Form **990**

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

732001 11-28-17

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2018

A	or the	e 2017 calendar year, or tax year beginning $$ JUL 1 , 2017 $$ and en	nding J	UN 30, 2018							
В	Check if	C Name of organization		D Employer identific	cation number						
ε	pplicabl	THE GOODWILL EXCEL CENTER, PUBLIC									
	Addre chang	e CHARTER SCHOOL									
	Name chang	Doing business as									
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number							
	Final return	2200 SOUTH DAKOTA AVENUE, NE	(202) 636-4225							
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,573,165.						
	Amen- return			H(a) Is this a group re							
	Applic	F Name and address of principal officer: CATHERINE A. MEDOT	T _{ab} i	for subordinates	? Yes X No						
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No						
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		If "No," attach a	list. (see instructions)						
J١	Nebsi	te: ► HTTP: //WWW.DCGOODWILL.ORG/EXCEL-CENTER/		H(c) Group exemption	n number 🕨						
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2015 N	State of legal domicile: DC						
	art I	Summary									
	1	Briefly describe the organization's mission or most significant activities: OFFERS	S DC 2	ADULTS THE (PPORTUNITY						
Governance		TO EARN A HIGH SCHOOL DIPLOMA, POST-SECOND	ARY &	CAREER ADV.	ANCEMENT.						
na	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets.						
) Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	9						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7						
S	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0						
/itie	6	Total number of volunteers (estimate if necessary)		6	12						
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
4	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.						
4)				Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		6,587,395.	7,565,174.						
nge	9	Program service revenue (Part VIII, line 2g)		0.	0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	7,991.						
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,587,395.	7,573,165.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		161,035.	150,026.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
bel	b	Total fundraising expenses (Part IX, column (D), line 25)	0.								
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,487,370.	4,941,560.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,648,405.	5,091,586.						
	19	Revenue less expenses. Subtract line 18 from line 12		1,938,990.	2,481,579.						
10			Beg	ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		4,941,670.	6,283,197.						
Net Assets	21	Total liabilities (Part X, line 26)		3,425,074.	2,285,022.						
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		1,516,596.	3,998,175.						
Pa	art II	Signature Block									
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is						
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	1,1						
	Cothune a veen 2/6/19										
Sig	Signature of officer Date / /										
Her	e	CATHERINE A. MELOY PRESIDENT & CEO									
	Type or print name and title										
		Print/Type preparer's name Preparer's signature	- 1.	Date Check C	PTIN						
Paid		FRANK H. SMITH Frank H. Smi	10	2/06/19 self-employ							
Prep	parer	Firm's name MARCUM, LLP		Firm's EIN ▶	11-1986323						
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850									
		WASHINGTON, DC 20036		Phone no. (2							
May	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						
7320	01 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions	s.		Form 990 (2017)						

COPY

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE MISSION OF THE GOODWILL EXCEL CENTER PUBLIC CHARTER SCHOOL (0)	GEC)
	IS TO TRANSFORM LIVES THROUGH THE ATTAINMENT OF A HIGH SCHOOL DI	
	AND INDUSTRY CERTIFICATIONS LEADING TO SUSTAINABLE, LIVING WAGE	
	CAREERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	, , , , , , , , , , , , , , , , , , , ,	Yes X No
		1e5 NO
•	If "Yes," describe these new services on Schedule O.	Yes X No
3		Yes _A_No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	nses, and
	revenue, if any, for each program service reported.	
4a	· · · · · · · · · · · · · · · · · · ·)
	GEC PROVIDES ADULT LEARNERS IN WASHINGTON, DC WITH AN ACADEMIC PI	ROGRAM
	THAT YIELDS A HIGH SCHOOL DIPLOMA. THE FIRST OF ITS KIND IN THE	2346
	DISTRICT, GEC FILLS THE GAP BETWEEN TRADITIONAL HIGH SCHOOL PROGI	
	AND ADULT EDUCATION PROGRAMS THAT RESULT IN A GED. BUILDING UPON	
	PROVEN MODEL ALREADY SERVING OVER 5,000 STUDENTS ANNUALLY IN SIX	
	NATIONALLY, GEC SEEKS TO PROVIDE TRAINING AND ACADEMIC SUPPORT TO	
	OTHERWISE DISENGAGED ADULTS WHO HAVE LIMITED PROSPECTS FOR ECONOM	MIC
	INDEPENDENCE IN THE DISTRICT DUE TO LOW ACADEMIC SKILLS AND	
	INSUFFICIENT JOB TRAINING. IN ITS SECOND YEAR OF OPERATION, THE	
	ACHIEVED AN AUDITED ENROLLMENT OF 356 STUDENTS AND 91 STUDENTS EX	
	HIGH SCHOOL DIPLOMA. IN ADDITION TO CORE ACADEMIC PROGRAMMING, TI	
	SCHOOL ALSO OPERATED A FULLY LICENSED CHILD DEVELOPMENT CENTER II	<u>N</u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,623,439.	
	- - - - - - - - - -	Form 990 (2017)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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		x
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		x
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		x
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		X
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 temporarily restricted endowments, permanent	<u> </u>		
	endowments, or 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, VII, 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,			
u	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	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 siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	,	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 14		<u></u>
~	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		x
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			
.5	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			<u></u>
	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,			<u></u>
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢ "		<u></u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u></u>
	complete Schedule G. Part III	19		x
	Complete Concedio C. Fartiii			

47-4283739 Page 4

Form 990 (2017)

CHARTER SCHOOL

THE GOODWILL EXCEL CENTER, PUBLIC

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٦,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		37	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
31	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JE		32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
•	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	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		x
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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
_		_		_

