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_		f applicable	O Name of organization Doing business as						'	_ : *	er identification n
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7		m/terminated	508 Kennedy Stre City or town, state o		and 7ID or foreign	nontel code	— <u> </u>	20	9		202.422.6999
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H			Washington, DC 2 F Name and address of		Harry Alfand				_	Gross re	
_	Арриса	1			Harry Alford			~~			subordinates? Yes
			508 Kennedy St N 501(c)(3)	501(c) (T		\leftrightarrow			s included? 🔲 Yes i list. (see instructio
:	Websit	mpt status.) ◀ (insert no.)	4947(a)(1	i) or L	1,527	1		
K			.dccommunity car Corporation True		[2] Other b ==) V	of formation	H(c) Group ex		of legal domicile:
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	1		scribe the organiz	ration's mission	or most signif	ficant activi	itios:	Our miss	lon le to bre	k the c	nucle of powerty
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8	3		f voting members				_	oseu oi i		378 01	its het assets.
10	, a		f independent vo					 	• • •	4	
Activities & Governance	T									5	
姜	, a		I number of individuals employed in calendar year 2016 (Part V, line 2a)							6	
5	7a		lated business re						• • •	7a	
•	b		ited business tax						• • • •	7b	
	-	1401 0111010	ted business tax	able income no	1111 OIII 330-1	, 1110 34	<u> </u>		Prior Year	170	Current Ye
	8	Contributio	ons and grants (F	Part VIII line 1h'	1						
Revenue	9		service revenue (F			• • •		• -			
Ž	10	_	it income (Part VI		,	 7d\		•			
æ	11		enue (Part VIII, co								
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	13		d similar amounts				, III IO	12/			
	14		aid to or for mem	• •	• • • •			·			
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ě	16a		nal fundraising fee				11103 5-	.0,			
	b		raising expenses			•		:			
反	17		enses (Part IX, co	•	• • •			0			
Expense	18		enses. Add lines 1				 ne 25)	·			
Expen			ess expenses. Su				7 23,	· ⊢			
Expen	1	neveriue i	ass expenses. Of	IDG GCL III G -1 O'	OIL HILE 2121 .	" " ; c	} ` `	Bec	pinning of Curre	nt Year	End of Ye
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	19	Total acce	te (Part V. line 16	1							
Assets or Expen	19 20		ets (Part X, line 16	11(==)1	AUG 1 4 2	2018		·			
	19 20 21	Total liabil	lities (Part X, line :	26)							
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	Signature of officer Altord			Da	te /
	Type or print hathe and title	LOI			
	Print/Type preparer's name	Prepare signature	1 7	Date	PTIN

Paid Preparer Firm's EiN ▶

27-4209747 Use Only 301.965.0301 . Yes No Firm's address ➤ 250 American Way, National Yarbor, MB-20745 May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

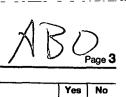
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Form **990** (2016)

P02021354

39,687

Total program service expenses ▶



	90 (2010)			Page .
Part	Checklist of Required Schedules			· · ·
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	√	ļ
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		∀
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		▼
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u>,</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Schedule D, Parts XI and XII	12a		1
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	, and a second of the second o	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	}	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		· ·
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		· /
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ļ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	,		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-		<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30		✓_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		/
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\neg \neg$	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	_
00	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		,	
		38 Form	990	(2016)
				(-0.0)

Form **990** (2016)

