

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 200 MASSACHUSETTS AVE, NW, 700 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WASHINGTON, DC 20001 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 200 MASSACHUSETTS AVE, NW SUITE 700 KIRRA JARATT - The books are in the care of ► WASHINGTON, DC 20001 Telephone No. ► 202-467-3750 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until AUGUST 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning $\underline{\text{OCT } 1}$, 2021 $_$, and ending $_$ SEP $\,$ 30 , $\,$ 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A I	For the	e 2021 calendar year, or tax year beginning OC	${ m T}$ 1 , 2021 and	ending S	<u>EP 30, 2022</u>	
B	Check if applicable	C Name of organization			D Employer identif	ication number
Г	Addre		A BAR FOUNDATTO	N		
E	Name chang	DODE:	1 DIM I GONDIII I	721	52-11095	47
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone number	er
	Final return/	200 MASSACHUSETTS AVE, 1	JM .	700	202-467-	
	termin ated	, , , , , , , , , , , , , , , , , , , ,	G Gross receipts \$	23,222,286.		
	Ameno	WASHINGTON, DC 20001			H(a) Is this a group r	
	Application	F Name and address of principal officer. ICERTA	A L. JARRATT		for subordinate	s? Yes X No
	pendir	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No
			(insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions
_		te: WWW.DCBARFOUNDATION.ORG			H(c) Group exemption	
		organization,	ociation Other	L Year	of formation: 1977	M State of legal domicile: DC
Pa	_	Summary				
a	1	Briefly describe the organization's mission or most significant and a second significant and second significant significant and second significant significan				
Governance		LEGAL REPRESENTATION OF THE				
ern	2	Check this box if the organization disconti	·	sed of more	1	1
Š	3	Number of voting members of the governing body (Pa			3	11 11
	1 -	Number of independent voting members of the gover				
ies		Total number of individuals employed in calendar year				15 145
Activities &		Total number of volunteers (estimate if necessary)				
Ac		Total unrelated business revenue from Part VIII, colur				
_	D	Net unrelated business taxable income from Form 99	10-1, Part I, line 11	·····		Current Year
		Contributions and grants (Part VIII line 1b)			Prior Year 13,484,365.	23,219,200.
ne	8	D ' '/D ' \			0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a			6,231.	
Re	11	Other revenue (Part VIII, column (A), lines 5, 4d, 8c, 9			-8,738.	
	1	Total revenue - add lines 8 through 11 (must equal Pa			13,481,858.	
_		Grants and similar amounts paid (Part IX, column (A),			11,262,487.	
	1	Benefits paid to or for members (Part IX, column (A),			0.	
"	45	Salaries, other compensation, employee benefits (Pal			1,035,150.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			0.	0.
ben	. b	Total fundraising expenses (Part IX, column (D), line 2	25) ▶ 225,6	48.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	•		1,488,691.	1,521,545.
		Total expenses. Add lines 13-17 (must equal Part IX,			13,786,328.	
	19	Revenue less expenses. Subtract line 18 from line 12			-304,470.	473,300.
Net Assets or	3			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			3,658,871.	5,411,709.
t As	21	Total liabilities (Part X, line 26)			873,750.	
ES ES	22	Net assets or fund balances. Subtract line 21 from lin	ne 20		2,785,121.	3,258,421.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, in				y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich preparer	has any knowledge.	
		Signature of officer			Doto	
Sig		' · · · · ·		CED	Date	
Her	е	KIRRA L. JARRATT, CHIEF Type or print name and title	EXECUTIVE OFFI	LCER		
		,		Tr	Date Check [PTIN
D-!		, · · ·	'reparer's signature		if	
Paid		TIANA WYNN			self-emplo	yed P00997288 20-2153727
	Only	Firm's name SB & COMPANY, LLC Firm's address 10200 GRAND CENTRA	AL AVE., SUITE	250	Firm's EIN ▶	70-7133171
use	Only	OWINGS MILLS, MD 2		<u> </u>	Dhona na 11	.05840060
Mar	the I	OWINGS MILLS, MD 2			Priorie 110. 4. 1	X Yes No
IVIA	, iii⊟ IF					144 155 110

	990 (2021) THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE DISTRCIT OF COLUMBIA BAR FOUNDATION WAS ESTABLISHED TO RAISE FUNDS FOR ORGANIZATIONS IN THE DISTRCIT THAT PROVIDE HANDS-ON LEGAL SERVICES TO RESIDENTS WHO ARE UNABLE TO AFFORD LEGAL ASSISTANCE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	12 560 521 10 100 452
4b	(Code:)(Expenses \$7,460,893. including grants of \$6,923,979.) (Revenue \$) CIVIL LEGAL COUNSEL PROJECTS PROGRAM GRANTS. THE COUNCIL OF THE DISTRICT OF COLUMBIA ESTABLISHED THE CIVIL LEGAL COUNSEL PROJECTS PROGRAM (CLCPP) THRIUGH THE EXPANDING ACCESS TO JUSTICE AMENDMENT ACT OF 2017, WHICH DESIGNATES THE DC BAR FOUNDATION AS ADMINISTRATOR. CLCPP SUPPORTS LEGAL AID ORGANIZATIONS PROVIDING REPRESENTATION IN EVEICTION DEFENSE PROCEEDINGS FOR DISTRICT RESIDENTS WITH LOW INCOME. THE DC BAR FOUNDATION HAS ADMINISTERED \$37.1 MILLION IN CLCPP FUNDING SINCE THE PROGRAM'S INCEPTION.
4c	(Code:)(Expenses \$1,109,569. including grants of \$1,079,553.) (Revenue \$) DCBF PROVIDES LOAN REPAYMENT ASSISTANCE TO QUALIFIED ATTORNEYS WORKING FOR AN ELGIBLE EMPLOYER IN DC IN ORDER TO: (1) INCREASE THE NUMBER OF EXPERIENCED, SKILLED LAWYERS WORKING ON BEHALF OF LOW-INCOME DC RESIDENTS; (2) ASSIST DC POVERTY LAWYERS WHO HAVE INCURRED SIGNIFICANT EDUCATIONAL DEBT IN OBTAINING THEIR LAW DEGREE. THE DC BAR FOUNDATION HAS ADMINISTERED \$XX LRAP PUBLIC FUNDING AND \$XX IN PRIVATE FUNDING SINCE THE PROGRAM'S INCEPTION.
4d	
40	(Expenses \$\frac{\text{including grants of \$}}{\text{total program service expenses}} \) (Revenue \$\frac{\text{Nevenue \$}}{\text{Nevenue \$}}}
-10	Form 990 (2021)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		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 Rev. Proc. 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	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- T
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a		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			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_V
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		<u> </u>
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	Х	<u> </u>
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Form 990 (2021) THE DISTRICT OF COLUMBIA BAR FOUNDATION

Part IV Checklist of Required Schedules (continued) 52-1109547 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F Contract Con	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		Х
20	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		21
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2021) THE DISTRICT OF COLUMBIA BAR FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 15					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
_	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
_	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h				
_	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.	8				
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				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

THE DISTRICT OF COLUMBIA BAR FOUNDATION Form 990 (2021) 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE
----	--	------

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

| X | Upon request ___ Other (explain on Schedule O) Own website Another's website

Describe on 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.

State the name, address, and telephone number of the person who possesses the organization's books and records KIRRA JARATT - 202-467-3750 200 MASSACHUSETTS AVE, NW SUITE 700, WASHINGTON

Form **990** (2021)

20001

DC

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than obox, unless person is bott officer and a director/trus			than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KIRRA JARRATT	40.00							224 222	•	40 550
CHIEF EXECUTIVE OFFICER	40.00			Х				224,328.	0.	18,578
(2) JESSE DARYL BYLER	40.00	-				\		110 474	0	15 526
DIRECTOR OF DEVELOPMENT (3) KELLY VENEY DARNELL	3.00		\vdash			X		110,474.	0.	15,536
PRESIDENT	3.00	Х		х				0.	0.	0 .
(4) JOHN P RELMAN	2.00	77							0.	0 .
VICE-PRESIDENT	2.00	х		х				0.	0.	0 .
(5) BENJAMIN F WILSON	2.00	T-								
SECRETARY		Х		х				0.	0.	0
(6) WAYNE T. GIBSON	2.00								-	-
TREASURER		Х		Х				0.	0.	0 .
(7) RONALD S. FLAGG	2.00									
BOARD MEMBER		Х						0.	0.	0 .
(8) MEREDITH FUCHS	2.00									
BOARD MEMBER		Х						0.	0.	0
(9) NATHALIE F.P. GILFOYLE	2.00								_	_
BOARD MEMBER		Х						0.	0.	0
(10) PHILIP W. HORTON	2.00	ļ							•	
BOARD MEMBER	0.00	Х	_			_		0.	0.	0 .
(11) DANIELLE M. REYES	2.00	.,							0	•
BOARD MEMBER	2 00	Х						0.	0.	0
(12) TAB STEWART BOARD MEMBER	2.00	Х						0.	0.	0 .
(13) VERNETTA WALKER	2.00	Λ						0.	0.	U
BOARD MEMBER	2.00	Х						0.	0.	0
BONKS MEMBER		77							0.	0
		1								
		1								
							L			

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	<u>jiHi</u>	ghes	t C	ompensated Employee	S (continued)			
(A)	(B)	(B) (C)		(D)	(E)		(F)				
Name and title	Average	١,,		Pos				Reportable	Reportable			nated
	hours per					than o		compensation	compensation			unt of
	week					r/trust		from	from related		ot	her
	(list any	ctor						the organization		s	compe	ensation
	hours for	r dire				pe		organization	(W-2/1099-MIS	iC/	fror	n the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orgar	ization
	organizations	Itrus	nal tr		oyee	d mos		1099-NEC)			and r	elated
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
	line)	lnd	lust	0#ij	Key	Hig	균			\longrightarrow		
		-										
										\dashv		
		-										
										\dashv		
		1										
										\dashv		
		1										
										\longrightarrow		
		-										
										\dashv		
		1										
										\dashv		
		1										
1b Subtotal	l	I					<u> </u>	334,802.		0.	34,114.	
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								334,802.		0.	34	,114.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	;		
compensation from the organization												2
										r	Y	es No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su	•		•					·	· ·			
and related organizations greater than \$150			•								4	X
5 Did any person listed on line 1a receive or a	•				•			•	lual for services		_	₩.
rendered to the organization? If "Yes," com	<u>plete Schedule</u>	e <i>J f</i> e	or su	ıch <u>ı</u>	oers	on .					5	X
Complete this table for your five highest contactors	mnonceted ind	lono	ndor	at 00	ntro	actor	o +h	act received more than \$	100 000 of comp		ion from	
the organization. Report compensation for	· ·	-							•	elisai	.1011 11011	'
(A)	ino odienadi ye	Jui C	, I I GII	<u>19 W</u>	1011	J1 VVII	T	(B)	our.		(C)	
Name and business	address							Description of s	ervices	С	ompens	ation
KEMP WHITFIELD INCORPORAT	ED, 102	0	PA:	RK								
DRIVE, UNIT #458, FLOSSMO	OR, IL	60	42	2				STRATEGIC CO	UNSELING		148	,800.
NPC RESEARCH, 975SE SANDY	BLVD,	SU	IT	E	20	0,						
PORTLAND, OR 97214								PROGRAM EVAL	JATION		147	,500.
							\dashv					
							\dashv					