Form **990** (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W.26 included in line 1a. Enter of Lind applicable De De De De De De De					Yes	No
b Enter the number of Forms W2G included in line 1s. Enter o. If not applicable or Diff the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 X 21 Enter the number of employees reported on Form W3, Transmitted of Wage and Tax Statements, lined for the calendar year ending with or within the year covered by this return 22 D 33 If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 34 If we not in the second on line 2a, did the organization file all required federal employment tax returns? 35 D by If "Yes," has file did a Form 950 TC ter this year? "W," to line 3b, provide an explanation in Schedule O. 36 D by If "Yes," the file of a Form 950 TC ter this year? "W," to line 3b, provide an explanation in Schedule O. 37 D by If "Yes," the file of a Form 950 TC ter this year? "W," to line 3b, provide an explanation in Schedule O. 38 D by If "Yes," the file of a Form 950 TC ter this year? "W," to line 3b, provide an explanation in Schedule O. 38 D by If "Yes," the file of a Form 950 TC ter this year? "W," to line 3b, provide an explanation in Schedule O. 39 D by If "Yes," the file of a Form 950 TC ter this year? "W," to line 3b, provide an explanation in Schedule O. 30 D by If "Yes," the line of the organization that we an interest in, or a signature or other authority over, a financial account in foreign country by Lone as a share organization and provide the organization of the schedule of the organization file Form 88867? 39 D dary explanation for the schedule of the organization file Form 88867? 40 D dary explanation foreign apprehensive every solicitation an express statement that such contributions organization schedule organization file form 88687. 40 D did the organization explexed schedule organization file form 88687. 50 D did the organ	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 61			
a 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 1	b		1b 0			
2a Enter the number of employees reported on Form W3, 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) 3a Dt the organization have unreaded business gross income of \$1,000 or more during the year? 3a X b if "Yes," has it field a Form 990-T for this year? if "No," to file 3b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Explanation and interest in, or a signature or other authority over, a financial account in a foreign country. Explanation have an interest in, or a signature or other authority over, a financial account in a foreign country. Explanation file form 8866 and interest in, or a signature or other authority over, a financial account in a foreign country. Explanation file form 8866 and in the organization selection of the organization file form 8866 and in the organization selection of the organization in excess of \$75 made partly sa contributions or gifts were not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b if the organization receive a symmet in excess of \$75 made partly sa contribution and partly for poods and services provided to the payor? 7b if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
2a Enter the number of employees reported on Form W.3. Transmittat 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? As Did the organization have unretated business gross income of \$1,000 or more during the year? 3a Did the organization have unretated business gross income of \$1,000 or more during the year? 3b If Yes, ¹ has it filed a Form 990-T for this year? If 'Nio, ¹ to file 8b, provide an explanation in Schedule O 3b A At any time during the calendary year, did the organization have entirest in, or a signature or other authority over, a financial account in a foreign country. 5c A At any time the name of the foreign country. 5c If Yes, ¹ to line the orange of the foreign country. 5c If Yes, ¹ to line 5a or 5b, did the organization file Form 8886-17 5c If Yes, ¹ to line 5a or 5b, did the organization file Form 8886-17 5c If Yes, ¹ to line 5a or 5b, did the organization file Form 8886-17 5c If Yes, ¹ to line 5a or 5b, did the organization file Form 8886-17 5d Did any exponization have enual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitatise contributions? 5c If Yes, ¹ did the organization inclinde with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8828 filed during the year 6 Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8828 filed during the year 6 Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required? 7d If If the organization receive a payment in excess of \$75 made party as a contribution on a party to a promit		(gambling) winnings to prize winners?		1c	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? A	2a					
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, if the sum of lines 1a and 2a is greater than 250, you may be required toFelis (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		filed for the calendar year ending with or within the year covered by this return	2a 0			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the celendar 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, or other infinancial account)? 5b If Y'es, "there the name of the foreign country! ▶ 5c enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization appropriate to a prohibited tax shelter transaction? 5c If Y'es, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Y'es, "to line 5a or 5b, did the organization file Form 8886-17? 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? 6b If Y'es, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Y'es, "did the organization than the coress of \$76 made party as contributions and party for podds and services provided to the payor? 6c If Y'es, "did the organization orfly the donor of the value of the goods or services provided? 7c If If Yes, "did the organization oreceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, "did the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file form 8889 as required? 7n If the organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make a distribution of donor donor donor doner organization file form 1084	b		ns?	2b		
b if "Yes," has it filed a Form 990-T for this year? If "Wo," to fire 3b, provide an explanation in Schedule O 4a At any time during the calendar year, dif 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 accountly over, a financial account in a foreign country. ▶ 5b If "Yes," enter the name of the foreign country. ▶ 5ce 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 Was the organization aparty to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization the Form 5886-17 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 eductibles? 6a X Y 7b If "Yes," the did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the arganization notify the donor of the value of the goods or services provided? 7c If Was the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7b If "Yes," indicate the number of Forms 8282 filed during the year 9 Sponsoring organization make a distribution with the organization file a Form 1098-C? 8 Sponsoring organization make a distribution of qualified intellectual property, did the organ		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
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. b If "Yes," enter the name of the foreign country. b If "Yes," enter the name of the foreign country. 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 888617 6c If "Yes," to line 5a or 5b, did the organization file Form 888617 6d 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? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 flied during the year 6 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Exp. If If the organization received a contribution of qualified intellectual property, did the organization fler or mass of the property for indirectly, on a personal benefit contract? 7 Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fler or members or shareholders 8 The organization received a contribution of qualified intellectual property, did the organization fler promess	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
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. b If "Yes," enter the name of the foreign country. b If "Yes," enter the name of the foreign country. 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 888617 6c If "Yes," to line 5a or 5b, did the organization file Form 888617 6d 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? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 flied during the year 6 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Exp. If If the organization received a contribution of qualified intellectual property, did the organization fler or mass of the property for indirectly, on a personal benefit contract? 7 Th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fler or members or shareholders 8 The organization received a contribution of qualified intellectual property, did the organization fler promess	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule of	0	3b		
b if "Yes," enter the name of the foreign country: See instructions for filing requirements for FircEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization party to a prohibited tax shelter transaction? 5b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," io line Sa or 5b, Loin be a or 5b, Loit the organization file Form 8868 r? 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 X 5b If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X 7b If "Yes," idd the organization notity the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d Id the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 c? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Did sary taxable party notify the organization file Form 8886-T? 69 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? 60 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 71 Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization was maintaining donor advised funds. Did the sponsoring organization make any taxable distribution to a donor advised fund maintained by the sponsoring organization make any taxable distribution or advised fund maintained by the sponsoring organization self-except profit pass the org		financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such account in a foreign	ccount)?	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization file Form 8886-17 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? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 8 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? 7 To Prash, and the number of Forms 8282 filed during the year end if If Yes,* indicate the number of Forms 8282 filed during the year 9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 8 Sponsoring organization make any taxable distributions under section 49667 9 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization make any taxable distributions under secti	b	If "Yes," enter the name of the foreign country: ▶				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 a or 5b, did the organization file form 8886 T? 8 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive apprent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 11 Did the organization neceived a contribution of cars, boats, aniplanes, or other vehicles, did the organization file Form 1988-0? 12 Sponsoring organizations maintaining donor advised funds. 13 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund form 800 pays and 800 pays		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T7 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," inclinate the number of Forms 8282 filed during the year Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," inclinate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To X If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable dist	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
6a Des 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? 6	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		Х
6a Des 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? 6	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization 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 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 Section 501(c)(2) qualified nonprofit health insurance issuers. a is the organization in licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization mus						
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a 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? It "Yes," did the organization notify the donor of the value of the goods or services provided? It is present that the first of the goods or services provided? It is present that the first of the value of the goods or services provided? It is present that the first of the value of the goods or services provided? It is present that the first of the value of the goods or services provided? It is present that the first of the value of the goods or services provided? It is gift the organization neceive any funds, directly or indirectly and present property for which it was required to file Form 8282? It is did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? It is section 501(c)? Organizations maintaining donor advised funds. It is section 501(c)? Organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 It is consistent from them.) It is section 501(c)? Organizations. Enter: If the organization is incensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. It is the organization in conserves on hand It i		any contributions that were not tax deductible as charitable contributions?		6a		Х
7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 To b If "Yes," idid the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? C If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X If the organization received a contribution of qualified intellectual property, did the organization flie a Form 1098-C? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flie a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? D Did the sponsoring organization make any taxable distributions under section 4966? D Did the sponsoring organization make any taxable distributions under section 4966? D Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 D Gross receipts, included on Form 990, Part VIII, line 12 Section 501(c)(7) organizations. Enter: Gross income from members or shareholders D 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 fling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13b Section 501(c)(29) qualified nonprofit health insurance issuers. 13c Section 501(c)(29) qualified nonprofit health insurance issuers.	b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
a 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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c		were not tax deductible?		6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Gross receipts, included on Form 990, Part VIII, line 12 b Gross income from members or shareholders a 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) 11a 12a Section 501(c)(12) organizations. Enter: a Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12c Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves o	7	Organizations that may receive deductible contributions under section 170(c).				
to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Pid If "Yes," indicate the number of Forms 8282 filed during the year Pid If "Yes," indicate the number of Forms 8282 filed during the year Pid Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Id the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any daxable distributions under section 4966? Boction 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Coross receipts, included on Form 990, Part VIII, line 12 Coross income from members or shareholders Coross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(12) organizations. Enter: Section 501(c)(12) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Corporation is licensed to issue qualified health plans Corporation is licensed to issue qualified health plans Corporation is licensed to issue q	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribution	vices provided to the payor?	7a		Х
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7th X g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7th X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7th X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7th X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7th X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Desction 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 10 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 16 If "Yes," enter the amount of reserves the organization in required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the or	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7		to file Form 8282?	,	7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make a distributions under section 4966? 9 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a 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 10 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 14 Did the organization receive any payments for indoor tanning services during the tax year? 14	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11a 12a 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? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," 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 in more than one state? 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 13b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 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? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization is field a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14 Did the organization is field a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14 Did the organization is field a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14 Did the organization is licensed to isoue qualified health plans can be a control of the organization is licensed to isoue qualified health plans can be a control of the c	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did Gross income from members or shareholders Cross 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? Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 C Enter the amount of reserves on hand Iso United the organization receive any payments for indoor tanning services during the tax year? Ital X Bit "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. In the contraction of the payments of these payments? If "No," provide an explanation in Schedule O.	g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a 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 Tection 501(c)(12) organizations. Enter: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Tection 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b Tection Teceive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 a 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 Section 501(c)(12) organizations. Enter: a 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.) 11a	8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ Did \ a \ donor \ advised \ fund \ maintaining \ donor \ advised \ fund \ advised \ \mathsf$	by the			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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 Section 501(c)(12) organizations. Enter: a 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? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		sponsoring organization have excess business holdings at any time during the year?		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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 Section 501(c)(12) organizations. Enter: a 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? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9					
10 Section 501(c)(7) organizations. Enter: a 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 11 Section 501(c)(12) organizations. Enter: a 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? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а			9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
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: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	10	Section 501(c)(7) organizations. Enter:	1 1			
11 Section 501(c)(12) organizations. Enter: a 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? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а					
a 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? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			10b	-		
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? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11		l I			
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. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a Is the organization is licensed to issue qualified health plans in more than one state? 13b Is the organization is licensed to issue qualified health plans in more than one state? 13b Is the organization is licensed to issue qualified health plans in more than one state? 13b Is the organization is licensed to issue qualified health plans in more than one state? 13b Is the organization is licensed to issue qualified health plans in more than one state? 13b Is the organization is licensed to issue qualified health plans in more than one state? 13b Is the organization is licensed to issue qualified health plans in more than one state? 13c Is the organization is licensed to issue qualified health plans in more than one state? 13c Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified health plans in more than one state? 13a Is the organization is licensed to issue qualified healt	а		11a	-		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b		l			
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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		, , , , , , , , , , , , , , , , , , , ,		-		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b				12a		
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a			12b	-		
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.				40		
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 c Enter the amount of reserves on hand 13c 14a	а	•		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 16b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 17c If "No," provide an explanation in Schedule O 18c If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 18c If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	,					
c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	b		401			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b				-		
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			•	40-		v
						├^
	D	ii res, has it filed a Form /20 to report these payments? If "No," provide an explanation in Schedule	e U		990	/2017

THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL 47-4283739 Page 6 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or 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 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 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 more members of the governing body? Х 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? X 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 in 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 in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 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 in 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? X 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 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 Х

Section C. Disclosure

exempt status with respect to such arrangements?

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

2200 SOUTH DAKOTA AVENUE, NE, WASHINGTON.

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply

taxable entity during the year?

X Upon request Own website X Another's website ___ Other *(explain in Schedule O)*

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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ROSA PROCTOR - (202) 636-4225

Form **990** (2017)

16a

Form 990 (2017)

CHARTER SCHOOL

47-4283739

<u> Page</u> **7**

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

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

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

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

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

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

(A)	(B)	J. ga					<u>lour</u>	(D)	(E)	(F)
Name and Title	Average hours per		not c		more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi				r/trus		from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	nstitutional trustee		yee	Highest compensated employee		(***2/1099-10100)		and related
	below	idual	tution	ь	Key employee	est co loyee	Je.			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) GLEN S. HOWARD	1.00									
CHAIR		Х		X				0.	0.	0.
(2) ELIZABETH KARMIN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(3) APRIL YOUNG	1.00	1								_
TREASURER		Х		Х				0.	0.	0.
(4) SCOTT BESS	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(5) JOHN BROWN	1.00	ļ							•	•
DIRECTOR - UNTIL 03/2018	1 00	Х				_		0.	0.	0.
(6) EDWARD DYSON	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(7) MICHELLE D. GILLIARD, PH.D.	1.00	х						0.	0.	•
OIRECTOR (8) MONICA JONES	1.00	Λ						0.	0.	0.
DIRECTOR - UNTIL 09/2017	1.00	Х						0.	0.	0.
(9) SANCHA LEE	1.00	Δ						· ·	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(10) ELIZABETH LINDSEY, MPA	1.00	25						•		<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(11) TIARA PENNY	1.00									
DIRECTOR - UNTIL 03/2018		х						0.	0.	0.
(12) CAROLYN STENNETT	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CATHERINE A. MELOY	0.00									
PRESIDENT & CEO (SEE SCH O, PAGE 36)				Х				0.	0.	0.
(14) ROSA PROCTOR	0.00									
CFO (SEE SCH O, PAGE 36)				Х				0.	0.	0.
		1								
		ļ								
		-								

