D/F ==	201 00 17
732054	10-09-17		Sched	lule D (Form 99	90) 2017

# DISTRICT OF COLUMBIA COLLEGE ACCESS Schedule D (Form 990) 2017 PROGRAM Part XIII Supplemental Information (continued) 52-2132835 Page 5 PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES 491,931. PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES 491,931.

### SCHEDULE G

(Form 990 or 990-EZ)

### **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.

Internal Revenue Service		► Attach to Form  Go to www.irs.gov/Form						Inspection
Name of the organization	DISTRIC	T OF COLUMBIA CO	$_{ m OLLI}$	EGE	AC	CESS	Employer	dentification number
-	PROGRAM			_			52-213	32835
Part   Fundraisi	ng Activities.	Complete if the organization a	answe	red "Y	es" o	n Form 990, Part IV, I		
	omplete this par	t				,		
1 Indicate whether the	organization rais	sed funds through any of the fo	llowing	g activ		Check all that apply		
a Mail solicitation	-	· · · —		_		jovernment grants		
<u> </u>	email solicitations				_	rnment grants		
c Phone solicita						events		
d In-person solu		ş <u> </u>			. 3			
<del></del> •		or oral agreement with any indiv	ıdual ı	(ıncluc	lina of	fficers, directors, trus	tees. or	
		art VII) or entity in connection v			_			es No
		viduals or entities (fundraisers)				-	<del></del>	
compensated at lea					3			
		T						<del></del>
(i) Name and address	of individual			(III) fundr	Did	(iv) Gross receipts	(v) Amount paid to (or retained b	A I (VI) Amount paid
or entity (fundr		(ii) Activity		have c	ustody	from activity	fundraiser	to (or retained by) organization
, ,	•	ł		contrib	ulions?	1	listed in col (i)	Organization
				Yes	No			
_						<u></u>		<u> </u>
						[		
					_			
		<u> </u>				·		
	_							
							-	
		<u> </u>						
		}	ľ					
					Ĺ		·	
Total					<u> </u>			<u> </u>
3 List all states in which	h the organizatio	n is registered or licensed to so	olicit co	ontribi	utions	or has been notified	it is exempt from	registration
or licensing								
		· <del></del> _		_		_ <del>.</del>		
		<del></del>						
				_				
	· <del>- · · - · - · - · · - · · · · · · · ·</del>							_ <del></del>
					_			
		·			_			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 PROGRAM
Part II Fundraising Events. Complete if the 52-2132835 Page 2 ed "Yes" on Form 990, Part IV, line 18, or reported more than \$15.000

تـــا	211	of fundraising event contributions and great	-			
			(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
nue				, , , , , , , , , , , , , , , , , , , ,		
Revenue	1	Gross receipts	513,095.			513,095.
_	2	Less Contributions	409,048.			409,048.
	3	Gross income (line 1 minus line 2)	104,047.			104,047.
	4	Cash prizes				-
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	41,710.		<u> </u>	41,710.
irect Ey	7	Food and beverages	74,437.			74,437.
۵	8	Entertainment	44,175.			44,175.
	9	Other direct expenses	331,609.			331,609.
	10	, ,				491,931.
Pa	11 irt			QQ0 Part IV line 19 or i	reported more than	-387,884.
		\$15,000 on Form 990-EZ, line 6a	answered res on rollin	1990, 1 21114, mie 19, 011	reported more than	
			(-) D	(b) Pull tabs/instant	(-) Other comm	(d) Total gaming (add
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue	1	Gross revenue				
Se <sub>S</sub>	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary Add lines 2 through	ı 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
_	_					
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac	· · · -	etates?		Yes No
		No," explain		states /		
10-		re any of the organization's gaming licenses re	voked supposeded sixts	rminated during the to	2002	Yes No
		re any of the organization's gaming licenses re Yes," explain				
	_					
73208	2 09	-13-17	<u></u>	<del></del>	Schedule G (Fo	rm 990 or 990-EZ) 2017