Part				
	'Check if Schedule O contains a response or note to any line in this Part V	• •	···	
4	Entert of the control of the Donald State of the Control of the Co		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			ļ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	(į l	[
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		Ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		i	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		i :	
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
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			<u> </u>
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u>L_</u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	_	1
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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1 1		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0			1
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			1
þ	Gross income from other sources (Do not net amounts due or paid to other sources		. 1	1
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued dunng the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	, 1	, }	1
C	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 9	90 (2016)		4	Page 6							
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Company of the circumstances.										
	Check if Schedule O contains a response or note to any line in this Part VI										
Secti	on A. Governing Body and Management	<u></u> :		· <u>(V</u>							
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	8									
	If there are material differences in voting rights among members of the governing body, or		ļ								
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1]	} }							
b			ĺ	1							
2	Enter the number of voting members included in line 1a, above, who are independent . 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u>.</u>									
	any other officer, director, trustee, or key employee?	. 2		1							
3											
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5	<u> </u>	1							
6 7a	Did the organization have members or stockholders?	. 6		1							
<i>,</i> a	one or more members of the governing body?	" 7a	[1							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members										
	stockholders, or persons other than the governing body?	7b		✓							
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	9 🗀									
	the year by the following:										
a	The governing body?	8a	✓								
ь 9	Each committee with authority to act on behalf of the governing body?	, 8b	ļ	1							
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	" 9		1							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev		ode.)								
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	· 1		_							
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1							
b	, , , , , , , , , , , , , , , , , , , ,										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts			<u> </u>							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this was done	1									
13	Did the organization have a written whistleblower policy?	12c		1							
14	Did the organization have a written document retention and destruction policy?	14	\vdash	-							
15	Did the process for determining compensation of the following persons include a review and approval b			_							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	`									
а	The organization's CEO, Executive Director, or top management official	15a		✓							
b	Other officers or key employees of the organization	15b		✓							
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.									
100	with a taxable entity during the year?	16a		1							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard th										
	organization's exempt status with respect to such arrangements?	16b									
	on C. Disclosure										
17 18	List the states with which a copy of this Form 990 is required to be filed ► District of Columbia Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and organization for 6104 requires and organization for 6104 requires and 6104 requires	ion 504	O/(3)-	OB!-1							
10	available for public inspection. Indicate how you made these available. Check all that apply.	ן טכ וזטו	U)(J)S	Offiy)							
	✓ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interest	policy	, and							
	financial statements available to the public during the tax year.		. ,								
20	State the name, address, and telephone number of the person who possesses the organization's books and	records	:▶								
	Financially Sane Services LLC, 250 American Way, National Harbor, MD 20745; P: 301.965.0301		000								
		For	n 990	(2016)							

Form 990 (2016)

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

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

Charly this have if poither the appropriation are any valeted approxi-

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ted any currer	nt officer, directo	r, or trustee.
		(C)								
(A)	(B)	۱	Position (do not check more to box, unless person is officer and a director					(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per week (list any							compensation	compensation from	
	hours for	일	sul	Officer	6	왕등	Former	from the	related organizations	other compensation
	related organizations) \$ \$	星	8	1	poy	₽	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted		Institutional trustee	ļ	Key employee	88	l	(44-27 1099-MISC)	1	organization and related
	line)	Ř	2		8	per				organizations
		8	ji ee	1	Ì	Highest compensated employee		1	1	
	 		-	<u> </u>	-	<u> </u>	-	 	 	
(1) David Sheon	40					1				
Executive Director	0	✓			_		<u> </u>	20,000	0	0
(2) Gerald Elston	1				}	ļ		,		
Chairman	0			✓	_		<u> </u>	0	0	0
(3) Michael Aniton	1				ĺ '	1	Ì	1		
Vice Chair	0	<u> </u>		✓	_	ļ	L_	0	0	0
(4) Aaron Frank	11	ĺ,				Į				
Board Member	0			✓		ļ	ļ	0	0	0
(5) Leon Andrews	11	į		ا ـ						
Board Member	0			✓				0	0	0
(6) Rachel Gartlan	11							•		
Board Member	0			✓	<u> </u>	 		0	0	0
(7) Brian Fair	ļ <u>1</u>			اما		1		ļ	ļ	
Board Member	0			1	-	<u></u> .	<u> </u>	0	0	0
(8) Nicole Porter	1									
Board Member	0			✓	_		<u> </u>	0	0	0
(9) Ryan Palmer	11							_]	_
Board Member	0		-	V	├─			0	0	0
(10)										
(11)				-				<u> </u>		
						L				
(12)	ļ									
(13)	 						-	<u> </u>		
							لــــــــــــــــــــــــــــــــــــــ			
(14)										
					L_,				l	Ĺ

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
•	(A) Name and title	(B) Average hours per week (list any	box, office	ot ch unles er and	Pos eck s pe la d	ition more rson irect	than o	h an Reportable compensation from		(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)							,	-			
(17)								_			
(18)								_			
(19)											
(20)				-		H					
(21)											
(22)											
(23)		-									
(24)											
(25)				-							
1b c	Sub-total	VII Section		<u>.</u>		لــا 		.			
<u>d</u>	Total (add lines 1b and 1c)	<u> </u>				· ·)	LOCOU		
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above) w	ho received mo	ore than \$100,00	00 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							mp	loyee, or high	est compensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortab	ole c	om	per	satio				he
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individu	
Section	on B. Independent Contractors										
1	Complete this table for your five highest of compensation from the organization. Repyear.										
	(A) Name and business address							(B) Description of se	ervices	(C) Compensation	
n/a					-						
				_	_						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	
											Form 990 (2016)