Form **990** (2017)

Par	T VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghe	st C	ompensated Employee	s (continued)	—			
	(A)	(B)			Pos	C)	,		(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			stimate nount	
		week					is bot or/trus		compensation from	compensation from related	'		other	
		(list any	ector						the	organizations	- 1		pensa	
		hours for related	or dir	e e			ated		organization	(W-2/1099-MIS	2)		om th	
		organizations	rustee	l trust		ee ee	npens		(W-2/1099-MISC)			•	anizat d relat	
		below	Individual trustee or director	Institutional trustee	æ	Key employee	Highest compensated employee	, je					anizati	
		line)	Indiv	Insti	Officer	Key 6	High	Former			_			
			_											
							\vdash				\dashv			
			1											
											\dashv			
							_				\dashv			
			-											
							\vdash				\dashv			
			1											
											\dashv			
							_				\dashv			
			-											
	Cula total								0.		0.			0.
	Sub-total Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							>	0.		0.			0.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													0
											ſ		Yes	No
3	Did the organization list any former officer,	•		•	•	•	•							v
4	line 1a? If "Yes," complete Schedule J for s								ar companation from t		}	3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	•		4		Х
5	Did any person listed on line 1a receive or a										····			
	rendered to the organization? If "Yes." com	•				•			•			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensat	ion fro	mc	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin I	-	ear.				
	(A) Name and business	address							(B) Description of s	services	С	(C omper		'n
YMO	CA OF METROPOLITAN WASH		1	11	2	16	TH		OPERATION OF			<u> </u>		
	NW, SUITE 240, WASHIN	-						- 1	DEVELOPMENT			53	9,7	21.
	DDWILL OF GREATER WASHI	•					TH							
DAI	KOTA AVENUE, NE, WASHIN	IGTON, D	C	20	01	8			MANAGEMENT F	EES		47	9,5	<u>27.</u>
								\dashv						
2	Total number of independent contractors (i	ncluding but no	ot lir	nited	d to	thos	se lis	sted	above) who received me	ore than				

\$100,000 of compensation from the organization

Form 990 (20		CHARTER
Part VIII	Statem	ent of Revenue

		Check if Schedule O cont	ains a response	or note to anv lin	e in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
υs	1 a	Federated campaigns	1a					312 314
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ي ق		Fundraising events						
ifts Ir A		Related organizations						
nis G		Government grants (contributi		764,169.				
Sis		All other contributions, gifts, gran		•				
outi		similar amounts not included above		801,005.				
Ę	g	Noncash contributions included in lines						
Cor		Total. Add lines 1a-1f			7,565,174.			
				Business Code				
ø	2 a							
Program Service Revenue	b							
Se	С							
am eve	d							
og B	е							
P.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			7,991.			7,991.
	4	Income from investment of tax						
	5	Royalties	1					
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
	•	and sales expenses Gain or (loss)	1					
		Net gain or (loss)		>				
		Gross income from fundraising						
ne	o a	including \$						
Other Revenu		contributions reported on line						
æ		Part IV, line 18	•					
her	b	Less: direct expenses						
ᅙ		Net income or (loss) from func						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold						
Ĺ	С	Net income or (loss) from sale	s of inventory					
ļ		Miscellaneous Revenu	e	Business Code				
	11 a							<u> </u>
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d			7 572 165		^	7 001
	12	Total revenue. See instructions.		<u> </u>	7,573,165.	0.	0.	<u> </u>
732009	11-28	-17						Form 990 (2017)

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	X
	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		С.,рс.,есс	делега: эдрегере	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	150,026.	150,026.		
•	individuals. See Part IV, line 22	130,020.	130,020.		
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,				
6	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	550,710.	550,710.		
a	Management	101.	330,710.	101.	
b	Legal	47,141.		47,141.	
C	Accounting	4/,141•		4/,141•	
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,	2,459,561.	2,303,221.	156,340.	
40	column (A) amount, list line 11g expenses on Sch O.)	2,433,301.	2,303,221.	130,340.	
12	Advertising and promotion	145,105.	7,876.	137,229.	
13	Office expenses	34,061.	34,061.	131,229•	
14	Information technology	34,001.	34,001.		
15	Royalties	615,514.	615,514.		
16	Occupancy	28,878.	28,878.		
17	Travel	20,070.	20,070.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20		8,904.	8,904.		
21		5 , 5 C ± 6	0,004		
21	Payments to affiliates	357,156.	286,258.	70,898.	
23	Insurance	19,813.		19,813.	
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 0.)				
а	STUDENT COSTS	637,991.	637,991.		
b	DUES, FEES, & LICENSES	36,625.		36,625.	
С	,				
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,091,586.	4,623,439.	468,147.	0.
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)				
					Earm 990 (2017)

Form 990 (2017)
Part X Balance Sheet

Par	t A	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,971,397.	1	13,540
	2	Savings and temporary cash investments				2	3,545,537
	3	Pledges and grants receivable, net			2,177.	3	20,661
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ted emp	oloyees. Complete			
		Part II of Schedule L	-			5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of secti	on 501((c)(9) voluntary			
_ω		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
\ \	8	Inventories for sale or use				8	
	9	B			116,342.	9	156,630
	10a	Land, buildings, and equipment; cost or other					
		basis. Complete Part VI of Schedule D	10a	3,035,481.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	678,427.	2,655,729.	10c	2,357,054
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		196,025.	15	189,775	
	16	Total assets. Add lines 1 through 15 (must equa	4,941,670.	16	6,283,197		
	17	Accounts payable and accrued expenses	243,906.	17	268,330		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		l l		21	
g	22	Loans and other payables to current and former	officers	, directors, trustees,			
≝		key employees, highest compensated employees	s, and d	lisqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrelate	ted third	d parties	1,037,391.	23	0
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay		l l			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			2,143,777. 3,425,074.	25	2,016,692 2,285,022
_	26	Total liabilities. Add lines 17 through 25			3,425,074.	26	2,285,022
		Organizations that follow SFAS 117 (ASC 958)		there \(\big \big \big \big and			
es		complete lines 27 through 29, and lines 33 and			1 516 506		2 000 155
ဋ	27	Unrestricted net assets			1,516,596.	27	3,998,175
391	28	Temporarily restricted net assets		·····		28	
<u> </u>	29					29	
ᆵᅵ		Organizations that do not follow SFAS 117 (AS	SC 958)	, check here			
ة		and complete lines 30 through 34.					
jets 	30	Capital stock or trust principal, or current funds				30	
ASE	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			1 516 506	32	2 000 175
_	33	Total net assets or fund balances		l l	1,516,596.	33	3,998,175
$\perp \perp$	34	Total liabilities and net assets/fund balances			4,941,670.	34	6,283,197

