Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

A F	or the 2	2018 calendar year, or tax year beginning 07-01-2017 , and ending 06-3	30-2018		<u> </u>							
	ck if appl	C Name of organization		D Employe	r identifi	cation number						
	dress cha	SCHOOL OF MATHEMATICS AND SCIENCE		58-2677	214							
	me chang	D. I.										
	tial returi il return/te											
Am	ended re	eturn Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telephone	e number							
App	olication	pending 405 HOWARD PLACE NW		(202) 80	06-7725							
		City or town, state or province, country, and ZIP or foreign postal code										
		WASHINGTON, DC 20059		G Gross red	eipts \$ 6,	602,717						
		F Name and address of principal officer: KATHRYN PROCOPE	H(a) Is this	a group ret	urn for							
		405 HOWARD PLACE NW	subore H(b) Are al	dinates?	26	Yes 🗸 No						
		WASHINGTON, DC 20059	includ	ed?	25	Yes No						
I lax	c-exempt	t status: ✓ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527				instructions)						
J W	ebsite:	► HTTPS://HU-MS2.ORG/	H(c) Group	exemption	number l	•						
K Forn	n of orga	nization: 🗸 Corporation 🗌 Trust 🗀 Association 🗀 Other	L Year of forma	tion: 2005	M State o	of legal domicile: DC						
Pa	rt I	Summary offu describe the expeniantion's mission or most significant activities.										
		efly describe the organization's mission or most significant activities: DWARD UNIVERSITY PUBLIC CHARTER MIDDLE SCHOOL OF MATHEMATICS AND S	SCIENCE (HUPC	MS) PROVID	ES AN A	CADEMIC MODEL						
		DESIGNED TO PREPARE MIDDLE SCHOOL STUDENTS FOR COLLEGE AND CAREERS IN MATH, SCIENCE AND ENGINE TECHNOLOGY-ENABLED SCHOOL DESIGNED SPECIFICALLY FOR MIDDLE SCHOOL STUDENTS WITH THE BENEFIT										
nce	AN	TI OF BE	ING LOCATED ON									
Па	_											
Ş.												
Activities & Governance	2 Cł	heck this box										
×8	3 Nu	umber of voting members of the governing body (Part VI, line 1a)			3	9						
tie	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)			4	7						
ξ	5 To	otal number of individuals employed in calendar year 2017 (Part V, line 2a) .		5	100							
Ä	6 To	otal number of volunteers (estimate if necessary)		6	7							
	7a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0							
	b Ne	et unrelated business taxable income from Form 990-T, line 34		•	7b	0						
			Pri	or Year		Current Year						
Q.	8 Co	ontributions and grants (Part VIII, line 1h)		6,068,4	75	6,571,183						
ē	9 Pr	rogram service revenue (Part VIII, line 2g)			0	0						
Revenue	10 In	evestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,8	78	1,543						
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		96,5		29,991						
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,167,8	85	6,602,717						
		rants and similar amounts paid (Part IX, column (A), lines 1–3)			0	0						
		enefits paid to or for members (Part IX, column (A), line 4)			0	0						
88		alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		4,330,9		4,558,952						
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)			0	0						
×		otal fundraising expenses (Part IX, column (D), line 25) ▶277,889										
i.i.i		ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,814,3	_	1,768,958						
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,145,3		6,327,910						
, 40	19 Re	evenue less expenses. Subtract line 18 from line 12	n · ·	22,5		274,807						
Net Assets or Fund Balances			Beginning	of Current Ye	ear	End of Year						
aga	20 To	otal assets (Part X, line 16)		2,058,9	26	2,441,301						
t As		otal liabilities (Part X, line 26)		348,5		456,166						
Š		et assets or fund balances. Subtract line 21 from line 20		1.710.3		1.985.135						