Form **990** (2016)

Table Tabl	Part VIII	*Check if Schedule O contains a response or note t	o any line in this	Part VIII		_
Business Code Description Description	,	Official in Confedence of Southannes a Temporise of Motor ((A) Total revenue	exempt function	Dusiness	Revenue excluded from tax under sections 512-514
Business Code	र्ह के 1a	Federated campaigns 1a 0	,			
Business Code	P g g	Membership dues 1b 0				
Business Code Business Code	S & C	<u> </u>	,]			j
Business Code Business Code	t d	Related organizations 1d 0]			,
Business Code Business Code	ê Ë e		.]			
Business Code Business Code	in the second se		}			
Business Code Business Code	草葉	(.] {			
Business Code	g g g					
3 Investment income (including dividends, interest, and other similar amounts)	<u> გ</u>	 	77,668		<u> </u>	<u> </u>
3 Investment Income (including dividends, interest, and other similar amounts)	a	Business Code				
3 Investment Income (including dividends, interest, and other similar amounts)	ž 2a		 			
3 Investment Income (including dividends, interest, and other similar amounts)	E b		ļ l			ļ
3 Investment income (including dividends, interest, and other similar amounts)	울 c		<u> </u>			
3 Investment income (including dividends, interest, and other similar amounts)	§ d		 			
3 Investment income (including dividends, interest, and other similar amounts)	E e		 		<u> </u>	
3 Investment income (including dividends, interest, and other similar amounts)	\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{	· · · · · · · · · · · · · · · · · · ·	 		<u> </u>	<u> </u>
and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties		Investment income (including dividends interest				
Income from investment of tax-exempt bond proceeds Society Royalties Society Roy	"]	
The state of the	ا م	•	} -		<u> </u>	
(i) Personal (ii) Personal (ii) Personal (iii) Personal Personal Personal (iii) Personal Personal Personal (iii) Personal	1 -				 	
Ba Gross rents	"		 		 	-
B Less: rental expenses C Rental income or (loss) d Net rental income or (loss)	62		{			}
C Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b C Net income or (loss) from fundraising events See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 c Net income or (loss) from gaming activities See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities See Part IV, line 19 c Net income or (loss) from gaming activities Net income or (loss) from gaming activities Net income or (loss) from gaming activities Net income or (loss) from sales of inventory Niscellaneous Revenue Business Code			1 1			
d Net rental income or (loss)			† †		1	}
7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	1 .	· · · · · · · · · · · · · · · · · · ·	 		 	
assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss)		<u> </u>			 	
b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) . b Less: direct expenses . c Net income or (loss) from fundraising events . b Less: direct expenses . c Net income from gaming activities. See Part IV, line 18 a b Less: direct expenses b c Net income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code			1		1	1
and sales expenses . c Gain or (loss)	ь	· · · · · · · · · · · · · · · · · · ·	†			
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	Ì	1 1]		}	
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	c	Gain or (loss)	1 1		ļ	[
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	_	` ' 				
events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events . ▶ 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code						
of contributions reported on line 1c). See Part IV, line 18	වී 8a		[
c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code	ē					•
c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code	&		1			,
c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code	je l	See Part IV, line 18 a]]			
9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	ま b	· · · · · · · · · · · · · · · · · · ·				
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code						
b Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b	9a					
c Net income or (loss) from gaming activities > 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . > Miscellaneous Revenue Business Code 11a b	1		[1	
10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code			 			
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b			 			
b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b	10a		į į			
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b	_		! !			ĺ
Miscellaneous Revenue Business Code 11a b			}			
11a	<u>c</u>		ļ			
b	1	Miscellariadus Nevenue Business Code	 -			
			 		 	
	- 1		 		 	
	- 1	All other revenue	 		 	
	-		 		 	
e Total Add lines 11a-11d						

Part IX	Statement of Function	nal Expenses		····			
Section 50	1(c)(3) and 501(c)(4) omani	rations must con	nolete ell columns	All other emenized	tions must some	loto column (A)	,