Form **990** (2017)

Pa	rt 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	7,57		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,09		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,48	1,5	<u>79.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,51	6,5	<u>96.</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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,99	8,1	75.
Pa	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 in 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
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?	-	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 in Schedule O and describe any steps taken to undergo such audits		3h		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL 47-4283739 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 or 990-EZ).) 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 CHARTER SCHOOL

47-4283739 Page 2

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.)

<u> </u>	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
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						_	
	Total. Add lines 1 through 3							
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)							
6	Public support. Subtract line 5 from line 4.						_	
	etion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4	. ,	, ,	. ,		, ,		
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
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.)							
	Total support. Add lines 7 through 10							
	Gross receipts from related activities,					12		
13	First five years. If the Form 990 is for	J			,	(/(/	. □	
Sec	organization, check this box and stop ction C. Computation of Public	c Support Per	centage				P	
	Public support percentage for 2017 (li			column (f)\		14	%	
	Public support percentage from 2016					15	<u>%</u>	
	33 1/3% support test - 2017. If the co							
.00							. —	
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test							
	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	- 2016. If the org	anization did not	check a box on line				
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI how the	e	
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a public	cly supported orga	nization	▶□	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instructions	<u> </u>	
					Sch	edule A (Form 990	or 990-EZ) 2017	

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

Sec	ction A. Public Support	low, please comp	Diete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2311	(0) 2010	(4) 2010	(6) 2311	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📙	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a sectio	on 501(c)(3) organiza	ation.
	check this box and stop here	ŭ			•		. —
Sec	tion C. Computation of Public						
15	Public support percentage for 2017 (lii	ne 8. column (f) d	ivided by line 13. c	column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Invest					•	,,
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box and						▶□
h	33 1/3% support tests - 2016. If the	=	-				
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		163	NO
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4.		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	JU		
	9с		
	33		
	10a		
	10b		
9	90 or 99	0-EZ)	2017

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	1 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
<u>S</u>	the su	pported organization(s). D. All Type III Supporting Organizations	1		
360	tion L	5. All Type III Supporting Organizations		Vaa	Na
	Did +h	organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1		le organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
L		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these	2b		
3		ies but for the organization's involvement. t of Supported Organizations. Answer (a) and (b) below.	_,		
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete Se	ections A through E.	
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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _(continued)					
Secti	on D - Distributions		,	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	 S						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	e organization is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
	Line 8 amount divided by line 9 amount							
	•	(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017							
<u>a</u>								
<u>b</u>	From 2013							
с	From 2014							
d	From 2015							
<u>e</u>	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
i_	Carryover from 2012 not applied (see instructions)							
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2013							
b	Excess from 2014							
С	Excess from 2015							
d	Excess from 2016							
	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017

THE GOODWILL EXCEL CENTER, PUBLIC

Schedule A	(Form 990 or 990-EZ) 2017 CHARTER SCHOOL	47-4283739	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	l and 2; Part IV, Section /, Section B, line 1e; Paı	C,
	(See instructions.)		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization		_			Em	ployer identification number
THE (GOODWILL E	EXCEL CEN	ITER,	PUBLIC		
CHAR!	TER SCHOOL	<u>J</u>			4	7-4283739
Organization type (check one):						

Filers of:		Section:					
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 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					
-	-	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General I	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules						
:	sections 509(a)(1) ar any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under a 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from 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; 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, II, and III.						
) i	year, contributions of schecked, enter he ourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
Caution: but it mu	An organization tha st answer "No" on F	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL

Employer identification number

47-4283739

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\\$,764,169.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll 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
	INATITO, AGGI 533, ATTA ZIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL

Employer identification number

47-4283739

Part II Non	ncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	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)			-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	/h)	(c)	(m)
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL 47-4283739 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

> Transferee's name, address, and ZIP + 4 Relationship 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL

Employer identification number 47-4283739

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
_	Total accept and a force	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
6	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac	- · ·	-
	for charitable purposes and not for the benefit of the donor or		
Par	impermissible private benefit? t II Conservation Easements. Complete if the org	anization answered "Vee" on Form 000	Post IV line 7
			Fait IV, IIIIe 7.
1	Purpose(s) of conservation easements held by the organizatio	`	Andrew Bergers and an Alberta de anno
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cel	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
а	Number of conservation easements included in (c) acquired at	•	
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year >	amount in Innated N	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the periodic leading and arrived and the periodic regarding		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing concerns	ation accoments during the year
7		ing of violations, and emorcing conserva	ation easements during the year
8	▶ \$ Does each conservation easement reported on line 2(d) above	a action, the requirements of coetion 170	(b)(4)(D)(i)
0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
3	include, if applicable, the text of the footnote to the organization	·	·
	conservation easements.	orra irranolar statementa triat describes	the organization s accounting for
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi	•	,
	the text of the footnote to its financial statements that describ		area or public corvice, provide, irri are vail,
b	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	acation, or recoarcinin farther affect of pa	and service, previde the fene wing amounte
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m) 4		. .
2	If the organization received or held works of art, historical trea		al gain, provide
_	the following amounts required to be reported under SFAS 11		ga, provide
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		Schedule D (Form 990) 2017