Part ii Signature Diock

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Sig	gnature of officer		2019-01-22 Date					
Here		THRYN PROCOPE HEAD OF SCHOOL pe or print name and title							
Paid] / /	Print/Type preparer's name	Preparer's signature	Date 2019-01-03	Check if	PTIN P00644231			
Prepare		Firm's name SB & COMPANY L	LC	Firm's EIN ▶ 20-2153727					
Use On	ly	Firm's address ▶ 200 INTERNATION HUNT VALLEY, MI	Phone no. (410) 584-0060						
May the IR	S discu	uss this return with the preparer	shown above? (see instructions)			. Ves No			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form	າ 990 (2017)					Page 2
Pa	art III Statement of	Program Service Acc	omplishments			
	Check if Schedule	e O contains a response or	note to any line in this P	Part III		
1	Briefly describe the orga	nization's mission:				
THE	HOWARD UNIVERSITY MI	DDLE SCHOOL OF MATHEM	ATICS AND SCIENCE (M	S) IS A PUBLIC CHA	RTER SCHOOL COMMIT	TED TO ACADEMIC
EXCE	LLENCE, FOCUSING ON M	MATHEMATICS AND SCIENC	CE FOR GRADES 6 - 8. CC	ONTINUED ON SCHE	DULE O	
2	Did the organization und	dertake any significant prog	gram services during the	year which were not	: listed on	
	the prior Form 990 or 99	90-EZ?				🗌 Yes 🔽 No
	If "Yes," describe these	new services on Schedule	О.			
3	Did the organization cea	ise conducting, or make sig	nificant changes in how	it conducts, any prog	gram	
	services?					🗌 Yes 🗸 No
	If "Yes," describe these	changes on Schedule O.				
4	Describe the organization	on's program service accom	plishments for each of it.	s three largest progr	am services, as measu	red by expenses.
	Section 501(c)(3) and 5	01(c)(4) organizations are	required to report the ar			
	expenses, and revenue,	if any, for each program s	ervice reported.			
4-	(Code:) (Expenses \$	5,605,397 including grant	es of #) (Revenue \$	29,991)
4a	•	AN ACADEMIC MODEL DESIGNE				
		CHNOLOGY-ENABLED SCHOOL				ATT, SCIENCE, AND
4b	(Code:) (Expenses \$	including grant	s of \$) (Revenue \$)
	-					
_	(6.1) /F +) (D +	
4c	(Code:) (Expenses \$	including grant	S OF \$) (Revenue \$)
	-					
4d	Other program service	es (Describe in Schedule O.)			
	(Expenses \$	including	grants of \$) (Reve	nue \$)
4e	Total program servi	ce expenses 🕨	5,605,397			<u>. </u>

Pai	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	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes	
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		No
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		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

41	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	INU
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	No

Checklist of Required Schedules (continued)

Part IV

Yes No Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 Yes and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and No 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a No 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? 25h No Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26 No Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 No Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28a No A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28b No ${f c}$ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an No 28c officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 29 29 No Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 No 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . No 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Nο 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Nο 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 No 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? No b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related No organization? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that No is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. Yes 38 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 . . 6 1a **b** Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable . 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Yes

. (201/)

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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
	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		No					
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		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
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		No					
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).								
	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		No					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	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							
9a	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 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	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							
b	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	13a								
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		No					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

13	parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O								
		F	orm 99	0 (2017)					

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines Part VI 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 1a 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No Did the organization delegate control over management duties customarily performed by or under the direct 3 No supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 No 5 No 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 6 Yes 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Yes Each committee with authority to act on behalf of the governing body? . . . 8b Yes 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 in Schedule O No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a No 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, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a No **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes Did the organization have a written whistleblower policy? 13 13 Yes Yes 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 . . . 15a Yes 15h Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο **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 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)

- Describe in Schedule O whether (and it so, now) the organization made its governing documents, connict or interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: •KATHRYN PROCOPE 405 HOWARD PLACE NW WASHINGTON, DC 20059 (202) 806-7725