Form **990** (2021)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2021) THE DIS
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
SΩ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b					
9		Fundraising events 1c	77,614.				
Ę,		d Related organizations 1d	,				
ijaj Biaj			21,246,102.				
ns, Sim		Government grants (contributions)	21,240,102.				
er i	1	All other contributions, gifts, grants, and	1 005 404				
혈된		similar amounts not included above 1f	1,895,484.				
E S	9	Noncash contributions included in lines 1a-1f 1g \$					
<u>8</u> 0		Total. Add lines 1a-1f		23,219,200.			
			Business Code				
9	2 8	a					
Program Service Revenue	ŀ						
Se	(·					
an		1					
P. B.	•	•					
Pro	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		3,086.			3,086.
	4	Income from investment of tax-exempt bond pr		•			
	5	Royalties					
	Ŭ	(i) Real	(ii) Personal				
	6 .		()				
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Othor				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis					
<u>e</u>		and sales expenses					
Ver	(Gain or (loss) 7c					
Be	(d Net gain or (loss)					
ther Revenue	8 8	a Gross income from fundraising events (not					
ᅗ		including \$ 77,463. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
	ŀ	Less: direct expenses 8b	0.				
		Net income or (loss) from fundraising events	.	0.			
		Gross income from gaming activities. See					
		Part IV, line 19 <u>9a</u>					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
	10 6	· · · · · · · · · · · · · · · · · · ·					
		and allowances					
\rightarrow		Net income or (loss) from sales of inventory	Business Code				
ဋ			Dusiness Code				
Miscellaneous Revenue	11 6						<u> </u>
llan (en	ŀ						<u> </u>
Se Be	(
Ĕ	(d All other revenue					
	•	e Total. Add lines 11a-11d		22 222 222	_		2.006
	12	Total revenue. See instructions		23,222,286.	0.	0.	3,086.

Form 990 (2021) THE DISTRICT Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
<u> </u>	Check if Schedule O contains a response or note to any line in this Part IX									
	· ·	(A)	(B)	(C)	(D)					
	not include amounts reported on lines 6b, 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		ехрепзез	general expenses	expenses					
'		19 844 432	19,844,432.							
_	and domestic governments. See Part IV, line 21	17,011,132.	17,044,452.							
2	Grants and other assistance to domestic	279,553.	279,553.							
_	individuals. See Part IV, line 22	219,333.	219,555.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	350,338.	230,564.	61,192.	58,582.					
_	trustees, and key employees	330,330.	230,304.	01,192.	30,302.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7		613,660.	494,966.	17,967.	100,727.					
7 8	Other salaries and wages Pension plan accruals and contributions (include	313,000	474,700•	11,0010	100,1210					
o	section 401(k) and 403(b) employer contributions)	13,735.	10,252.	1 061	2 422					
9	Other employee benefits	52,029.		1,061.	9 387					
10	Payroll taxes	73,694.	57,705.	4,599.	2,422. 9,387. 11,390.					
11	Fees for services (nonemployees):	. 5 , 5) ± •	27,703.	-,555.						
	Management									
	Legal									
	Accounting	143,264.	14,934.	128,330.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A), amount, list line 11g expenses on Sch 0.)	411,164.	296,548.	104,491.	10,125.					
12	Advertising and promotion	8,293.		848.	10,125. 3,645.					
13	Office expenses	8,952.		3,379.	1,565.					
14	Information technology	55,644.	42,208.	9,422.	4,014.					
15	Royalties									
16	Occupancy	81,608.	61,703.	6,424.	13,481.					
17	Travel	231.	53.	103.	75.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials		252	6 0.74						
19	Conferences, conventions, and meetings	7,934.	952.	6,974.	8.					
20	Interest									
21	Payments to affiliates	C F70	4 072	F10	1 007					
22	Depreciation, depletion, and amortization	6,578.	4,973.	518.	1,087.					
23	Insurance	5,413.	4,093.	426.	894.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A).									
	amount, list line 24e expenses on Schedule 0.) GRANTEE EVALUATION, TRA	682,485.	682,367.	31.	87.					
a	DUES AND SUBSCRIPTION	63,440.	49,233.	12,517.	1,690.					
b	MISCELLANEOUS	42,324.	11,714.	24,141.	6,469.					
c d	BAD DEBT EXPENSE	4,215.	4,215.	74,1410	0,409•					
	All other expenses	±,419•	±,219•							
25	Total functional expenses. Add lines 1 through 24e	22,748,986.	22,138,993.	384,345.	225,648.					
26	Joint costs. Complete this line only if the organization	,,	,,							
_0	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 Page 11 Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,456,124.	1	2,741,692.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		98,800.	3	40,810.	
	4	Accounts receivable, net			51,920.	4	519,707.
	5	Loans and other receivables from any current or	fficer, director,				
		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
		controlled entity or family member of any of the	se person	s		5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	l in sectio	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			99,457.	9	153,275.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	28,411. 20,955.			
	b	Less: accumulated depreciation	10b	20,955.	6,835. 1,916,585.	10c	7,456. 1,919,619.
	11	Investments - publicly traded securities			1,916,585.	11	1,919,619.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	29,150.	15	29,150.		
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)		3,658,871.	16	5,411,709.
	17	Accounts payable and accrued expenses	291,613.	17	228,043.		
	18	Grants payable			18		
	19	Deferred revenue			582,137.	19	1,925,245.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
8	22	Loans and other payables to any current or form	er officer	r, director,			
Ě		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	-			22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	i 17-24). (Complete Part X			
		of Schedule D			000 000	25	0 150 000
	26				873,750.	26	2,153,288.
(0		Organizations that follow FASB ASC 958, che	ck here	► <u>X</u>			
Š		and complete lines 27, 28, 32, and 33.			1 100 610		1 214 040
<u>a</u>	27				1,177,618.	27	1,314,840.
Ä	28				1,607,503.	28	1,943,581.
Ĕ		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 📖 📗			
F.		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
.es	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come, or	other funds	0 705 101	31	2 050 401
Š	32				2,785,121.	32	3,258,421.
	33	Total liabilities and net assets/fund balances .			3,658,871.	33	5,411,709.

Pa	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	23,22		
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,74		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,78	5,1	<u>21.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,25	8,4	<u>21.</u>
Pa	t 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 X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				l
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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.) 6 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11146778.	12515822.	12742064.	13484365.	23219200.	73108229.
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						
	furnished by a governmental unit to						
	the organization without charge	11115	10515000	10710061	1010105	0001000	5010000
4	Total. Add lines 1 through 3	11146778.	12515822.	12742064.	13484365.	23219200.	73108229.
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)						7210000
	Public support. Subtract line 5 from line 4.						73108229.
	etion B. Total Support	T				T	T
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019 12742064.	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	11140//0.	12313622.	12/42004.	13404303.	23219200.	73100229.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	3,752.	25,127.	22,716.	6,231.	3,086.	60,912.
_	and income from similar sources	3,734.	23,127.	22,710.	0,231.	3,000.	00,912.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						73169141.
	• • • • • • • • • • • • • • • • • • • •	eta (see inetruetio				12	73103141.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tax y			
10	organization, check this box and stop	_					
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	99.92 %
	Public support percentage from 2020					15	99.89 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	-	-		-		
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s >

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 failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year teginning in) Calendar year (or f	quality under the tests listed be Section A. Public Support	ow, please comp	piete i ait ii.j				
1 Giffs, grants, contributions, and membership tees received. (Do not include any "nunsual grants.") 2 Gross necepts from achievations of the properties of the programment of the programment of seal vesses to the programment of the programm	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

	Yes	No
4		
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40-		
10a		
10b		
ule A (Forn	n 990)	2021

Vas No

how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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 role played by the organization in this regard.

2a 2b За

Sche	edule A (Form 990) 2021 THE DISTRICT OF COLUMBIA			52-1109547 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>explain il</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		•	
Sect	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			
	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		
Sect	ion 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	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	ed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(:)	/::\		/:::\

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547

Organization type (check one):						
Filers of: Section:						
Form 990 or 99	90-EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	organization is covered by the General Rule or a Special Rule . ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
For a	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
section contr	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, is che purpo	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" o	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must inswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify hat it doesn't meet the filing requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE DISTRICT OF COLUMBIA BAR FOUNDATION

52-1109547

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>11,746,102.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>9,500,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE DISTRICT OF COLUMBIA BAR FOUNDATION

52-1109547

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11		 	Schedule R (Form 990) (2021)

Name of organization Employer identification number

THE DI	STRICT OF COLUMBIA BAR	FOUNDATION			52-1109547
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	ons to organizations descriptions (e) and the following	ing line entry. For a	rganizations	at total more than \$1,000 for the year
	Use duplicate copies of Part III if additional	space is needed.	, ,,	,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
		(e) Trans	fer of gift		
_	Transferee's name, address, ar	nd ZIP + 4	R	elationship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descr	ription of how gift is held
-	Transferee's name, address, ar	(e) Trans		elationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descr	ription of how gift is held
		(e) Trans	fer of gift		
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
	(e) Transfer of gift				
-	Transferee's name, address, ar	nd ZI P + 4	R	elationship of trar	nsferor to transferee

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.

OMB No. 1545-0047

Inspection

Name of the organization

THE DISTRICT OF COLUMBIA BAR FOUNDATION

Employer identification number 52-1109547

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds (or Accounts.	Complete if the	Э
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advis	ed funds	(b) Funds ar	d other accoun	nts
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 w	riting that the assets h	eld in donor advise	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the organization					
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)				
	Preservation of land for public use (for example, recreati	_		a historically impo	rtant land area	
	Protection of natural habitat		Preservation of	a certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	oution in the form o	f a conservation e	asement on the	e last
	day of the tax year.			Held	at the End of the	Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				g the tax	
	year >		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
	>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservati	on easements dur	ing the year	
	> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts 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 conservatio					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	s financial stateme	nts that describes	the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tro	easures, or Oth	ner Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its re	venue statement an	nd balance sheet v	vorks	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in fur	therance of public	:	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ie statement and ba	alance sheet work	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public se	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			> \$		
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	-		> \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				dule D (Form 9	990) 2021

132051 10-28-21

Schedule D (Form 990) 2021

7,456

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D (Form 990) 2021 THE DISTRIC	T OF COLUMBIA	BAR FOUNDATION 5	2-1109547 Page
Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	an Farma 000 Bart IV line	11d Coo Forms 000 Book V Boo 15	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Dook value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u> (7)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2.15 \		
Part X Other Liabilities.	3 10.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)			
(3)			
(4)			
(5)			

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

Schedule D (Form 990) 2021

(6) (7) (8)

THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of th	ie organization					Employer identification number
	THE	DISTRICT	OF COLUM	BIA BAR	FOUNDATION	52-1109547
Part I	Fundraising Activ	vities. Complete	e if the organization	on answered "	es" on Form 990, Part IV	, line 17. Form 990-EZ filers are not
	required to complete t	this part.				
1 Indica	ate whether the organizat	tion raised funds t	hrough any of the	e following act	vities. Check all that apply	<i>r</i> .
	1			l 🕳		

Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 Page 2 Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events AVENUE TO CHILI FOR A NONE (add col. (a) through JUSTICE CAUSE col. (c)) (event type) (total number) (event type) 68,077. 9,386. 77,463. Gross receipts 68,077. 9,386. 77,463. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-	1109547	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
			// %
	An outside facility	13b	<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
_			
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	•		
a	solution is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	. L Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year > \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
			-

Schedule G	(Form 990) Supplemental Infor	THE	DISTRICT	OF	COLUMBIA	BAR	FOUNDATION	52-1109547	Page 4
Part IV	Supplemental Infor	mation	(continued)						
			, , , , , , , , , , , , , , , , , , , ,						
-									

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2021
Open to Public

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

·

Inspection

Employer identification number

THE DISTR	TCT OF CC	LUMBIA BAR	LOONDAT. TON	l			52-110954/
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	tance?						No
2 Describe in Part IV the organization's pro	cedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I					anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$		· ·	 		(f) Method of	T	T
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR JUSTICE AND							
EDUCATION - 1200 G STREET, NW							
SUITE #725 - WASHINGTON, DC							
20005	52-1989809	501C3	155,748.	0.			FY22 ATJ GRANTS
ADVOCATES FOR JUSTICE AND							
EDUCATION - 1200 G STREET, NW							
SUITE #725 - WASHINGTON, DC							FY22 PRIVATE GRANTS
20005	52-1989809	501C3	17,000.	0.			PROGRAM
AFRICAN COMMUNITIES TOGETHER 1775 K ST NW, SUITE 620 WASHINGTON, DC 20006	46-1689722	501C3	75,000.	0.			FY22 ATJ GRANTS
			, ,	-			
AFRICAN COMMUNITIES TOGETHER 1775 K ST NW, SUITE 620 WASHINGTON, DC 20006	46-1689722	501C3	10,000.	0.			FY22 PRIVATE GRANTS PROGRAM
AMARA LEGAL CENTER 2099 PENNSYLVANIA AVENUE NW, 7T WASHINGTON, DC 20006	46-3819394	501C3	223,540.	0.			FY22 ATJ GRANTS
AMARA LEGAL CENTER							
2099 PENNSYLVANIA AVENUE NW, 7T							FY22 PRIVATE GRANTS
WASHINGTON, DC 20006	46-3819394	501C3	10,000.	0.			PROGRAM
2 Enter total number of section 501(c)(3) are	•	· ·					
3 Enter total number of other organizations	s listed in the line	1 table					

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

Schedule I (Form 990) 2021

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable valuation non-cash assistance or assistance organization or government cash grant noncash (book, FMV, assistance appraisal, other) ASIAN PACIFIC AMERICAN LEGAL RESOURCE CTR - 1012 14TH STREET NW SUITE 450 WASHINGTON, DC 20005 52-2148028 501C3 70,000 0. FY22 ATJ GRANTS ASIAN PACIFIC AMERICAN LEGAL RESOURCE CTR - 1012 14TH STREET NW SUITE 450 FY22 PRIVATE GRANTS WASHINGTON, DC 20005 52-2148028 501C3 0 PROGRAM 25,000 AYUDA 6925 B WILLOW STREET NW WASHINGTON, DC 20012 52-0971440 501C3 670,178 0. FY22 ATJ GRANTS AYUDA 6925 B WILLOW STREET NW FY22 PRIVATE GRANTS 52-0971440 501C3 0 PROGRAM WASHINGTON, DC 20012 40,000 BREAD FOR THE CITY 1525 SEVENTH STREET NW 0. WASHINGTON, DC 20001 52-1138207 501C3 1,155,729. FY22 ATJ GRANTS BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001 52-1138207 501C3 0. 915,859, FY22 CLCPP GRANTS BREAD FOR THE CITY 1525 SEVENTH STREET NW FY22 PRIVATE GRANTS WASHINGTON, DC 20001 52-1138207 501C3 47,000 0. PROGRAM CAIR COALITION CAPITAL AREA IMMIGRANTS' RIGHTS - 1612 K ST NW, SUITE 204 - WASHINGTON, FY22 PRIVATE GRANTS DC 20006 52-2141497 501C3 15,000. 0. PROGRAM CATHOLIC CHARITIES LEGAL NETWORK - 924 G ST NW FY22 PRIVATE GRANTS WASHINGTON, DC 20001 53-0196524 501C3 0. PROGRAM 20,000.

Schedule I (Form 990)

Schedule I (Form 990) THE DISTR	5	2-1109547 Page 1					
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t II.)	
(a) Name and address of organization or government	(b) EIN (c) IRC section if applicable		(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL AMERICAN RESOURCE CENTER - 1460 COLUMBIA RD NW SUITE C-1 - WASHINGTON, DC 20009	52-1271888	501C3	181,961.	0.			FY22 ATJ GRANTS
CHILDREN'S LAW CENTER, THE 616 H STREET NW, SUITE 300 WASHINGTON, DC 20001	52-1961588	501C3	400,000.	0.			FY22 ATJ GRANTS
CHILDREN'S LAW CENTER, THE 616 H STREET NW, SUITE 300 WASHINGTON, DC 20001	52-1961588	501C3	30,000.	0.			FY22 PRIVATE GRANTS PROGRAM
CHRISTIAN LEGAL AID OF DC 65 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	26-1493743	501C3	101,464.	0.			FY22 ATJ GRANTS
CHRISTIAN LEGAL AID OF DC 65 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	26-1493743	501C3	8,000.	0.			FY22 PRIVATE GRANTS PROGRAM
COMMUNITY FAMILY LIFE SERVICES 305 E ST NW WASHINGTON, DC 20001	52-0910609	501C3	63,077.	0.			FY22 ATJ GRANTS
DC AFFORDABLE LAW FIRM 1717 K ST NW WASHINGTON, DC 20006	47-3852711	501C3	465,587.	0.			FY22 ATJ GRANTS
DC VOLUNTEER LAWYERS PROJECT 5334 WISCONSIN AVENUE NW, SUITE 440 - WASHINGTON, DC 20014	53-0196600	501C3	475,844.	0.			FY22 ATJ GRANTS
DC VOLUNTEER LAWYERS PROJECT 5334 WISCONSIN AVENUE NW, SUITE 440 - WASHINGTON, DC	33 323000		173,024.				FY22 PRIVATE GRANTS
20014	53-0196600	501C3	13,000.	0.			PROGRAM

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	72 1105547	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
OC KINCARE ALLIANCE								
L01 CONNECTICUT AVE NW STE 450								
WASHINGTON, DC 20036	82-1855402	501C3	150,000.	0.			FY22 ATJ GRANTS	
DISTRICT OF COLUMBIA BAR PRO								
BONO CENTER - 901 4TH ST NW								
- WASHINGTON, DC 20001	52-1574217	501C3	384,800.	0.			FY22 ATJ GRANTS	
DISTRICT OF COLUMBIA BAR PRO								
BONO CENTER - 901 4TH ST NW								
- WASHINGTON, DC 20001	52-1574217	501C3	1,039,909.	0.			FY22 CLCPP GRANTS	
FIRST SHIFT JUSTICE PROJECT								
P.O. BOX 2497								
WASHINGTON, DC 20013	46-5477121	501C3	80,000.	0.			FY22 ATJ GRANTS	
FIRST SHIFT JUSTICE PROJECT								
P.O. BOX 2497				_			FY22 PRIVATE GRANTS	
WASHINGTON, DC 20013	46-5477121	501C3	25,000.	0.			PROGRAM	
GEODGE WAGNINGTON WITH IN								
GEORGE WASHINGTON UNIV. LAW								
SCHOOL - 2000 H STREET, NW -	F4 1002224	E01.03	102 400				DV00 AMT CDANING	
WASHINGTON, DC 20052	54-1993334	501C3	123,499.	0.			FY22 ATJ GRANTS	
HOWARD UNIVERSITY SCHOOL OF								
LAW - 2900 VAN NESS ST NW								
- WASHINGTON, DC 20010	53-0204707	501C3	125,000.	0.			FY22 ATJ GRANTS	
WIBITINGTON, DC 20010	33 0204707	50103	123,000.	•••			FIZZ MIO CRIMID	
KIND INC								
1201 L ST NW 2ND FLOOR								
WASHINGTON, DC 20005	26-2763038	501C3	200,000.	0.			FY22 ATJ GRANTS	
LEGAL AID SOCIETY OF DC								
1331 H STREET NW, SUITE 350								
WASHINGTON, DC 20005	53-0196600	501C3	1,725,869.	0.			FY22 ATJ GRANTS	

Schedule I (Form 990) THE DISTR	52-1109547 Page 1						
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	20,000.	0.			FY22 PRIVATE GRANTS PROGRAM
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350 WASHINGTON, DC 20005	53-0196600	501C3	1,810,001.	0.			FY22 CLCPP GRANTS
LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON, DC 20049	52-1194741	501C3	400,503.	0.			FY22 ATJ GRANTS
LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON, DC 20049	52-1194741	501C3	682,461.	0.			FY22 CLCPP GRANTS
LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW WASHINGTON, DC 20049	52-1194741	501C3	43,000.	0.			FY22 PRIVATE GRANTS PROGRAM
MID ATLANTIC INNOCENCE PROJECT 1413 K ST NW WASHINGTON, DC 20005	54-1993334	501C3	15,000.	0.			FY22 PRIVATE GRANTS PROGRAM
MOTHERS OUTREACH NETWORK 612 G ST SW WASHINGTON, DC 20024	27-4647364	501C3	60,000.	0.			FY22 ATJ GRANTS
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	1,603,242.	0.			FY22 ATJ GRANTS
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	858,896.	0,			FY22 CLCPP GRANTS

Schedule I (Form 990) THE DISTR	2-1109547 Page 1						
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pai	t II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	35,000.	0.			FY22 PRIVATE GRANTS PROGRAM
NETWORK FOR VICTIM RECOVERY DC 6856 EASTERN AVE NW WASHINGTON, DC 20012	45-4888353	501C3	20,000.	0.			FY22 PRIVATE GRANTS PROGRAM
NETWORK FOR VICTIM RECOVERY DC 6856 EASTERN AVE NW WASHINGTON, DC 20012	45-4888353	501C3	45,000.	0.			FY22 ATJ GRANTS
QUALITY TRUST FOR INDIVIDUALS WITH DISABI - 4301 CONNECTICUT AVENUE, NW SUITE 310 - WASHINGTON, DC 20008	74-2994661	501C3	80,000.	0.			FY22 ATJ GRANTS
RISING FOR JUSTICE, INC. 901 4TH STREET, NW SUITE 6000 WASHINGTON, DC 20001	52-0847160	501C3	1,036,968.	0.			FY22 ATJ GRANTS
RISING FOR JUSTICE, INC. 901 4TH STREET, NW SUITE 6000 WASHINGTON, DC 20001	52-0847160	501C3	1,616,853.	0.			FY22 CLCPP GRANTS
RISING FOR JUSTICE, INC. 901 4TH STREET, NW SUITE 6000 WASHINGTON, DC 20001	52-0847160	501C3	50,000.	0.			FY22 PRIVATE GRANTS PROGRAM
SCHOOL JUSTICE PROJECT 1805 7TH STREET NW, 7TH FLOOR WASHINGTON, DC 20001	46-1625412	501C3	150,000.	0.			FY22 ATJ GRANTS
SCHOOL JUSTICE PROJECT 1805 7TH STREET NW, 7TH FLOOR WASHINGTON, DC 20001	46-1625412	501C3	40,000.	0.			FY22 PRIVATE GRANTS PROGRAM