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2017 PROGRAM	52-2132835 Page
11	Does the organization conduct gaming activities with nonmembers?	Yes N
12	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?	Yes N
13	Indicate the percentage of gaming activity conducted in	
	The organization's facility	13a
b	An outside facility	13b
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	
	Name ►	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes N
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	ount
	of gaming revenue retained by the third party  \$\blacktrianglerightarrow \blacktrianglerightarrow	
С	If "Yes," enter name and address of the third party	
	Name	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation > \$	
	Parameter of access arounded N	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
	organization's own exempt activities during the tax year > \$	
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and P  15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	'art III, lines 9, 9b, 10b, 15b,
_		
	<u> </u>	

# DISTRICT OF COLUMBIA COLLEGE ACCESS Schedule G (Form 990 or 990-EZ) PROGRAM Part IV Supplemental Information (continued) 52-2132835 Page 4

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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.

2017	Open to Public	Inspection

OMB No 1545-0047

Employer identification number 52-2132835 DISTRICT OF COLUMBIA COLLEGE ACCESS

PROGRAM ► Attach to Form 990.

	ŀ								١
Ра	Part I General Information on Grants and Assistance	and Assistance							١
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the o	grantees' eligibility	for the grants or assis	stance, and the selectio		
	criteria used to award the grants or assistance?	stance?						X Yes No	0
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant f	unds in the United	l States				١
Ра	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.	Domestic Organiz	zations and Domestic		complete if the orga	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any	
	recipient that received more than \$5,000 Part II can be du	\$5,000 Part II can	be duplicated if addition	plicated if additional space is needed	pa				- 1
	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
COL	COLLEGE SUCCESS FOUNDATION -								l
DIS	DISTRICT OF COLUMBIA - 1805 7TH								
STRI	STREET, NW, SUITE 500 -								
WASI	WASHINGTON, DC 20001	20-5561911	501(C)(3)	598,092.	0			SUB-GRANT AWARD	
			:						
				-					ŀ
									1
						-			1
~	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	danizations listed in the	e line 1 table				1	1 .
က	Enter total number of other organizations listed in the line 1 table	ns listed in the line	1 table					<b>^</b>	
LHA	. For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)	~

Page 2

52-2132835 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule | (Form 990) (2017)

Part III | Grants and Othe

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS	1094	2,184,803.	.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	e 2, Part III, column	(b), and any other ac	iditional information	
PART I, LINE 2:					
CSF SENDS DC-CAP A QUARTERLY REPORT	T ON THE	EXPENSES I	INCURRED ON	тнв	
SUB-GRANTEE AWARD TO ENSURE THAT TI	THAT THE EXPENSES WERE		USED FOR THE	PURPOSE	
DESCRIBED IN THE GATES FOUNDATION (	GRANT.				

Schedule I (Form 990) (2017)

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Employer identification number

52-2132835

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. DISTRICT OF COLUMBIA COLLEGE ACCESS

**PROGRAM** 

Part | Questions Regarding Compensation

•			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	()持有		* 3
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	First-class or charter travel  Housing allowance or residence for personal use	100 / 20 A	3	
	Travel for companions Payments for business use of personal residence			*
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	A 6-31	4.3	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			200
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	Street Street	144	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	'/	15 (No. 1)	1. A.	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	15 NO.		
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations.  X Approval by the board or compensation committee	1/100		
				33.74
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	N. Ale		鼓品
	•			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			多点
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of		. 18 6 18 6	
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	<b>F</b> 2		
	contingent on the net earnings of			
а	The organization?	6a	,	X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III	0.000		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1 K 6 7		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1	``````````````````````````````````````	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

PROGRAM

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	Denetits	(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
(1) ARGELIA RODRIGUEZ	Ξ	239,377.	66,226.	0	7,176.	10,201.	322,980.	0
	Ξ	0.	0.	0	• 0	0	0	0
(2) LD ROSS, JR., VICE PRESIDENT	Ξ	142,205.	44,350.	0	4,353.	5,855.	196,763.	0
Programs	(11)	0.	0.	0	• 0	0	0	0
	(1)							
	(II)							
	(i)							
	(11)							
	Ξ							
	Ξ							
	(i)							
	(ii)							
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	(II)							
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	Ξ							
	Ξ							
	3							