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on on is	e bot	t ch οx, ι h ar	eck minless office ustee) Highest compensated	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) WENDELL L JOHNS CHAIRMAN	0.50	Х		х				0	0	0
(2) FRANK K ROSS CHAIR FINANCE COMMITTEE	0.50	х		х				0	0	0
(3) DR DANIELLE HOLLEY-WALKER MEMBER	0.50	х						0	0	0
(4) DR WAYNE FREDERICK MD MEMBER	0.50	х						0	0	0
(5) LARRY SMITH MEMBER	0.50	Х						0	0	0
(6) WENDY PACE-LEWIS MEMBER	0.50	х						0	0	0
(7) TALIA ROBINSON MEMBER	0.50	Х						67,822	0	0
(8) TIFFANY EDMONDS MEMBER	0.50	х						44,188	0	0
(9) MALENE LAWRENCE MEMBER	0.50	Х						0	0	0
(10) KATHRYN PROCOPE HEAD OF SCHOOL	40.00			х				154,471	0	20,717
(11) LEO MANUKURE IT DIRECTOR	40.00					х		111,884	0	21,559

(A) Name and Title	(B) Average hours per week (list any hours for	pers	an on son is	e bot	t ch οx, ι h ar	eck me unless office ustee)	er	Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(W- 2/1099- MISC)	organization and related organizations
						_				

Pai	Section A. Officers, Direct	tors, Trustees	, Key	Emp	oye	es,	and	Higl	hest Co	mpensat	ed Employees	(cont	inued)	
	(A) Name and Title	(B) Average hours per week (list any hours for	than o	ne bo	ox, u n off	t che Inles ficer	eck moss person and a	son	Repo compo froi organiz	prtable ensation m the ation (W-	rtable Reportable ensation compensation in the from related		(F) Estima amount o compens	ated If other sation the
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	-)	organizati relati organiza	ed
												+		
c 1	Gub-Total	Part VII , Section			•	<u> </u>	* *			378,365		0		42,276
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos		ed al	bov	e) who	rec	eived mo	re than \$	100,000			
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>				-	mpl	oyee,	or hi	ghest co	mpensated	d employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										m the	4	Yes	-
5	Did any person listed on line 1a receiservices rendered to the organization		•						_				103	NI-
Se	ection B. Independent Contract	· ·										5		No
1	Complete this table for your five high from the organization. Report compe	nest compensate										mpen	sation	
		(A) and business addre	ess								(B) cription of services		(C Compen	sation
	SPANISH CAFE & CATERING INC GEORGIA AVE NW									FOOD SER\	/ICE			159,752
	HINGTON, DC 20010													

Name and business address

Description of services

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Compensation

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L	2	Δ	·

Part	VIII Statement of Rev Check if Schedule O c		nse or note to any	/ line in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(0	1a Federated campaigns .	. 1a	•				
at a	b Membership dues	1b					
s, Grants Amounts	c Fundraising events .	. 1c					
S, (d Related organizations	1d					
ons, Gift Similar	e Government grants (contribu	<u> </u>	446,843				
S,E			440,043				
Contributions, Gifts, and Other Similar A	f All other contributions, gifts, and similar amounts not incl above	uded 1f	6,124,340				
불문	9 Noncash contributions in lines 1a - 1f:\$						
Con	h Total.Add lines 1a-1f		•				
			Busines	6,571,183	<u> </u>		
Program Service Revenue	2a		busines	s code			
e Ke					+	+	+
ď	b ————						-
Š	c —						
Ser	d ————						+
am	e ————						-
ogr	f All other program service	revenue.		ļ.			
Δ	g Total. Add lines 2a-2f .		•				
Other Revenue	3 Investment income (includ similar amounts) 4 Income from investment o 5 Royalties	• • • • f tax-exempt bo	ond proceeds	1,54	3		1,543
	(loss)						
	d Net rental income or (los		•				
	7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	i) Securities	(ii) Other				
	8a Gross income from fundra	ising events					
	(not including \$ contributions reported on See Part IV, line 18 b Less: direct expenses	line 1c).					
	c Net income or (loss) from	fundraising ev	ents 🕨				
	9a Gross income from gamin See Part IV, line 19						

Less. ullect expenses u	1		1		İ
c Net income or (loss) from gaming activiti	es .				
10aGross sales of inventory, less returns and allowances a					
b Less: cost of goods sold b					
c Net income or (loss) from sales of invent	ory >				
Miscellaneous Revenue	Business Code				
11a _{UNIFORM} INCOME	611710	16,314	16,314		
b OTHER INCOME	900099	13,677	13,677		
с					
d All other revenue					
e Total. Add lines 11a-11d	•	29,991			
12 Total revenue. See Instructions		6,602,717	29,991	0	1,543

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).