Schedule I (Form 990) THE DISTR	52-1109547 Page 1						
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAFE SISTER CIRCLE 1231 GOOD HOPE ROAD SE WASHINGTON, DC 20020	82-5194511	501C3	259,433.	0.			FY22 ATJ GRANTS
THE SAFE SISTER CIRCLE 1231 GOOD HOPE ROAD SE WASHINGTON, DC 20020	82-5194511	501C3	20,000.	0.			FY22 PRIVATE GRANTS PROGRAM
TORTURE ABOLITION AND SURVIVORS SUPPORT COALITION - 4121 HAREWOOD RD NE, SUITE B - WASHINGTON, DC 20017	30-0060696	501C3	25,000.	0.			FY22 PRIVATE GRANTS PROGRAM
TORTURE ABOLITION AND SURVIVORS SUPPORT COALITION - 4121 HAREWOOD RD NE, SUITE B - WASHINGTON, DC 20017	30-0060696	501C3	163,647.	0.			FY22 ATJ GRANTS
TZEDEK DC, INC. 4340 CONNECTICUT AVENUE NW, SUI WASHINGTON, DC 20008	81-2208907	501C3	321,070.	0.			FY22 ATJ GRANTS
TZEDEK DC, INC. 4340 CONNECTICUT AVENUE NW, SUI WASHINGTON, DC 20008	81-2208907	501C3	10,000.	0.			FY22 PRIVATE GRANTS PROGRAM
UNIVERSITY LEGAL SERVICES 220 I ST NE STE 130 WASHINGTON, DC 20002	31-1682787	501C3	42,000.	0.			FY22 PRIVATE GRANTS PROGRAM
UNIVERSITY LEGAL SERVICES 220 I ST NE STE 130 WASHINGTON, DC 20002	31-1682787	501C3	273,000.	0.			FY22 ATJ GRANTS
WASHINGTON LAWYERS' COMMITTEE 11 DUPONT CIRCLE NW, SUITE 400 WASHINGTON, DC 20036	52-1784938	501C3	637,000.	0.			FY22 ATJ GRANTS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON LAWYERS' COMMITTEE 11 DUPONT CIRCLE NW, SUITE 400 WASHINGTON, DC 20036	52-1784938	501C3	15,000.	0.			FY22 PRIVATE GRANTS PROGRAM
WASHINGTON LAWYERS' COMMITTEE 11 DUPONT CIRCLE NW, SUITE 400 WASHINGTON, DC 20036	52-1784938	501C3	80,000.	0.			FY22 PRIVATE GRANTS PROGRAM
WASHINGTON LEGAL CLINIC FOR THE HOMELESS - 1200 U STREET, NW, SUITE 3 - WASHINGTON, DC 20009	52-1545522	501C3	70,000.	0.			FY22 PRIVATE GRANTS PROGRAM
WHITMAN WALKER HEALTH 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501C3	310,000.	0.			FY22 ATJ GRANTS
WHITMAN WALKER HEALTH 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501C3	55,000.	0.			FY22 PRIVATE GRANTS PROGRAM

Schedule I (Form 990) 2021 THE DISTRICT OF	52-1109547 Page				
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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
LOAN REPAYMENT ASSISTANCE	53	277,053.	0.		
SCOUTT AWARD RECIPIENT	1	2,500.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
ALL GRANTS ARE COMPETITIVELY AWARD	ED BASED	ON GRANT E	LIGIBILITY	FACTORS	
OUTLINED IN PUBLICLY-AVAILABLE APPI	LICATION	MATERIALS.	APPLICANT	S SUBMIT	
DETAILED APPLICATIONS ELECTRONICAL	LY, WHICH	I INCLUDE E	ROGRAM INF	ORMATION,	

ALL GRANTS ARE COMPETITIVELY AWARDED BASED ON GRANT ELIGIBILITY FACTORS

OUTLINED IN PUBLICLY-AVAILABLE APPLICATION MATERIALS. APPLICANTS SUBMIT

DETAILED APPLICATIONS ELECTRONICALLY, WHICH INCLUDE PROGRAM INFORMATION,

FINANCIAL INFORMATION, AND SPECIFIC PROPOSED BUDGETS. DCBF CONDUCTS ON-SITE

VISITS, APPLICANT INTERVIEWS, AND COMMISSIONS OUTSIDE FINANCIAL EVALUATION

OF APPLICANTS' FINANCIAL MATERIALS. EACH APPLICATION IS REVIEWED AGAINST

OBJECTIVE ELIGIBILITY CRITERIA. GRANT AWARD RECOMMENDATIONS AND DECISIONS

ARE MEMORIALIZED, AND GRANT AWARD FOLDERS ARE MAINTAINED. DCBF HAS A

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

THE DISTRICT OF COLUMBIA BAR FOUNDATION

Employer identification number 52-1109547

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
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		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	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			
	contingent on the net earnings of:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	۱۵		

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

Schedule J (Form 990) 2021

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 W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KIRRA JARRATT	(i)	205,750.	0.	18,578.	0.	0.	224,328.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.		0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
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	(ii)							 	
	(i) (ii)								
	(II)								

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.

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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 Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

THE DISTRICT OF COLUMBIA BAR FOUNDATION

Employer identification number 52-1109547

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COLUMBIA
FORM 990, PART VI, SECTION A, LINE 7A:
THE DISTRICT OF COLUMBIA BAR SCREENING COMMITTEE REVIEWS DCBF'S NOMINATION
PROCESS FOR BOARD MEMBERS AND MAKE ITS RECOMMENDATIONS TO THE DC BAR BOARD
OF GOVERNORS FOR CONSIDERATION AND APPROVAL.
FORM 990, PART VI, SECTION A, LINE 7B:
THE DISTRICT OF COLUMBIA BAR SCREENING COMMITTEE REVIEWS DCBF'S NOMINATION
PROCESS FOR BOARD MEMBERS AND MAKE ITS RECOMMENDATIONS TO THE DC BAR BOARD
OF GOVERNORS FOR CONSIDERATION AND APPROVAL.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE CEO PRIOR TO BEING FILED
FORM 990, PART VI, LINE 12B:
THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS
YEAR.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS REGULARLY MONITORED. CONFLICTS THAT
ARISE ARE HANDLED ON A CASE BY CASE BASIS.
FORM 000 DARM VIT CECUTON B I INF 15A.

FORM 990, PART VI, SECTION B, LINE 15A:

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

Schedule O (Form 990) 2021

Scriedule O (Form 990) 202	.												Page 2
Name of the organization	THE :	DISTRI	CT OF	COLUM	IBIA	BAR F	OUNI	DAT:	ION		Employe 52	er identification -1109547	number
COMPENSATION O	F THI	E ORGAN	NIZATI	ON'S	CEO	INCLU	DES	A F	REVIEW	вч	THE	MEMBERS	OF
THE BOARD OF D	IREC	rors.											
FORM 990, PART	VI,	SECTIO	ON C,	LINE	19:								
GOVERNING DOCU	MENTS	S, THE	CONFL	ICT O	F IN	ITERES	T PC	DLIC	Y, AN	D T	HE F	NANCIAL	
STATEMENTS ARE	AVA.	ILABLE	ON DC	BF'S	WEBS	ITE.							

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A I	For the	e 2021 calendar year, or tax year beginning OC	${ m T}$ 1 , 2021 and	ending S	<u>EP 30, 2022</u>				
B	Check if applicable	C Name of organization			D Employer identif	ication number			
Г	Addre		A BAR FOUNDATTO	N					
E	Name chang	DODE:	1 DIM I GONDIII I	721	52-11095	47			
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone number	er			
	Final return/	200 MASSACHUSETTS AVE, 1	JM .	700	202-467-				
	termin ated	, , , , , , , , , , , , , , , , , , , ,	P or foreign postal code		G Gross receipts \$ 23,222,286.				
	Ameno	WASHINGTON, DC 20001			H(a) Is this a group r				
	Application	F Name and address of principal officer. ICLICA	A L. JARRATT		for subordinate	s? Yes X No			
	pendir	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No			
			(insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions			
_		te: WWW.DCBARFOUNDATION.ORG			H(c) Group exemption				
		organization,	ociation Other	L Year	of formation: 1977	M State of legal domicile: DC			
Pa	_	Summary							
a	1	Briefly describe the organization's mission or most significant and a second significant and second significant significant and second significant significan							
Governance		LEGAL REPRESENTATION OF THE							
ern	2	Check this box if the organization disconti	·	sed of more	1	1			
Š	3	Number of voting members of the governing body (Pa			3	11 11			
	1 -	Number of independent voting members of the gover							
ies		Total number of individuals employed in calendar year				15 145			
Activities &		Total number of volunteers (estimate if necessary)							
Ac		Total unrelated business revenue from Part VIII, colur							
_	D	Net unrelated business taxable income from Form 99	10-1, Part I, line 11	·····		Current Year			
		Contributions and grants (Part VIII line 1b)			Prior Year 13,484,365.	23,219,200.			
ne	8	D ' '/D ' \			0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a			6,231.				
Re	11	Other revenue (Part VIII, column (A), lines 5, 4d, 8c, 9			-8,738.				
	1	Total revenue - add lines 8 through 11 (must equal Pa			13,481,858.				
_		Grants and similar amounts paid (Part IX, column (A),			11,262,487.				
	1	Benefits paid to or for members (Part IX, column (A),			0.				
"	45	Salaries, other compensation, employee benefits (Pal			1,035,150.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			0.	0.			
ben	. b	Total fundraising expenses (Part IX, column (D), line 2	25) ▶ 225,6	48.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	•		1,488,691.	1,521,545.			
		Total expenses. Add lines 13-17 (must equal Part IX,			13,786,328.				
	19	Revenue less expenses. Subtract line 18 from line 12			-304,470.	473,300.			
Net Assets or	3			Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)			3,658,871.	5,411,709.			
t As	21	Total liabilities (Part X, line 26)			873,750.				
ES ES	22	Net assets or fund balances. Subtract line 21 from lin	ne 20		2,785,121.	3,258,421.			
	art II	Signature Block							
		Ities of perjury, I declare that I have examined this return, in				y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich preparer	has any knowledge.				
		Signature of officer			Doto				
Sig		' · · · · ·		CED	Date				
Her	е	KIRRA L. JARRATT, CHIEF Type or print name and title	EXECUTIVE OFFI	LCER					
		,		Tr	Date Check [PTIN			
D-!		, · · ·	'reparer's signature		if				
Paid		TIANA WYNN							
	Only	Firm's name SB & COMPANY, LLC Firm's address 10200 GRAND CENTRA	AL AVE., SUITE	250	Firm's EIN ▶	70-7133171			
use	Only	OWINGS MILLS, MD 2		<u> </u>	Dhona na 11	.05840060			
Mar	the I	OWINGS MILLS, MD 2			Priorie 110. 4. 1	X Yes No			
IVIA	, iii⊟ IF					144 155 110			