	Check if Schedule O contains a respon-	se or note to any lin	ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0	0	*	•
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members	22,920	16,920	4 000	2,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		10,920	4,000	2,000
7		0		0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits		0	0	
10	Payroll taxes	0	0	0	
11	Fees for services (non-employees):	0	0	0	0
	Management	ا			
a	Legal	0	0	0	0
0	Accounting	0	0	0	0
c d	Lobbying	6,146	0	6,146 0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	O	<u>0</u>
g	Other. (If line 11g amount exceeds 10% of line 25, column	-			<u></u>
9	(A) amount, list line 11g expenses on Schedule O.)	1,200	0	1 200	•
12	Advertising and promotion	859	0 676	1,200 183	0
13	Office expenses	6,478	2,589	3,670	219
14	Information technology	0,478	2,369	3,670	0
15	Royalties	0	0	0	
16	Occupancy	5,600	5,040	280	280
17	Travel	1,069	1,069	280	0
18	Payments of travel or entertainment expenses	1,009	1,009		<u></u>
	for any federal, state, or local public officials	o	اه	o	^
19	Conferences, conventions, and meetings .				
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	2,339	0	2,339	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	2,000		2,500	
а	Program Supplies	13,395	13,395	0	0
b	Repairs & Maintenance	690	0	690	0
c d					
0	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	60,696	39,687	18,509	2,499
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
_	,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	4,786
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3	30,000
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
•	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5	· .
뜷	-	Notes and loans receivable, net		6	0
Assets	7 8	Inventories for sale or use		7 8	0
	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		•	800
	ь	Less: accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	35,586
	17	Accounts payable and accrued expenses		17	8,180
	18	Grants payable		18	0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities		20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
<u>a</u>		disqualified persons. Complete Part II of Schedule L		22	10,434
=	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	00			25	0
	26_	Total liabilities. Add lines 17 through 25		26	18,614
ces		complete lines 27 through 29, and lines 33 and 34.			
æ	27	Unrestricted net assets		27	16,972
Ba	28	Temporarily restricted net assets		28	0
Net Assets or Fund Balances	29	Permanently restricted net assets		29	o
8	30	Capital stock or trust principal, or current funds		30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	0
ē	33	Total net assets or fund balances		33	16,972
	34	Total liabilities and net assets/fund balances		34	35,586
					Form 990 (2016)

Form 9	90 (2016)			P	age 12
Par	t XI Reconciliation of Net Assets				 -
	'Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	. Total revenue (must equal Part VIII, column (A), line 12)	1			77,668
2	Total expenses (must equal Part IX, column (A), line 25)	2			60,696
3	Revenue less expenses. Subtract line 2 from line 1	3			16,972
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			16,972
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in		ļ	1
	Schedule O.			i	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				()
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis		.	{	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:		į		, ,
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		- 1		1 1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	1	l
	If the organization changed either its oversight process or selection process during the tax year, ex			<u> </u>	
	Schedule O.		- 1	1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		36		Ì

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

	ommunity Carrot						87085	
Pai	Reason for Public Cha	rity Status (All	organizations must	t comple	te this p	art.) See instruction	ns.	_
The d	organization is not a private found							
1	A church, convention of church	ches, or associat	ion of churches descr	ibed in s e	ection 17	'0(b)(1)(A)(i).	カフ	
2	A school described in section						() /	
3	A hospital or a cooperative ho		•					
4	A medical research organizati						(iii). Enter the	
•	hospital's name, city, and star	-	onganionon man a noo	pilai dooc		,,,,,,	(iii)i Lincon ano	
5	☐ An organization operated for		collogo or university	owned o		nd by a gayaraman	ol unit described	
•	section 170(b)(1)(A)(iv). (Com		college or university	owned c	operate	ed by a government	ai unit described	1111
_	• • • • • • • •	•						
6	A federal, state, or local gover	•						
7	An organization that normally			port from	ı a gover	nmental unit or fron	n the general pub	lic
	described in section 170(b)(1)(A)(vi). (Comple	te Part II.)					
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ	nization describe	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college	;
	or university or a non-land-grauniversity:							
10	☐ An organization that normally	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	p fees, and gross	
	receipts from activities related	to its exempt fu	nctions—subject to c	ertain exc	ceptions,	and (2) no more tha	n 33¹/₃% of its	
	support from gross investmer acquired by the organization a	it income and un offer lune 30 19	related business taxal 75 See section 500/s	DIE INCON	10 (IOSS SI molete Di	ection 511 tax) from	businesses	
11	☐ An organization organized and		-		•	•		
12		-	•					
12	An organization organized and of one or more publicly supp							
	Check the box in lines 12a thre							
		_	•••	. •	•	•	, ,	•
а	Type I. A supporting organ							3
	the supported organization					the directors or trust	ees of the	
	supporting organization. Y	ou must compl	ete Part IV, Sections	A and B				
b	Type II. A supporting orga	ınization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having	
	control or management of	the supporting of	organization vested in	the same	persons	that control or man	age the supported	t
	organization(s). You must	complete Part I	V, Sections A and C.	•				
C	☐ Type III functionally integ	grated. A suppor	ting organization oper	rated in c	onnectio	n with, and functions	ally integrated with	'n,
	its supported organization	(s) (see instruction	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.		
d	☐ Type III non-functionally	integrated. A su	pporting organization	operate	d in conn	ection with its suppo	orted organization	(s)
_	that is not functionally inte							
	requirement (see instruction							_
_		•			•		+	
9	Check this box if the organ functionally integrated, or						en, Type ili	
	• •				organizat	IOII.	<u></u>	\neg
T -	Enter the number of supported Provide the following information		orted organization(s)				0	_
g		(ii) EIN	(iii) Type of organization		organization	Ad Amount of many	60 000000	—
	(i) Name of supported organization	(11) (114	(described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
		1	above (see instructions))		ment?	instructions)	instructions)	
		1		V-				
		<u> </u>		Yes	No			_
(A)		1		ļ	1			
	<u> </u>	<u> </u>	ļ					
(B)		1		1	\			
,								
(C)			_					
,								
(D)	· · · · · · · · · · · · · · · · · · ·			1				
				<u>. </u>				
(E)								_
				Ī	L			
Total		1	l i	1	[