732051 10-09-17

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)		t III Organizations Maintaining C		t Histor	rical Tre	asures o	r Othe	r Simila	<u>4 / - 4 ∠</u> r Δssets			ge ∠
a Public exhibition d Loan or exchange programs a Public exhibition d Loan or exchange programs b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV. Ine 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b She organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 2 Beginning balance 2 Bother organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII. 2 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four y		•								, , , , ,		
a Public exhibition d	3		on, and other records	s, check a	iny or the r	ollowing that	t are a si	grillicarit i	ise of its c	ollection it	ems	
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization is collection?												
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 6 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 7 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 7 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 8 During the year did the organization answered 'Yes' on Form 900, Part NI, line 9, or reported an amount on Form 990, Part XI, line 21. 1 In a 1s the organization are amount on Form 990, Part XIII and complete the following table: Additions during the year												
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization socilor to receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX line 21. 1b Is the organization the arrangement in Part XIII and complete the following table: □ Reginning balance □ Amount □ 1c □ 1			е	0	ther							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	_											
to be sold to raise funds rather than to be maintained as part of the organization's collection?									se in Part	XIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IX Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Complete III Segment Segme	5								_	7		
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Day											No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the c	organizatio	n answered	"Yes" on	Form 990	D, Part IV, I	ine 9, or		
on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table:		· · · · · · · · · · · · · · · · · · ·										
c Beginning balance	1a									٦		
C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1										」Yes	Ш	No
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (for the years back) [a] Current year (b) Prior year (c) Two years back (e) Four years back (for the years back) [a] Current year (b) Prior year (c) Two years back (for the years back) [b] Contributions [c] Current year (b) Prior year (c) Two years back (for the years back) [c] Contributions [c] Current year (b) Prior year (c) Two years back (for the years back) [d] Current year (b) Prior year (c) Two years back (for the years back) [d] Current year (for the years back)	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tak	ole:				I			
d Additions during the year E Distributions during the year E Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No It *Ves.* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (for the years back (g) Three years										Amount		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Beginning of year balance [b] Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Beginning of year balance [b] Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Beginning of year balance [b] Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Beginning of year balance [b] Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a] Beginning of year balance [b] Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back												
tending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The contributions Call Current year Call Two years back Call Three years back Call Three years back Call Two years back Call Three years back C												
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е											
Describe in Part XIII to Part XIII. Check here if the explanation has been provided on Part XIII											_	
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	crow or cu	ıstodial acco	unt liabil	ity?	L	Yes	Щ	No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e)												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Par	t V Endowment Funds. Complete i	if the organization an	swered "\	res" on Fo	rm 990, Part	: IV, line	10.				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) re			(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three	years back	(e) Four y	ears b	ack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b	Contributions										
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses										
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships										
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities										
g End of year balance		and programs										
g End of year balance	f	Administrative expenses										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
a Board designated or quasi-endowment	2			e (line 1g,	column (a)) held as:						
b Permanent endowment ▶	а	Board designated or quasi-endowment		%								
c Temporarily restricted endowment ►				_								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Equipment 5 2, 208, 434. 376, 087. 1,832, 347. 468, 423. 168, 140. 300, 283.												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 4 Equipment 5 2, 208, 434. 376, 087. 1,832, 347. 468, 423. 168, 140. 300, 283.		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
Ves No (i) unrelated organizations 3a(i)	За			ation that a	are held ar	nd administer	red for th	ne organiz	ation			
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 4 Describe in Part XIII the intended uses of the organization's endowment funds. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 2,208,434 376,087 1,832,347 468,423 168,140 300,283			· ·					Ü		<u> </u>	es	No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 2,208,434. 376,087. 1,832,347. d Equipment 6 Other 14 468,423. 168,140. 300,283.		•										
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment d Equipment e Other Other 1 Description of property (a) Cost or other basis (investment) 2 , 208 , 434 . 376 , 087 . 1 , 832 , 347 . 224 , 424 . 358 , 624 . 134 , 200 . 224 , 424 . 300 , 283 .		fm										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment d Equipment e Other Other 1a Land 1a Land 2a Land 3a Land 4a Land 4a Land 5a Land 5a Land 6a Land 6a Land 7a Lan	b	• • • • • • • • • • • • • • • • • • • •										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Buildings 2, 208, 434. 376, 087. 1,832, 347. c Leasehold improvements 2,208, 434. 134, 200. 224, 424. e Other 468, 423. 168, 140. 300, 283.	_											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Par											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation		Complete if the organization answere	d "Yes" on Form 990), Part IV, I	line 11a. S	ee Form 990), Part X,	line 10.				
tal Land basis (investment) basis (other) depreciation b Buildings 2,208,434. 376,087. 1,832,347. c Leasehold improvements 2,208,434. 134,200. 224,424. e Other 468,423. 168,140. 300,283.									ed	(d) Book	value	
b Buildings c Leasehold improvements 2,208,434. 376,087. 1,832,347. d Equipment 358,624. 134,200. 224,424. e Other 468,423. 168,140. 300,283.		,	basis (investr	ment)	basis	(other)				` ,		
b Buildings 2,208,434. 376,087. 1,832,347. c Leasehold improvements 2,208,434. 376,087. 1,832,347. d Equipment 358,624. 134,200. 224,424. e Other 468,423. 168,140. 300,283.	1a	Land										
c Leasehold improvements 2,208,434. 376,087. 1,832,347. d Equipment 358,624. 134,200. 224,424. e Other 468,423. 168,140. 300,283.			I									
d Equipment 358,624. 134,200. 224,424. e Other 468,423. 168,140. 300,283.					2,20	8,434.		376,0	87.	1,832	, 34	7.
e Other 468,423. 168,140. 300,283.			I						00.	224	,42	4.
			•	X. column								

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 CHARTER SO	CHOOL		47-4283739 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye	es" on Form 990, Part IV,	line 11b. See Form 990, Pa	art X, line 12.
(a) Description of security or category (including name of security	(b) Book value	(c) Method of val	uation: Cost or 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 "Ye			
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
<u>(1)</u>			
(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 "Ye		line 11d. See Form 990, Pa	
	(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 "Ye	es" on Form 990, Part IV,		990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED RENT AND LEASE	INCENTIVE	2,016,692.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

2,016,692.

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		enue per ne	tuill.	
1		1.		1	7,573,239.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				.,0.0,2000
– a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		74.		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 1			
e	Add lines 2a through 2d	• •		2e	74.
3	Subtract line 2e from line 1			3	7,573,165.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				., ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,573,165.
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Ex	penses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		•		
1	Total expenses and losses per audited financial statements			1	5,091,660.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
– a	Donated services and use of facilities	2a	74.		
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	74.
3	Subtract line 2e from line 1			3	5,091,586.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b	<u>-</u>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	5,091,586.
	t XIII Supplemental Information.				, ,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			; Part >	(, line 2; Part XI,
PAI	RT X, LINE 2:				
GE	C EVALUATED ITS UNCERTAINTY IN INCOME TAXE	S FOR THE	YEAR EN	DED	JUNE 30,
20:	8, AND DETERMINED THAT THERE WERE NO MATT	ERS THAT	WOULD RE	QUII	RE
REC	COGNITION IN THE FINANCIAL STATEMENTS OR T	HAT MAY H	AVE ANY	EFFI	ECT ON ITS
TAX	K-EXEMPT STATUS.				