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE DISTRCIT OF COLUMBIA BAR FOUNDATION WAS ESTABLISHED TO RAISE FUNDS
	FOR ORGANIZATIONS IN THE DISTRCIT THAT PROVIDE HANDS-ON LEGAL SERVICES
	TO RESIDENTS WHO ARE UNABLE TO AFFORD LEGAL ASSISTANCE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 13,568,531. including grants of \$120,453.) (Revenue \$)
44	(Code:) (Expenses \$13,508,531 including grants of \$12,120,453) (Revenue \$) ACCESS TO JUSTICE GRANTS. IN 2007, THE DC BAR FOUNDATION (DCBF) BEGAN
	AWARDING GRANTS UNDER THE ACCESS TO JUSTICE (ATJ) WHEN THE DC COUNCIL
	DESIGNATED DCBF AS THE ADMINISTRATOR. ATL SUPPORTS LEGAL ASSISTANCE IN
	THREE AREAS: (A) UNDERSERVED AREAS, (B) HOUSING-RELATED MATTERS, AND
	(C) A SHARED LEGAL SERVICES INTERPRETER BANK. SINCE 2007, THE
	FOUNDATION HAS ADMINISTERED \$95.9 MILLION IN ATJ FUNDING TO PROVIDE
	CRITICAL LEGAL ASSISTANCE TO UNDERSERVED DC RESIDNETS WITH LOW INCOMES.
	(Code:) (Expenses \$ 7,460,893. including grants of \$ 6,923,979.) (Revenue \$)
4b	(Code:) (Expenses \$7,460,893. including grants of \$6,923,979.) (Revenue \$) CIVIL LEGAL COUNSEL PROJECTS PROGRAM GRANTS. THE COUNCIL OF THE
	DISTRICT OF COLUMBIA ESTABLISHED THE CIVIL LEGAL COUNSEL PROJECTS
	PROGRAM (CLCPP) THRIUGH THE EXPANDING ACCESS TO JUSTICE AMENDMENT ACT
	OF 2017, WHICH DESIGNATES THE DC BAR FOUNDATION AS ADMINISTRATOR. CLCPP
	SUPPORTS LEGAL AID ORGANIZATIONS PROVIDING REPRESENTATION IN EVEICTION
	DEFENSE PROCEEDINGS FOR DISTRICT RESIDENTS WITH LOW INCOME. THE DC BAR
	FOUNDATION HAS ADMINISTERED \$37.1 MILLION IN CLCPP FUNDING SINCE THE
	PROGRAM'S INCEPTION.
	/- 1 100 560 1 070 FF2 · ·
4c	(Code:) (Expenses \$1,109,569.
	FOR AN ELGIBLE EMPLOYER IN DC IN ORDER TO: (1) INCREASE THE NUMBER OF
	EXPERIENCED, SKILLED LAWYERS WORKING ON BEHALF OF LOW-INCOME DC
	RESIDENTS; (2) ASSIST DC POVERTY LAWYERS WHO HAVE INCURRED SIGNIFICANT
	EDUCATIONAL DEBT IN OBTAINING THEIR LAW DEGREE. THE DC BAR FOUNDATION
	HAS ADMINISTERED \$XX LRAP PUBLIC FUNDING AND \$XX IN PRIVATE FUNDING
	SINCE THE PROGRAM'S INCEPTION.
4d	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 22,138,993.
<u>4e</u>	Total program service expenses ► 22,138,993. Form 990 (2021)
	Form 999 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		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 Rev. Proc. 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	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			, .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a		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			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_V
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		<u> </u>
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	Х	<u> </u>
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Page 4

Pa	t IV Checklist of Required Schedules (continued)			ugo
	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, , ,	23	х	
240	Schedule J	23	21	
24 a	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	04-		X
	Schedule K. If "No," go to line 25a	24a		_^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
25 a	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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
·	"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			
00		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
JZ	· •	20		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
٥-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	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?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	1
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı a	Objects if Cabadida O contains a vaccine a vaccine a vaccine in this Both V			
	Check if Schedule O contains a response or note to any line in this Part V			
	Establis and the control of the cont		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	Х	ı

132004 12-09-21

Form 990 (2021) THE DISTRICT OF COLUMBIA BAR FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 15				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
_	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
_	to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
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			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b					
10	Section 501(c)(7) organizations. Enter:	9b			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

Form **990** (2021)

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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section 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 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records KIRRA JARATT - 202-467-3750

Form **990** (2021)

132006 12-09-21

200 MASSACHUSETTS AVE, NW SUITE 700, WASHINGTON

20001

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

					sate	ed any current officer, director, or trustee.				
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					s both or/trus		compensation	compensation	amount of
	week (list any	.o.					Ĺ	from the	from related organizations	other compensation
	hours for	direct				,		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	ridual	tutior	ie.	Key employee	est co	Jer.			organizations
	line)	lhdi	Insti	Officer	Key	High	Former			
(1) KIRRA JARRATT	40.00									
CHIEF EXECUTIVE OFFICER				Х				224,328.	0.	18,578.
(2) JESSE DARYL BYLER	40.00	1							_	
DIRECTOR OF DEVELOPMENT						X		110,474.	0.	15,536.
(3) KELLY VENEY DARNELL	3.00	1							_	_
PRESIDENT		Х		Х				0.	0.	0.
(4) JOHN P RELMAN	2.00	1							_	
VICE-PRESIDENT		Х		X				0.	0.	0.
(5) BENJAMIN F WILSON	2.00	1							_	
SECRETARY		Х		Х				0.	0.	0.
(6) WAYNE T. GIBSON	2.00	ļ		l						
TREASURER		Х		X				0.	0.	0.
(7) RONALD S. FLAGG	2.00	l								
BOARD MEMBER		Х						0.	0.	0.
(8) MEREDITH FUCHS	2.00	l								
BOARD MEMBER		Х						0.	0.	0.
(9) NATHALIE F.P. GILFOYLE	2.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(10) PHILIP W. HORTON	2.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(11) DANIELLE M. REYES	2.00									
BOARD MEMBER	2 00	Х						0.	0.	0.
(12) TAB STEWART	2.00	٠,,								
BOARD MEMBER	2 00	Х						0.	0.	0.
(13) VERNETTA WALKER	2.00	٠,,								
BOARD MEMBER		Х						0.	0.	0.
		-								
		-		-	\vdash	-				
		1								
		-				-				
		1								
		<u> </u>			\vdash	\vdash	\vdash			
		1								
				<u> </u>		<u> </u>		1		000

132007 12-09-21 Form **990** (2021)

	Section A. Officers, Directors, Trus		Jioy	ees,			gnes	···		,	\neg		/= `	
	(A) (B)				Pos	C)	,		(D)	(E)		_	(F)	
	Name and title	Average	(do				than o	one	Reportable	Reportable	- 1		imate	
		hours per					is both or/trus		compensation	compensatio	- 1		ount (of
		week	VCCK			T	174443		from	from related	- 1		other	
		(list any hours for	Individual trustee or director						the	organization			ensa	
		related	or di	99			ated		organization	(W-2/1099-MIS	,C/		m the	
		organizations	ustee	trust		e e	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			nizati relate	
		below	ual tr	ional		ploye	t con	١.	1099-NEC)				neiau nizatio	
		line)	divid	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orgai	IIZatio	JI 13
		<u>'</u>	=	-	0	Ā	포호	Œ			\dashv			
			1											
											\rightarrow			
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			1											
											\longrightarrow			
			1											
			1											
1b	Subtotal	•						—	334,802.		0.	34	,11	l4.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)							•	334,802.		0.	34	,11	14.
2	Total number of individuals (including but r							o re	•	000 of reportable	<u> </u>			
_	compensation from the organization	iot illinitod to til	.000		u u.	5010	,	0.0	, convoca mono unam que os,	ood of roportable				2
	osmponsation from the organization												Yes	No
3	Did the organization list any former officer	director trust	ا مم	(0)/ (amnl	lova	a or	hia	heet compensated empl	ovee on	ſ			
3	,			•	•	•		_	•	•	- 1	3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si										···· }	3		-25
4	,								•	•	- 1		х	
_	and related organizations greater than \$15										····· }	4	^	
5	Did any person listed on line 1a receive or					•			•		ŀ	_		v
	rendered to the organization? If "Yes," con	nplete Schedule	e J f	or su	ıch <u>i</u>	pers	on .					5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensat	tion fro	n	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	<u>thin</u>	the organization's tax y	ear.				
	(A)								(B)		_	(C)		
	Name and business							_	Description of s	ervices		ompen	satior	า
	MP WHITFIELD INCORPORAT	•												
	IVE, UNIT #458, FLOSSMO								STRATEGIC CO	UNSELING		148	, 80	<u> </u>
NP	C RESEARCH, 975SE SAND	BLVD,	SU	ΙT	Ε	20	0,							
POI	PORTLAND, OR 97214							-	PROGRAM EVAL	JATION		147	,50	00.
														
			_			_		_						
								\neg						
								\neg						

Form **990** (2021)

14010629 138138 DCBARFOUND

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2021) THE DIS
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
anta				1b					
ij g			Membership dues	1c	77,614.				
ts, Ar			Fundraising events	1d	77,014.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		21 246 102				
ns, Sim			Government grants (contributions)	1e	21,246,102.				
utio er (t	All other contributions, gifts, grants, and	1 1	1 005 404				
현된			similar amounts not included above \dots	1f	1,895,484.				
ont od (_	Noncash contributions included in lines 1a-1f	1g \$					
<u>ŏ</u> ĕ		h	Total. Add lines 1a-1f			23,219,200.			
					Business Code				
e S	2	а							
e Ķ		b							
S		С							
am		d							
Program Service Revenue		е							
Ā		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including divide						
			other similar amounts)		3,086.			3,086.	
	4		Income from investment of tax-exer						
	5		Royalties	-					
	·		They divides	(i) Real	(ii) Personal				
	6	•	Gross rents 6a	()	()				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
				Securities	(ii) Other				
	′	а	CITOGO AITIGORIA II GITTO GITT	securities .	(II) Other				
		_	assets other than inventory 7a						
		b	Less: cost or other basis						
nue			and sales expenses 7b						
ě			Gain or (loss) 7c						
her Revenue			Net gain or (loss)	I .					
Othe	8	а	Gross income from fundraising events (including \$ 77,463						
			contributions reported on line 1c). S	-					
			Part IV, line 18		0.				
		h	Less: direct expenses		0.				
			Net income or (loss) from fundraisin			0.			
			Gross income from gaming activitie			<u> </u>			
	9	а							
		L-	Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming a		······				
	10	а	Gross sales of inventory, less return						
		_	and allowances						
			Less: cost of goods sold						
\rightarrow		С	Net income or (loss) from sales of in	ventory					
က္အ					Business Code				
30 n	11	а							
Miscellaneous Revenue		b							
cell ev		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d)				
	12		Total revenue. See instructions			23,222,286.	0.	0.	3,086.