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua) alify under
Sect	ion A. Public Support	quality unde	r the tests is	sted below, p	lease comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0		77,668
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	o	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0	0	0	77,668	77,668
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,					O
6	Public support. Subtract line 5 from line 4						77,668
	on B. Total Support					,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4	0	0	0	0	77,668	77,668
9	Net income from unrelated business activities, whether or not the business is regularly carried on	o	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	o	0	o	0	o	0
11	Total support. Add lines 7 through 10						77,668
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the organization, check this box and stop her	re	<u> </u>	d, third, fourth	=		n 501(c)(3) ► ✓
14	on C. Computation of Public Suppor Public support percentage for 2016 (line 6			1 oakuma (6)		14	
15 16a	Public support percentage from 2015 Sch 33¹/s/s support test—2016. If the organi box and stop here. The organization qual	nedule A, Part I zation did not	l, line 14 . check the box	on line 13, ar		15 31/3% or more,	
b	331/23% support test—2015. If the organization	zation did not o	check a box o	n lìne 13 or 16	a, and line 15	is 331/3% or mo	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts- facts-and-circu	and-circumstaumstaumstances" te	ances" test, ch st. The organia	eck this box a zation qualifies	and stop here.	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in	tion meets the	facts-and-c	ircumstances"	test, check t	this box and s	top here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

'(Complete only if you checked the box	on line 10 of Part I or if the organization	n failed to qualify under Part II.
If the organization fails to qualify under	the tests listed below, please complete	Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1]]	•	Ì	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		į.	ļ		/	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			}			
4	Tax revenues levied for the						
	organization's benefit and either paid			1			
	to or expended on its behalf						
5	The value of services or facilities					/	
	furnished by a governmental unit to the	,		•	/	ĺ	
	organization without charge			ļ			
6	Total. Add lines 1 through 5				/		
7a	Amounts included on lines 1, 2, and 3	·					
	received from disqualified persons .						
b	Amounts included on lines 2 and 3]			
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				<u> </u>		
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	•		J.			
	line 6.)		<u> </u>	L		<u> </u>	<u></u>
	on B. Total Support		 				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(ć) 2014	(d) 2015	(e) 2016	(f) Total
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 (less						
	section 511 taxes) from businesses				İ		
	acquired after June 30, 1975						
	Add lines 10a and 10b		/				·
11	Net income from unrelated business						•
	activities not included in line 10b, whether		/				
40	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first secon	d third fourth	or fifth tax ve	ear as a section	n 501/c)/3)
	organization, check this box and stop he	re /			, 01 11111 1000 90	our as a section	▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line §			3. column (fl)		15	%
16	Public support percentage from 2015 Sch					16	%
	on D. Computation of Investment Inc				<u> </u>		
17	Investment income percentage for 2016 (y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2015			•		18	%
19a	331/3% support tests-2016. If the organi						
-	17 is not more than 331/3%, check this box						
b	331/3% support tests-2015. If the organiz						
	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not check a	box on line 14.	, 19a, or 19b, o	check this box	and see instru	

Part IV Supporting Organizations

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

3601	on A. All Supporting Organizations		Tv	
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	<u></u>		
20	organization was described in section 509(a)(1) or (2).	2	 	<u> </u>
Sa	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	55		-
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
_	despite being controlled or supervised by or in connection with its supported organizations.	4b	<u> </u>	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
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).			
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a	ļ	
•	designated in the organization's organizing document?	5b	·	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	 	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>	 	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.			
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a	 	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	<u> </u>		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	-	

determine whether the organization had excess business holdings.)