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL

Employer identification number 47-4283739

			YES	N
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3		Σ
	SEE PART II			
	Does the organization maintain the following?			
•		4a	Х	
a		4a 4b	X	\vdash
b	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	40	- 42	\vdash
C		100	х	
	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	\vdash
_		4a		_
d	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
d				
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:			
а	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		-
a b	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		2
a b c	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		2
a b c d	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		2 2 2
a b c d	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		} } } }
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		X X X X
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		\(\frac{\frac}\fint{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\fra
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f		\(\frac{\frac}\fint{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\fra
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		2 2 2 2 2 2
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	V	\(\frac{\frac}\fint{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\fra
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	x	> > > > > > > > > > > > > > > > > > >
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	x	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h	x	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	x	\frac{\frac}}}}}}}{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}{\frac}}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fracc}}}}}}}{\

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

Schedule E (Form 990 or 990-EZ) 2017

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also provide any other additional information.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
PURSUANT TO REV. PROC. 75-50, 1975-2 C.B. 587 4.03(2)(C),
BECAUSE THE SCHOOL CUSTOMARILY DRAWS ITS STUDENTS FROM LOCAL
COMMUNITIES AND FOLLOWS RACIALLY NONDISCRIMINATORY POLICIES
AS TO STUDENTS (ALMOST 100% OF THE SCHOOL'S ENROLLMENT IS
AFRICAN AMERICAN), THE SCHOOL SATISFIES THE PUBLICITY
REQUIREMENT THROUGH INCLUDING A STATEMENT OF ITS RACIALLY
NONDISCRIMINATORY POLICY IN ITS STUDENT RECRUITING MATERIALS.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
GEC RECEIVED A GOVERNMENT GRANT FROM THE DC OFFICE OF THE STATE
SUPERINTENDENT OF EDUCATION FOR THE YEAR ENDED JUNE 30, 2018.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public

Inspection

Name of the organization THE GOOD CHARTER		CENTER, PU	JBLIC				Employer identification number 47-4283739
Part I General Information on Grants	and Assistance						
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's 	sistance?				-		ion X Yes No
Part II Grants and Other Assistance t	o Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more that			T		(f) Method of		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3)	l) and government or		ne line 1 table				>
3 Enter total number of other organization	ons listed in the line	1 table					

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

Schedule I (Form 990) (2017)

Page 2

CHARTER SCHOOL 47-4283739

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.	<u> </u>
(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
STUDENT TRANSPORTATION STIPENDS	200	150,026.	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:					
TO ALLEVIATE THE TRANSPORTATION BA	RRIER MOS	T STUDENTS	FACE TO T	RAVEL TO	
SCHOOL EACH DAY, GEC IS COMMITTED	TO ASSIST	'ING ALL SI	TUDENTS TO	OVERCOME	
THIS BARRIER BY PROVIDING A TRANSI	r subsidy	VIA THE D	DISTRIBUTIO	N OF METRO	
CARDS.					

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service	▶ G	o to www	irs.gov/Fo	orm99	0 for ir	nstruc	tions and the	late	est information.			l l	nspect	ion	
Name of the organization	THE GOO			L C	ENTI	ΞR,	PUBLIC			Em	ploye	riden	tificati	on nu	mber
	CHARTE	R SCHO	OOL							47	-42	837	739		
Part I Excess Be	enefit Trans	actions	(section 5	01(c)(3), secti	on 50	1(c)(4), and 50	1(c)((29) organization	s only).				
Complete if t	he organization	answered	d "Yes" on	Form 9	90, Pa	ırt IV, I	ine 25a or 25b	, or	Form 990-EZ, P	art V, I	ine 40	ıb.			
1	-d	` '	onship bet			ified	,	. D.	acceintion of two				(d)	Corre	cted?
(a) Name of disqualific	ea person	pe	rson and o	rganiza	ation		"	;) D	escription of trar	isactic)T1		Y	es	No
														_	
														\rightarrow	
														_	
					-										
2 Enter the amount of t	•	•		•		•	•	•	-						
3 Enter the amount of t	tax, if any, on lir	ne 2, abov	e, reimburs	sed by	the org	ganıza	tion				> \$				
Part II Loans to a	and/or From	Intere	sted Pers	sons.											
						Dort \	V line 38a or E	orm	n 990, Part IV, lin	o 26: /	or if th	o ora	anizatio	'n	
·	amount on Forn					I all	v, iii le 30a 0i i	OIII	1990, 1 ait iv, iii	ie 20, t	וו נוו	e org	ariizatic	,,,,	
(a) Name of	(b) Relation		Purpose	_	an to or	le	e) Original	(4) Balance due	(a) In	(h) A	pproved oard o <u>r</u>	(i) W	/ritten
interested person	with organiz		of loan		n the ization?		cipal amount	١,) Dalarice due		ault?	by b	oard or mittee?	agree	ment?
				То	From					Yes	No	Yes		Yes	No
				1						1.00	110	1	1		
												Щ			
Total				<u></u>			> \$								
	Assistance		_												
Complete if t	he organization	answered	"Yes" on	Form 9	990, Pa	ırt IV, I	ine 27.		1						
(a) Name of interest	ed person		elationship			(c) Amount of assistance		(d) Type assistar			(e) Purp		f
			rested pers the organization		a		assistance		assistar	ice			assista	arice	
TOTAL DECEME							2.2	1	CULIDENT	шь »	NT CI F	10 (סממר	TO CO	MD 3
JOHN BROWN EDWARD DYSON			D MEME D MEME						STUDENT STUDENT				OFFS OFFS		TRA
SANCHA LEE			D MEME						STUDENT				OFFS		TRA TRA
TIARA PENNY			D MEME						STUDENT						TRA
T TUTYU T TITATA T		POAN.	طيرنيين ح	71LL		1	10	T •	M T O T TIN T	TIVU	ᇄᄓᆝᅩ		ס דיי	ع ت	TT/U