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 respon			<u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, 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	19,844,432.	19,844,432.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	279,553.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	250 220	020 564	61 100	F0 F00
	trustees, and key employees	350,338.	230,564.	61,192.	58,582
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	613,660.	494,966.	17,967.	100,727
8	Pension plan accruals and contributions (include	323,000		2.,507.	_00,7270
-	section 401(k) and 403(b) employer contributions)	13,735.	10,252.	1,061.	2,422
9	Other employee benefits	52,029.	40,720.	1,061.	2,422 9,387
10	Payroll taxes	73,694.	57,705.	4,599.	11,390
11	Fees for services (nonemployees):	-,	. ,	,	,
а	Management				
b	Legal				
С	Accounting	143,264.	14,934.	128,330.	
d		-			
е					
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	411,164.	296,548.	104,491.	10,125 3,645
12	Advertising and promotion	8,293.	3,800.		3,645
13	Office expenses	8,952.	4,008.	3,379.	1,565
14	Information technology	55,644.	42,208.	9,422.	4,014
15	Royalties				
16	Occupancy	81,608.	61,703.	6,424.	13,481
17	Travel	231.	53.	103.	75.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,934.	952.	6,974.	8 .
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,578.	4,973.	518.	1,087
23	Insurance	5,413.	4,093.	426.	894.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	GRANTEE EVALUATION, TRA	682,485.	682,367.	31.	87.
b	DUES AND SUBSCRIPTION	63,440.	49,233.	12,517.	1,690
С	MISCELLANEOUS	42,324.	11,714.	24,141.	6,469
d	BAD DEBT EXPENSE	4,215.	4,215.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,748,986.	22,138,993.	384,345.	225,648
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)				Form 990 (202

Form **990** (2021)

Form 990 (2021)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,456,124.	1	2,741,692.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			98,800.	3	40,810.
	4	Accounts receivable, net			51,920.	4	519,707.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	sons		5	
	6	Loans and other receivables from other disqua	alified pe				
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
As	9	B			99,457.	9	153,275.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	28,411.			
	b	Less: accumulated depreciation	. 10b	20,955.	6,835.	10c	7,456. 1,919,619.
	11	Investments - publicly traded securities		1,916,585.	11	1,919,619.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		29,150.	15	29,150.	
	16	Total assets. Add lines 1 through 15 (must ed	qual line	33)	3,658,871.	16	5,411,709.
	17	Accounts payable and accrued expenses		291,613.	17	228,043.	
	18	Grants payable		18			
	19	Deferred revenue		582,137.	19	1,925,245.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
iab		controlled entity or family member of any of the		_		22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat		·		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D			072 750	25	2 152 200
	26	Total liabilities. Add lines 17 through 25			873,750.	26	2,153,288.
ý		Organizations that follow FASB ASC 958, cl	neck he	re 🕨 🛕			
Jce		and complete lines 27, 28, 32, and 33.			1 177 610		1 21/ 0/0
alaı	27	Net assets without donor restrictions			1,177,618.	27	1,314,840. 1,943,581.
d B	28	Net assets with donor restrictions			1,007,303.	28	1,943,301.
'n.		Organizations that do not follow FASB ASC	958, cn	eck nere			
or F		and complete lines 29 through 33.	1-			-00	
sts	29	Capital stock or trust principal, or current fund				29	
1556	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2,785,121.	31	3,258,421.
ž	32	Total net assets or fund balances		3,658,871.	32 33	5,411,709.	
	33	Total liabilities and net assets/fund balances			3,030,011.	ა პ	5,411,709.

Form **990** (2021)

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,22					
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,748					
3	Revenue less expenses. Subtract line 2 from line 1	3	47: 2,78:	473,300				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4							
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9								
10								
	column (B))	10	3,25	8,42	21.			
Pai	rt 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 X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	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:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	х				
	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							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.						
	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 on Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?	5	3a	х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х				
	, , , , , , , , , , , , , , , , , , , ,			990 (2021)			

132012 12-09-21

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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.) 6 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Se	ction A. Public Support	71	1	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11146778.	12515822.	12742064.	13484365.	23219200.	73108229.
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						
	furnished by a governmental unit to						
	the organization without charge	11146000	10515000	10540064	12404265	0201000	7210000
	Total. Add lines 1 through 3	11146778.	12515822.	12742064.	13484365.	23219200.	73108229.
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)						
_	· · · · · · · · · · · · · · · · · · ·						73108229.
	Public support. Subtract line 5 from line 4.						13100223.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	11146778.	12515822.		13484365.	23219200.	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,752.	25,127.	22,716.	6,231.	3,086.	60,912.
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						73169141.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	. —
80	organization, check this box and stop						>
	ction C. Computation of Public			l (5\)			99.92 %
	Public support percentage for 2021 (I Public support percentage from 2020					15	99.92 %
	33 1/3% support test - 2021. If the						
106	stop here. The organization qualifies						
k	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ıblicly supported o	rganization		>
k	10% -facts-and-circumstances test	t - 2020. If the org	ganization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s ▶Ш

Schedule A (Form 990) 2021

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 failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Calendar year (or fiscal year teginning in) Calendar year (or f	quality under the tests listed be Section A. Public Support	ow, please comp	piete i ait ii.j				
1 Giffs, grants, contributions, and membership tees received. (Do not include any "nunsual grants.") 2 Gross necepts from achievations of the properties of the programment of the programment of seal vesses to the programment of the programm	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any 'unusual grants.') Gross recipits from admission, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levide for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6. Total. Add lines' 1 through 5 7. A mounts included on lines 1, 2, and 3 received from order organization without charge of the organization of the organization without charge of the organization o							
2 Gross receipts from admissions, merchandiss sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended	membership fees received. (Do not						
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's transversing purpose 3 Gross receipts from activities that are not an unrelated trade or bus insiss under saction 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of t	include any "unusual grants.")						
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's transversing purpose 3 Gross receipts from activities that are not an unrelated trade or bus insiss under saction 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of t	2 Gross receipts from admissions						
any activity that is related to the organization's tax exempt purpose of organization's tax exempt purpose of organization's tax exempt purpose of the organization's the control tax exempt purpose of the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's the organization without charge of the organization's benefit and either paid to or expended on its behalf organization's the organization without charge of the organization's the organization without charge of the organization's the organization without charge of the organization's the organization without charge organization organization without charge organization without charge organization without charge organization without charge organization organization without charge organization organizati	•						
organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines 1, 2, and 3 received from disqualified persons but when the disqualified persons to the service of the value of services or fix of the annotation line 1 to the tray service of the value o							
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization to benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Act lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b amounts included on lines 1, 2, and 3 received from disqualified persons b amounts included on lines 2 and 3 received from disqualified persons b amounts included on lines 2 and 3 received from other band organization without charge c Add lines 7a and 7b A public support. Released the greate of \$5,000 or 1% of the amounts on the 15 the layer. C Add lines 15 the layer. A mounts from the face of the part of the services of 10a Gross income from interest, dividends, payments received on securities loans, crets, royalties, and income from similar sources b Unrelated business trackled income (less section 51 traces) from businesses acquired after June 30, 1975 c Add lines 10 though of an ine 10b, whether or not the business is regularly carried on 10 Other income. Do not included on line 10b, whether or not the business is activities not included on line 10b, whether or not the business is regularly carried on 10 Other income. Do not included spail as 3 received from 2021 (line 10c, column (f), outh, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percent	, ,						
are not an unrelated trade or business insess under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without change 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1.2, and 3 received from disqualified persons by Amouts included on lines 2 and 3 received from disqualified persons by Amouts included on lines 3 and 3 received from disqualified persons by Amouts included on lines 3 and 3 received from disqualified persons by Amouts included on lines 3 and 3 received from disqualified persons by Amouts included on lines 3 and 3 received received by Amounts from 1 for	- · · · · - F						
iness under section 513 4 Tax revenues levied for the organization to benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines and a received from disqualified persons that exceed the years of \$5,000 or 1% of the amounts included on lines and a received from other than disqualitied person that exceed the years of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of \$5,000 or 1% of the amount of \$5,000 or 1% of the amount of \$5,000 or 1% of the 15 of the year of \$5,000 or 1% of the 15 of the year of \$5,000 or 1% of the 15 of the year of \$5,000 or 1% of the 15 of the year of \$5,000 or 1% of the 15 of the year of \$5,000 or 1% of the 15	·						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the general of 5,000 or 16 of the amount on line 13 for the year. Add lines 7 and 7 b 9 Amble support, Galanties (tensines) Section B. Total Support Talendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total of Gross income from interest, dividends, payments received on securities lones, rents, royalties, and income from similar sources on securities lones, rents, royalties, and income from similar sources (less section 511 taxes) from businesses acquired after June 30, 1975 (c) Add lines 10 and 10b 11 Net income from minested business exterities not included on line 10b, regularly carried on 10 come from minested business exterities not included on line 10b, regularly carried on 10 come from some securities lones (less section 5.01 (c) (a) organization, check this box and stop here 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 (c) 15 (c) 15 (c) 16 (c) 2019 (d) 2020 (e) 2021 (f) Total 2020 (e) 2021 (f) To							
ization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5	iness under section 513						
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5 1.		
5b 5c		
6		
7		
7		
8		
9a		
9b		
9c		
10a		
10b		
ule A (Forn	n 990)	2021

Schedule A (Form 990) 2021

DCBARF01

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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 role played by the organization in this regard.

2b За

Schedule A (Form 990) 2021

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THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 Page 6 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 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 0.035. 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A)

emergency temporary reduction (see instructions).	0		
Check here if the current year is the organization's first as a non-functionally in	ntegra	ted Type III supporting organ	ization (see
instructions).			

2

3

4

5

Schedule A (Form 990) 2021

2 Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3

4

5

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021 THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 Page 7

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	(continued)	
Sect	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
	(i)	(ii)	(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason	1-		
able cause required - explain in Part VI). See instructions	S.		
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result grea	ter		
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h	n		
and 4b from line 1. For result greater than zero, explain i	n		
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547

Organization type (check one):				
Filers of:	Section:			
Form 990 or 99	30-EZ $X = 501(c)(-3)$ (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	organization is covered by the General Rule or a Special Rule . ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
For ar	n organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or rty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
sectio contri	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Form 990-EZ, line 1. Complete Parts I and II.			
contri literar	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one butor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, y, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in column (b) instead of the contributor name and address), II, and III.			
year, o is che purpo	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box cked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., see. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively rule, charitable, etc., contributions totaling \$5,000 or more during the year			
answer "No" or	rganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify meet the filing requirements of Schedule B (Form 990).			

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE DISTRICT OF COLUMBIA BAR FOUNDATION

52-1109547

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>11,746,102</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 9,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE DISTRICT OF COLUMBIA BAR FOUNDATION

52-1109547

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11		 	Schedule R (Form 990) (2021)

Name of organization Employer identification number

	ISTRICT OF COLUMBIA BAR			52-1109547				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	v. For organizations						
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or I space is needed.	ess for the year. (Enter this	info. once.) > \$				
(a) No. from	·							
Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
		-						
}		(e) Transfer of gift						
		(c) Transfer of gire						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
								
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
		(e) Transfer of gift						
		(6)	sier of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(h) Diverges of wift	(a) Han of wift	(4)	Description of hour rift is held				
from Part I	(b) Purpose of gift	(c) Use of gift	(u)	Description of how gift is held				
			— ——					
			_					
	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of	of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1)						
		-						
	(e) Transfer of gift							
	Tropologoalo novo edduce e	nd 7 ID + 4	Dolotionalia	of transferor to transfers -				
-	Transferee's name, address, ar	10 ZIP + 4	Helationship (of transferor to transferee				

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.