1. Has the organization accepted a gift or contribution from any of the following persons? 2. A person who directly or Indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 3. A Six controlled entity of a person described in (a) or (b) above? 3. A Six controlled entity of a person described in (a) or (b) above? 3. A Six controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 3. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization person during the supported organization and what conditions are what conditions are with a conditions and what conditions, If any, applied to such powers during the tax year. 3. Did the organization operate for the benefit of any supported organization of their than the supported organization (#H to reparated, supervised, or controlled the supporting organization (#H to reparated, supervised, or controlled the supporting organization (#H to reparated, supervised, or controlled the supporting organization (#H to reparated, supervised, or controlled the supporting organizations). 3. Section C. Type II Supporting Organizations or trustees during the tax year also a majority of the directors or trustees of each of the organizations or directors or trustees of each of the organizations or directors, and the supported organizations (#M to reparate organizations). 3. Section D. All Type III Supporting Organizations 4. Ves. No. The organization provide to each of its supported organizations, and (ii) copies of the organization is averaged organizations or the relationship described in (1), do if the organization organization suppo	Part	Supporting Organizations (continued)			
a A person who directly or Indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 5 ection B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees a leaf times during the tax year? If "No," describe in Part VI how the supported organization is the tax year organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated. 2 Section C. Type III Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s) the supported organization(s). 2 Section D. All Type III Supporting Organization's understanding the supported organization or managed the supported organization was vested in the same persons that controlled or managed the supported organization's and the supported organization's and the relation of the organization's organization's organization's and the supported organization's understanding the supported organization's very set, (i) a copy of the Form's 90th that was more recently f		,		Yes	No
below, the governing body of a supported organization? A 35% controlled entity of a person described in (a) bove? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations (a) bove? If "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directions or trustees at all times during the tax year! If "No," describe in Part VI how the supported organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directions or trustees electated annoy the supported organization of the supported organization organization of the supported organization organization of the supported organization organization organization of the supported organization	•				
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations twee the power to regularly appoint or elect at least a maintry of the organization's directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization of the organization activities, if the organization had more than one supported organization describe how the powers to appoint and/or remove directors or fustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization of the organization of the supporting organization? If "Yes," explain in Part VI how providing such benefit camed out the purposes of the supporting organization is supervised, or controlled the supporting organization? 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization(s). 1 Were a majority of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting Organizations 1 Were a majority of the organization(s). 2 Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's provide observed in the same persons that controlled or managed the supported organization's (a) and the organization's provided organization's (a) and the organization's (b) and the supported organizati	а		\		
c A 35% controlled entity of a person described in (gor (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization organization operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization or management of the supporting organization. Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations; by the fifth month of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's directors or trustees or the organization's or management of the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the expert of the supported organization's organizati		The state of the s		ļ	ļ
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	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the microland by the organization in this program.	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru nzat	st on Nov. 20, 1970 (exp ions must complete Sec	lain in Part VI). See tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	· · · · · · · · · · · · · · · · · · ·	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see 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		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		····
6 Multiply line 5 by .035.	6	··	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	,	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		1
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 instructions). 		egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D`- Distributions			Current Year
1.	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		····	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	ļ <u> — — — — — — — — — — — — — — — — — — — </u>
4	Amounts paid to acquire exempt-use assets		 	
5	Qualified set-aside amounts (prior IRS approval required)		· · · · · · · · · · · · · · · · · · ·	
6	Other distributions (describe in Part VI). See instructions.			<u></u>
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
	Line 8 amount divided by Line 9 amount	T	E1)	(111)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.	L		
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
0	From 2015			
f	Total of lines 3a through e			,1
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:		······································	
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>				
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
- 7	Excess distributions carryover to 2017. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>	Excess from 2013			
<u>c</u>	Excess from 2014			
d	Excess from 2015			
е_	Excess from 2016	<u></u>		

Part VI ,	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

DC Community Carrot	81-3687085
VI, Line 11b: The 990 is provided to the Executive Director for review before it is filed. It is also provided to all members of the Board for their review upon	
request	
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