Schedule J (Form 990) 2017

52-2132835

Scribbone 3 (romm 330) 2017 FIXOGRAM
Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
PART I, LINE 7:
OURING THE YEAR ENDED DECEMBER 31, 2017, ARGELIA RODRIGUEZ, PRESIDENT/CEO,
RECEIVED A BONUS OF \$66,226, LD ROSS, JR., VICE PRESIDENT OF PROGRAMS,
RECEIVED A BONUS OF \$44,350, AND FATOU TOURE, VICE PRESIDENT OF FINANCE AND
ADMINISTRATION, RECEIVED A BONUS OF \$5,940.
Schedule J (Form 990) 2017

### **SCHEDULE 0**

(Form 990 or 990-FZ)

Department of the Treasury Internal Revenue Service

### 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. ➤ Attach to Form 990 or 990-EZ.

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

DISTRICT OF COLUMBIA COLLEGE ACCESS

Inspection Employer identification number

52-2132835

OMB No. 1545-0047

Open to Public

Name of the organization **PROGRAM** 

KATHERINE BRADLEY, WHO SERVES AS A DIRECTOR ON THE BOARD OF DIRECTORS, IS THE SPOUSE OF DAVID BRADLEY, WHO ALSO SERVES AS A DIRECTOR ON THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990, PART VI, SECTION A, LINE 2:

THE TAX DEPARTMENT AT MARCUM LLP PREPARES THE DRAFT FORM 990 BASED UPON THE AUDITED FINANCIAL STATEMENTS AND THE FEDERAL FORM 990 QUESTIONNAIRE THAT MARCUM PRESENTS TO MANAGEMENT. UPON RECEIPT OF THE DRAFT, SENIOR MANAGEMENT AT DC-CAP REVIEWS THE DOCUMENT FOR ACCURACY. THE TREASURER OF THE BOARD OF DIRECTORS THEN REVIEWS THE DRAFT FORM 990. ONCE FINAL APPROVAL IS GIVEN, THE TAX ACCOUNTANTS ISSUE THE FINAL RETURN FOR MANAGEMENT'S SIGNATURE AND PROVIDE A COPY TO THE BOARD OF DIRECTORS BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH EMPLOYEE IS PROVIDED WITH THE POLICY DURING THEIR ORIENTATION AND IT IS SUBSEQUENTLY REVIEWED ANNUALLY. THE CHIEF OPERATING OFFICER IS RESPONSIBLE FOR MONITORING AND ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IN ADDITION, POTENTIAL VENDORS ARE VETTED TO ENSURE THAT NO CONFLICT OF INTEREST EXISTS. IF NO CONFLICT OF INTEREST EXISTS, VENDOR IS ADDED TO A LIST OF APPROVED VENDORS WITH WHICH DC-CAP CAN CONDUCT BUSINESS. FURTHERMORE, THE MANAGEMENT AT DC-CAP MONITORS ITS OPERATIONS FROM TIME TO TIME TO ENSURE THAT THERE ARE NO UNDISCLOSED CONFLICTS OF INTEREST IN RELATION TO BOARD MEMBERS AND THEIR ACTIVITIES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Form 990 PROGRAM									52-213	2835
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee			lıgh	est		ees (continued)	
(A) Name and title	(B) Average hours	(cl	heck	Pos	C) sition that		ıly)	(D) Reportable compensation from	(E) Reportable compensation from related	<ul> <li>(F)         Estimated         amount of         other     </li> </ul>
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) ARGELIA RODRIGUEZ PRESIDENT/CEO	40.00			х				305,603.	0.	<u>1</u> 7,377.
(28) LD ROSS, JR., VICE PRESIDENT PROGRAMS	40.00				х			186,555.	. 0.	10,208.
(29) FATOU TOURE, VP OF FINANCE & ADMINISTRATION - UNTIL 10/2018	40.00					х		103,838.	0.	637.
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Total to Part VII Section A line 1c	<u>.</u>							595,996.		28,222.