OMB No. 1545-0047

2021
Open to Public

Open to Public Inspection

Name of the organization

THE DISTRICT OF COLUMBIA BAR FOUNDATION

Employer identification number 52-1109547

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of prants from (during year) Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, for far ny other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete inse 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements included in (a) qualified conservation contribution in the form of a conservation easement in the last day of the tax year. Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P A mount of expenses incurred in the conservation easements is holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P S Does each conservation easement reported on line 2(d) above satisfy
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 funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of on fautural habitat Protection of natural habitat Protection of natural habitat Preservation of pen space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (e) acquired after 7725/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located P 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year A staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 1 Part IIII
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a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ Second to the expense incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ New 1 New 2 New 3 New 3 New 4 New
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provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 * \$
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
the following amounts required to be reported under FASB ASC 958 relating to these items:
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$\Bigsim \frac{1}{2} = \fra

Schedule D (Form 990) 2021

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

Sche Par		TRICT OF CO					52-11		
								(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make sigi	nificant i	use of its		
_	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl						
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						se in Part	XIII.	
5	During the year, did the organization solicit o		•					7	
D :	to be sold to raise funds rather than to be ma							Yes	No
Par			te if the organization	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi							7	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	stodial accou	unt liability	y?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	88,672.	88,778.	89	,670.		82,772.		80,205.
b	Contributions						5,000.		5,060.
С	Net investment earnings, gains, and losses	52.	2,394.	2	380.		4,398.		7.
d	Grants or scholarships	2,500.					2,500.		2,500.
е	Other expenditures for facilities								
	and programs	5,561.	2,500.	3	,272.				
f	Administrative expenses								
g	End of year balance	80,663.	88,672.	88	,778.		89,670.		82,772.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	held as:	•				
а	Board designated or quasi-endowment	.0000	%						
b	Permanent endowment ► 100	%	_						
С	Term endowment ▶ .0000	 %							
	The percentages on lines 2a, 2b, and 2c show								
За	Are there endowment funds not in the posse		tion that are held an	d administer	ed for the	organiza	ation		
	by:	· ·				Ü		[Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	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								
Par									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990	Part X, lir	ne 10.			
	Description of property	(a) Cost or ot	ther (b) Cost	or other	(c) Acc	cumulate	ed	(d) Book	value
	2000. Property	basis (investm		I		reciation	·	,, DOOR	. 4.40
12	Land	<u> </u>	,	,	1-				
	Buildings								
	Leasehold improvements								
			2	8,411.		20,9	55.	7	,456.
	Equipment Other		2	-,		, , , .			,

Schedule D (Form 990) 2021

7,456.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME

THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN

TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A

14010629 138138 DCBARFOUND

2021.06000 THE DISTRICT OF COLUMBIA DCBARFO1

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 Page 5
Part XIII Supplemental Information (continued)
OR EXPECTED TO BE TAKEN IN A TAX RETURN. DCBF PERFORMED AN EVALUATION OF
UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2022 AND 2021, AND DETERMINED
THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL
STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX- EXEMPT STATUS.
AS OF SEPTEMBER 30, 2022, THE STATUTE OF LIMITATIONS FOR FISCAL YEARS 2019
THROUGH 2022 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE
VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH DCBF FILES TAX RETURNS. IT
IS DCBF'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO
UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE DICTRICT OF COLUMNIA DAD FOUNDATION

Employer identification number

	IKICI OF COLUMBIA I				32-1109	
Fundraising Activities. required to complete this part	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or 	e Solicitat f Solicitat g Special	ion of ion of fundra	non-g gover ising (overnment grants nment grants events	tees, or	_
key employees listed in Form 990, Pa b If "Yes," list the 10 highest paid indivi- compensated at least \$5,000 by the	riduals or entities (fundraisers) pursua				Yes efundraiser is to be	·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Гotal			•			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration

132081 10-21-21

Schedule G (Form 990) 2021

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

THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 Page 2 Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events AVENUE TO CHILI FOR A NONE (add col. (a) through JUSTICE CAUSE col. (c)) (event type) (total number) (event type) 68,077. 9,386. 77,463. 1 Gross receipts 68,077. 9,386. 77,463. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1	109547	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	//
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	/0
14	the the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	e If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	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 the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) 2021

Schedule G	(Form 990) Supplemental Infor	THE	DISTRICT	OF	COLUMBIA	BAR	FOUNDATION	52-1109547	Page 4
Part IV	Supplemental Infor	mation	(continued)						
-									
-									

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021
Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

THE DISTRICT OF COLUMBIA BAR FOUNDATION

Employer identification number
52-1109547

Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the o	grantees' eligibility	for the grants or assis	tance, and the selection	on
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	Domestic Organi	zations and Domestic	Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is neede	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR JUSTICE AND							
EDUCATION - 1200 G STREET, NW							
SUITE #725 - WASHINGTON, DC							
20005	52-1989809	501C3	155,748.	0.			FY22 ATJ GRANTS
ADVOCATES FOR JUSTICE AND EDUCATION - 1200 G STREET, NW							
SUITE #725 - WASHINGTON, DC	100000	504.50	4- 000				FY22 PRIVATE GRANTS
20005	52-1989809	501C3	17,000.	0.			PROGRAM
AFRICAN COMMUNITIES TOGETHER 1775 K ST NW, SUITE 620 WASHINGTON, DC 20006	46-1689722	501C3	75,000.	0.			FY22 ATJ GRANTS
AFRICAN COMMUNITIES TOGETHER 1775 K ST NW, SUITE 620 WASHINGTON, DC 20006	46-1689722	501C3	10,000.	0.			FY22 PRIVATE GRANTS PROGRAM
AMARA LEGAL CENTER 2099 PENNSYLVANIA AVENUE NW, 7T WASHINGTON, DC 20006		501C3	223,540.	0.			FY22 ATJ GRANTS
AMARA LEGAL CENTER 2099 PENNSYLVANIA AVENUE NW, 7T WASHINGTON, DC 20006	46-3819394	501C3	10,000.	0.			FY22 PRIVATE GRANTS PROGRAM 34.
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	•	•					

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

Schedule I (Form 990) 2021

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable valuation non-cash assistance or assistance organization or government cash grant noncash (book, FMV, assistance appraisal, other) ASIAN PACIFIC AMERICAN LEGAL RESOURCE CTR - 1012 14TH STREET NW SUITE 450 WASHINGTON, DC 20005 52-2148028 501C3 70,000 0. FY22 ATJ GRANTS ASIAN PACIFIC AMERICAN LEGAL RESOURCE CTR - 1012 14TH STREET NW SUITE 450 FY22 PRIVATE GRANTS WASHINGTON, DC 20005 52-2148028 501C3 0 PROGRAM 25,000 AYUDA 6925 B WILLOW STREET NW WASHINGTON, DC 20012 52-0971440 501C3 670,178 0. FY22 ATJ GRANTS AYUDA 6925 B WILLOW STREET NW FY22 PRIVATE GRANTS WASHINGTON, DC 20012 52-0971440 501C3 0 PROGRAM 40,000 BREAD FOR THE CITY 1525 SEVENTH STREET NW 0. WASHINGTON, DC 20001 52-1138207 501C3 1,155,729. FY22 ATJ GRANTS BREAD FOR THE CITY 1525 SEVENTH STREET NW WASHINGTON, DC 20001 52-1138207 501C3 0. 915,859. FY22 CLCPP GRANTS BREAD FOR THE CITY 1525 SEVENTH STREET NW FY22 PRIVATE GRANTS WASHINGTON, DC 20001 52-1138207 501C3 47,000 0. PROGRAM CAIR COALITION CAPITAL AREA IMMIGRANTS' RIGHTS - 1612 K ST NW, SUITE 204 - WASHINGTON, FY22 PRIVATE GRANTS DC 20006 52-2141497 501C3 15,000. 0. PROGRAM CATHOLIC CHARITIES LEGAL NETWORK - 924 G ST NW FY22 PRIVATE GRANTS WASHINGTON, DC 20001 53-0196524 501C3 0. PROGRAM 20,000.

Part II Continuation of Grants and Other		mestic Organizations			edule I (Form 990), Pa		- Fage			
(a) Name and address of organization or government			(b) EIN (c) IRC section if applicable		(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CENTRAL AMERICAN RESOURCE CENTER - 1460 COLUMBIA RD NW										
SUITE C-1 - WASHINGTON, DC 20009	52-1271888	501C3	181,961.	0.			FY22 ATJ GRANTS			
CHILDREN'S LAW CENTER, THE 616 H STREET NW, SUITE 300 WASHINGTON, DC 20001	52-1961588	501C3	400,000.	0.			FY22 ATJ GRANTS			
CHILDREN'S LAW CENTER, THE 616 H STREET NW, SUITE 300 WASHINGTON, DC 20001	52-1961588	501C3	30,000.	0.			FY22 PRIVATE GRANTS PROGRAM			
CHRISTIAN LEGAL AID OF DC 65 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	26-1493743	501C3	101,464.	0.			FY22 ATJ GRANTS			
CHRISTIAN LEGAL AID OF DC 65 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	26-1493743	501C3	8,000.	0.			FY22 PRIVATE GRANTS PROGRAM			
COMMUNITY FAMILY LIFE SERVICES 305 E ST NW WASHINGTON, DC 20001	52-0910609	501C3	63,077.	0.			FY22 ATJ GRANTS			
DC AFFORDABLE LAW FIRM 1717 K ST NW	47-3852711	501C3	ACE EOT	0.			FY22 ATJ GRANTS			
WASHINGTON, DC 20006 DC VOLUNTEER LAWYERS PROJECT 5334 WISCONSIN AVENUE NW, SUITE 440 - WASHINGTON, DC	47-3032711	50103	465,587.	0.			FIZZ AIU GRANIS			
20014 DC VOLUNTEER LAWYERS PROJECT 5334 WISCONSIN AVENUE NW,	53-0196600	501C3	475,844.	0.			FY22 ATJ GRANTS			
SUITE 440 - WASHINGTON, DC 20014	53-0196600	501C3	13,000.	0.			FY22 PRIVATE GRANTS PROGRAM			

Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant non-cash assistance or assistance organization or government if applicable cash grant noncash valuation (book, FMV, assistance appraisal, other) DC KINCARE ALLIANCE 101 CONNECTICUT AVE NW STE 450 WASHINGTON, DC 20036 82-1855402 501C3 0. FY22 ATJ GRANTS 150,000 DISTRICT OF COLUMBIA BAR PRO BONO CENTER - 901 4TH ST NW - WASHINGTON, DC 20001 52-1574217 501C3 0. FY22 ATJ GRANTS 384,800 DISTRICT OF COLUMBIA BAR PRO BONO CENTER - 901 4TH ST NW - WASHINGTON, DC 20001 52-1574217 501C3 1,039,909, 0. FY22 CLCPP GRANTS FIRST SHIFT JUSTICE PROJECT P.O. BOX 2497 WASHINGTON, DC 20013 46-5477121 501C3 0 80,000, FY22 ATJ GRANTS FIRST SHIFT JUSTICE PROJECT P.O. BOX 2497 FY22 PRIVATE GRANTS 46-5477121 501C3 PROGRAM WASHINGTON, DC 20013 25,000. 0. GEORGE WASHINGTON UNIV. LAW SCHOOL - 2000 H STREET, NW WASHINGTON, DC 20052 501C3 54-1993334 123,499, 0. FY22 ATJ GRANTS HOWARD UNIVERSITY SCHOOL OF LAW - 2900 VAN NESS ST NW - WASHINGTON, DC 20010 53-0204707 501C3 125,000. 0. FY22 ATJ GRANTS KIND INC 1201 L ST NW 2ND FLOOR WASHINGTON, DC 20005 26-2763038 501C3 200,000. 0. FY22 ATJ GRANTS LEGAL AID SOCIETY OF DC 1331 H STREET NW. SUITE 350 WASHINGTON, DC 20005 501C3 1,725,869. 0. FY22 ATJ GRANTS 53-0196600

Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	ruge
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350							FY22 PRIVATE GRANTS
WASHINGTON, DC 20005	53-0196600	501C3	20,000.	0.			PROGRAM
LEGAL AID SOCIETY OF DC 1331 H STREET NW, SUITE 350	F2 0106600	501.63	1 010 001				THE STATE OF STATE
WASHINGTON, DC 20005	53-0196600	501C3	1,810,001.	0.			FY22 CLCPP GRANTS
LEGAL COUNSEL FOR THE ELDERLY							
WASHINGTON, DC 20049	52-1194741	501C3	400,503.	0.			FY22 ATJ GRANTS
LEGAL COUNSEL FOR THE ELDERLY 601 E STREET NW							
WASHINGTON, DC 20049	52-1194741	501C3	682,461.	0.			FY22 CLCPP GRANTS
LEGAL COUNSEL FOR THE ELDERLY							FY22 PRIVATE GRANTS
WASHINGTON, DC 20049	52-1194741	501C3	43,000.	0.			PROGRAM
MID ATLANTIC INNOCENCE PROJECT 1413 K ST NW							FY22 PRIVATE GRANTS
WASHINGTON, DC 20005	54-1993334	501C3	15,000.	0.			PROGRAM
MOTHERS OUTREACH NETWORK 612 G ST SW							
WASHINGTON, DC 20024	27-4647364	501C3	60,000.	0.			FY22 ATJ GRANTS
NEIGHBORHOOD LEGAL SERVICES PROGRAM – 680 RHODE ISLAND							
AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	1,603,242.	0.			FY22 ATJ GRANTS
NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND							
AVENUE NE - WASHINGTON, DC 20002	52-0858001	501C3	858,896.	0.			FY22 CLCPP GRANTS

52-1109547 THE DISTRICT OF COLUMBIA BAR FOUNDATION Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant or assistance valuation non-cash assistance organization or government if applicable cash grant noncash (book, FMV, assistance appraisal, other) NEIGHBORHOOD LEGAL SERVICES PROGRAM - 680 RHODE ISLAND FY22 PRIVATE GRANTS - WASHINGTON, DC 20002 52-0858001 501C3 35,000 0 PROGRAM AVENUE NE NETWORK FOR VICTIM RECOVERY DC 6856 EASTERN AVE NW FY22 PRIVATE GRANTS WASHINGTON, DC 20012 45-4888353 501C3 0 PROGRAM 20,000 NETWORK FOR VICTIM RECOVERY DC 6856 EASTERN AVE NW WASHINGTON, DC 20012 45-4888353 501C3 45,000 0. FY22 ATJ GRANTS OUALITY TRUST FOR INDIVIDUALS WITH DISABI - 4301 CONNECTICUT AVENUE NW SUITE 310 WASHINGTON, DC 20008 74-2994661 501C3 0 FY22 ATJ GRANTS 80,000 RISING FOR JUSTICE, INC. 901 4TH STREET, NW SUITE 6000 0. WASHINGTON, DC 20001 52-0847160 501C3 1,036,968, FY22 ATJ GRANTS RISING FOR JUSTICE, INC. 901 4TH STREET, NW SUITE 6000 WASHINGTON, DC 20001 501C3 52-0847160 1,616,853, 0. FY22 CLCPP GRANTS RISING FOR JUSTICE, INC. 901 4TH STREET, NW SUITE 6000 FY22 PRIVATE GRANTS WASHINGTON, DC 20001 52-0847160 501C3 50 000 0. PROGRAM SCHOOL JUSTICE PROJECT 1805 7TH STREET NW, 7TH FLOOR WASHINGTON, DC 20001 46-1625412 501C3 150,000. 0. FY22 ATJ GRANTS SCHOOL JUSTICE PROJECT

40,000.

0.

FY22 PRIVATE GRANTS

PROGRAM

1805 7TH STREET NW. 7TH FLOOR

46-1625412 501C3

WASHINGTON, DC 20001

Schedule I (Form 990) THE DISTR	5	52-1109547 Page					
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAFE SISTER CIRCLE 1231 GOOD HOPE ROAD SE							
WASHINGTON, DC 20020	82-5194511	501C3	259,433.	0.			FY22 ATJ GRANTS
WASHINGTON, DC 20020	02-3194311	50103	239,433.	0.			F122 A10 GRANIS
THE SAFE SISTER CIRCLE							
1231 GOOD HOPE ROAD SE							FY22 PRIVATE GRANTS
WASHINGTON, DC 20020	82-5194511	501C3	20,000.	0.			PROGRAM
TORTURE ABOLITION AND SURVIVORS			,				
SUPPORT COALITION - 4121							
HAREWOOD RD NE, SUITE B -							FY22 PRIVATE GRANTS
WASHINGTON, DC 20017	30-0060696	501C3	25,000.	0.			PROGRAM
TORTURE ABOLITION AND SURVIVORS							
SUPPORT COALITION - 4121							
HAREWOOD RD NE, SUITE B -							
WASHINGTON, DC 20017	30-0060696	501C3	163,647.	0.			FY22 ATJ GRANTS
TZEDEK DC, INC.							
4340 CONNECTICUT AVENUE NW, SUI	81-2208907	501C3	221 070	0.			FY22 ATJ GRANTS
WASHINGTON, DC 20008	81-2208907	50103	321,070.	0.			FIZZ AID GRANIS
TZEDEK DC, INC.							
4340 CONNECTICUT AVENUE NW, SUI							FY22 PRIVATE GRANTS
WASHINGTON, DC 20008	81-2208907	501C3	10,000.	0.			PROGRAM
			,				
UNIVERSITY LEGAL SERVICES							
220 I ST NE STE 130							FY22 PRIVATE GRANTS
WASHINGTON, DC 20002	31-1682787	501C3	42,000.	0.			PROGRAM
UNIVERSITY LEGAL SERVICES							
220 I ST NE STE 130							
WASHINGTON, DC 20002	31-1682787	501C3	273,000.	0.			FY22 ATJ GRANTS
WAGUINGMON I AUVEDG' GOMETERED							
WASHINGTON LAWYERS' COMMITTEE							
11 DUPONT CIRCLE NW, SUITE 400 WASHINGTON, DC 20036	52-1784938	50103	637,000.	0.			FY22 ATJ GRANTS
MADITINGTON, DC 20030	J4-1/04530	PATCO	037,000.	U .			FIZZ AIU GRANIS

edule I (Form 990) THE DISTRICT OF COLUMBIA BAR FOUNDATION rt II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
52-1784938	501C3	15,000.	0.			FY22 PRIVATE GRANTS PROGRAM	
52-1784938	501C3	80,000.	0.			FY22 PRIVATE GRANTS PROGRAM	
52-1545522	50103	70 000	0			FY22 PRIVATE GRANTS PROGRAM	
		,					
52-1122122	501C3	310,000.	0.			FY22 ATJ GRANTS	
52-1122122	501C3	55,000.	0.			FY22 PRIVATE GRANTS PROGRAM	
	(b) EIN 52-1784938 52-1784938 52-1545522	(b) EIN (c) IRC section if applicable 52-1784938 501c3 52-17845522 501c3 52-1122122 501c3	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 52-1784938 501c3 15,000. 52-1784938 501c3 80,000. 52-1545522 501c3 70,000. 52-1122122 501c3 310,000.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 52-1784938 501C3 15,000. 0. 52-1784938 501C3 80,000. 0. 52-1784938 501C3 70,000. 0. 52-1122122 501C3 310,000. 0.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 52-1784938 501c3 15,000. 0. 52-1784938 501c3 80,000. 0. 52-1545522 501c3 70,000. 0. 52-1122122 501c3 310,000. 0.	Schedule (Form 990), Part II.)	

Part III 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.

(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
DAN REPAYMENT ASSISTANCE	53	277,053.	0.		
COUTT AWARD RECIPIENT	1	2,500.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANTS ARE COMPETITIVELY AWARDED BASED ON GRANT ELIGIBILITY FACTORS

OUTLINED IN PUBLICLY-AVAILABLE APPLICATION MATERIALS. APPLICANTS SUBMIT

DETAILED APPLICATIONS ELECTRONICALLY, WHICH INCLUDE PROGRAM INFORMATION,

FINANCIAL INFORMATION, AND SPECIFIC PROPOSED BUDGETS. DCBF CONDUCTS ON-SITE

VISITS, APPLICANT INTERVIEWS, AND COMMISSIONS OUTSIDE FINANCIAL EVALUATION

OF APPLICANTS' FINANCIAL MATERIALS. EACH APPLICATION IS REVIEWED AGAINST

OBJECTIVE ELIGIBILITY CRITERIA. GRANT AWARD RECOMMENDATIONS AND DECISIONS

ARE MEMORIALIZED, AND GRANT AWARD FOLDERS ARE MAINTAINED. DCBF HAS A

Schedule I (Form 990) THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 Page 2 Part IV Supplemental Information
DETAILED MONITORING PLAN THAT INCLUDES ON-SITE VISITS, ON-SITE FINANCIAL
EVALUATIONS, AS WELL AS WRITTEN REPORTS AND FINANCE REPORTS.

Schedule I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection **Employer identification number**

52-1109547

Internal Revenue Service Name of the organization

Department of the Treasury

THE DISTRICT OF COLUMBIA BAR FOUNDATION

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

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2021

Regulations section 53.4958-6(c)?

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 W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		compensation incentive reporta		(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KIRRA JARRATT	(i)	205,750.	0.	18,578.	0.	0.	224,328.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.		0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)	1							

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.

SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number

THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COLUMBIA
FORM 990, PART VI, SECTION A, LINE 7A:
THE DISTRICT OF COLUMBIA BAR SCREENING COMMITTEE REVIEWS DCBF'S NOMINATION
PROCESS FOR BOARD MEMBERS AND MAKE ITS RECOMMENDATIONS TO THE DC BAR BOARD
OF GOVERNORS FOR CONSIDERATION AND APPROVAL.
FORM 990, PART VI, SECTION A, LINE 7B:
THE DISTRICT OF COLUMBIA BAR SCREENING COMMITTEE REVIEWS DCBF'S NOMINATION
PROCESS FOR BOARD MEMBERS AND MAKE ITS RECOMMENDATIONS TO THE DC BAR BOARD
OF GOVERNORS FOR CONSIDERATION AND APPROVAL.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE CEO PRIOR TO BEING FILED
FORM 990, PART VI, LINE 12B:
THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS
YEAR.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS REGULARLY MONITORED. CONFLICTS THAT
ARISE ARE HANDLED ON A CASE BY CASE BASIS.
FORM QQQ DARM VIT CECUTON D. I ING 15A.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** THE DISTRICT OF COLUMBIA BAR FOUNDATION 52-1109547 COMPENSATION OF THE ORGANIZATION'S CEO INCLUDES A REVIEW BY THE MEMBERS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE ON DCBF'S WEBSITE.