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

(B) (C) Do not include amounts reported on lines 6b, (D) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. 4 Benefits paid to or for members 287,198 249,862 22,976 14,360 Compensation of current officers, directors, trustees, and key employees . . . 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 3,440,576 2,993,302 275,246 172,028 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . **9** Other employee benefits . . 498,577 433,762 39,886 24,929 **10** Payroll taxes . . . 332,601 289,363 26,608 16,630 11 Fees for services (non-employees): **a** Management . . 892 17,830 15,512 1,426 **b** Legal 192,608 167,569 15,409 9,630 **c** Accounting . . . **d** Lobbying e 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 Schedule O) **12** Advertising and promotion . . . 284,614 247,614 22,769 14,231 **13** Office expenses . . . **14** Information technology . 15 Royalties . . **16** Occupancy . . 72,596 63,159 5,808 3,629 8,041 6,996 643 402 **17** Travel Payments of travel or entertainment expenses for any federal, state, or local public officials . **19** Conferences, conventions, and meetings . **20** Interest 21 Payments to affiliates 90,775 78,974 7,262 4,539 **22** Depreciation, depletion, and amortization . 23 Insurance . . 21,612 18,802 1.729 1,081 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a DIRECT STUDENT COSTS 770,110 770,110 **b** GENERAL EXPENSES 167,415 145.651 13,393 8.371 c LOSS ON ASSET DISPOSAL 124,721 143,357 11,469 7.167 d e All other expenses 6,327,910 5,605,397 444,624 277,889 25 Total functional expenses. Add lines 1 through 24e

	educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	20 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined
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Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part IX			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			697,140	1	1,810,482
40	2	Savings and temporary cash investments .				2	
	3	Pledges and grants receivable, net		198,849	3	66,438	
	4	Accounts receivable, net			132,184	4	500,000
	5	Loans and other receivables from current and for		officers directors		-	
		trustees, key employees, and highest compensar Part II of Schedule L		5			
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
ď	9	Prepaid expenses and deferred charges			6,920	9	27,955
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	318,380			
	b	Less: accumulated depreciation	10b	281,954	120,461	10c	36,426
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .		903,372	12	
	13	Investments—program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ		_	2,058,926	16	2,441,301
	17				348,598	17	456,166
		Accounts payable and accrued expenses		340,390		430,100	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
Se	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ā		persons. Complete Part II of Schedule L $$.				22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	348,598	26	456,166		
S		Organizations that follow SFAS 117 (ASC 9		ack here 🕨 🚺 and			
ce		complete lines 27 through 29, and lines 33	• •				
nd Balances	27	Unrestricted net assets			1,610,328	27	1,860,135
	28	Temporarily restricted net assets		100,000	28	125,000	
	29	Permanently restricted net assets		29			
'n.		Organizations that do not follow SFAS 117					
or Fund		check here ▶ □ and complete lines 30 th					
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building or ed		31			
As	32	Retained earnings, endowment, accumulated in		32			
Net /	33	Total net assets or fund balances	1,710,328	33	1,985,135		
Ž	34	Total liabilities and net assets/fund balances .	2,058,926	34	2,441,301		

п			
	a		

Form 990 (2017) Page **12** Part XI **Reconcilliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 6,602,717 1 1 2 6,327,910 2 Total expenses (must equal Part IX, column (A), line 25) . . Revenue less expenses. Subtract line 2 from line 1 . . . 3 274,807 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,710,328 Net unrealized gains (losses) on investments . 5 5 6 Donated services and use of facilities . 6 7 7 Investment expenses . Prior period adjustments . . . 8 8 Other changes in net assets or fund balances (explain in Schedule O) . 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1,985,135 **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII No Yes Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No 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 Yes 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: Consolidated basis Separate basis Both consolidated and separate basis c 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 Yes If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Form **990** (2017)

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3b

Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description