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

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

Scheaule L	(Form 990 or 990-EZ) 201)2017 CHARLER SCHO	
D : 11/			

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		ation's
	porcer and the organization	transastion.	transastion	reven Yes	No
Part V Supplemental Information					
Provide additional information for resp	onses to questions on Schedule L (see in	nstructions).			
SCH L, PART III, GRANTS OR	ASSISTANCE BENEFITT	ING INTERES	TED PERSONS	:	
(A) NAME OF PERSON: JOHN B	ROWN				
(C) AMOUNT OF GRANT \$ 231	•				
(D) TYPE OF ASSISTANCE: ST	UDENT TRANSPORTATION	STIPENDS			
(E) PURPOSE OF ASSISTANCE:	TO OFFSET TRANSPORT	ATION COSTS	TO ATTEND	SCHO	OL_
AS A GEC STUDENT.					
(A) NAME OF PERSON: EDWARD	DYSON				
(C) AMOUNT OF GRANT \$ 238	•				
(D) TYPE OF ASSISTANCE: ST	UDENT TRANSPORTATION	STIPENDS			
(E) PURPOSE OF ASSISTANCE:	TO OFFSET TRANSPORT	ATION COSTS	TO ATTEND	SCHO	OL
AS A GEC STUDENT.					
AS A GEC STUDENT:					
(A) NAME OF PERSON: SANCHA	LEE				
(C) AMOUNT OF GRANT \$ 40.					
(D) TYPE OF ASSISTANCE: ST	UDENT TRANSPORTATION	STIPENDS			
(E) PURPOSE OF ASSISTANCE:	TO OFFGET TRANGDORT	ATTON COSTS	י ייט אייידאיט	SCHO	 Эт.
	TO OTTOBET TRANSPORT	ATTON CODIL	O TO ATTEME	bello	<u> </u>
AS A GEC STUDENT.					
(A) NAME OF PERSON: TIARA	PENNY		chedule L (Form 990		

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(C) AMOUNT OF GRANT \$ 124.
(D) TYPE OF ASSISTANCE: STUDENT TRANSPORTATION STIPENDS
(E) PURPOSE OF ASSISTANCE: TO OFFSET TRANSPORTATION COSTS TO ATTEND SCHOOL
AS A GEC STUDENT.
SCH L, PART III, COLUMN (E):
ALL STUDENTS OF GEC, INCLUDING THE FOUR STUDENT DIRECTORS LISTED IN
PART III, ARE ENTITLED TO RECEIVE STUDENT TRANSPORTATION STIPENDS FROM
GEC.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection **Employer identification number**

47-4283739

Name of the organization

THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTNERSHIP WITH THE YMCA TO SERVE UP TO 24 CHILDREN OF STUDENTS

ENROLLED IN THE SCHOOL AT ANY GIVEN TIME.

FORM 990, PART VI, SECTION A, LINE 3:

PURSUANT TO AN ADMINISTRATIVE SUPPORT SERVICES, STAFFING AND SUBLICENSE "AGREEMENT") BETWEEN THE ORGANIZATION AND DAVIS MEMORIAL (THE GOODWILL INDUSTRIES D/B/A GOODWILL OF GREATER WASHINGTON (GGW), PROVIDES ADMINISTRATIVE AND BUSINESS SUPPORT SERVICES TO THE ORGANIZATION AS SPECIFIED IN THE AGREEMENT. THE SERVICES INCLUDE: PROVISION OF THE PRESIDENT & CEO OF GGW TO SERVE AS THE PRESIDENT & CEO OF GEC, PROVISION OF THE CFO OF GGW TO SERVE AS THE CFO OF GEC, PROVISION OF THE VICE-PRESIDENT OF MISSION SERVICES OF GGW TO PROVIDE EXECUTIVE LEVEL MANAGEMENT SERVICES TO THE ORGANIZATION, AND PROVISION OF THE GENERAL COUNSEL & CORPORATE COMPLIANCE OFFICER OF GGW TO PROVIDE LEGAL AND COMPLIANCE SERVICES TO THE ORGANIZATION. THE SERVICES ALSO INCLUDE SPECIFIED ACCOUNTING, INFORMATION TECHNOLOGY, HUMAN RESOURCES, MARKETING, DEVELOPMENT AND FACILITIES MAINTENANCE SERVICES. THE AGREEMENT IS SUBJECT TO ANNUAL REVIEW AND MODIFICATION BY THE BOARD OF DIRECTORS OF GEC, AND CAN BE TERMINATED FOR UNCURED MATERIAL BREACH OR IF THE BOARD IS DISSATISFIED WITH THE QUALITY OF SERVICES PROVIDED BY GGW.

FORM 990, PART VI, SECTION A, LINE

THE APPOINTED DIRECTORS OF GEC, WHO MAKE UP THREE OF THE NINE GEC BOARD OF DIRECTORS, ARE APPOINTED BY THE BOARD OF DIRECTORS OF GGW.

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

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

Name of the organization THE GOODWILL EXCEL CENTER, PUBLIC **Employer identification number** CHARTER SCHOOL

47-4283739

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

GEC'S FEDERAL FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, MARCUM LLP, AND IS REVIEWED INTERNALLY BY SENIOR MANAGEMENT. IT IS THEN SUBMITTED BY THE PRESIDENT TO THE BOARD FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

UNDER THE CONFLICT OF INTEREST POLICY, ALL INTERESTED PERSONS MUST DISCLOSE TO THE CONFLICT OF INTERESTS COMMITTEE THE EXISTENCE OF HIS/HER FINANCIAL OR PERSONAL INTEREST AND ALL MATERIAL FACTS RELATING TO THAT INTEREST. DISCLOSURE MUST BE DONE BY COMPLETING THE ANNUAL DISCLOSURE FORM AND NOTIFYING THE PRESIDENT & CEO IN WRITING OF ALL INFORMATION NECESSARY TO IDENTIFY AN ACTUAL OR POTENTIAL CONFLICT.

AS A RESULT OF MONITORING BY THE CONFLICT OF INTERESTS COMMITTEE OR THE BOARD OF DIRECTORS, AND SELF-MONITORING BY THE INTERESTED PERSONS, THE PRESIDENT AND/OR COMPLIANCE OFFICER SHALL BRING FORWARD ANY CONFLICT OF INTEREST MATTERS TO THE CONFLICT OF INTERESTS COMMITTEE OR THE BOARD OF DIRECTORS.

IF A CONFLICT OF INTEREST IS FOUND TO EXIST, THE INTERESTED PERSON SHALL NOT PARTICIPATE IN ANY DISCUSSION OR DECISION WITH RESPECT TO THE TRANSACTION OR ARRANGEMENT AT ISSUE AND ANY DECISION THAT WOULD OTHERWISE HAVE BEEN MADE BY THE INTERESTED PERSON SHALL INSTEAD BE MADE BY HIS/HER DIRECT SUPERVISOR, PROVIDED, HOWEVER, THAT, IF THE INTERESTED PERSON WITH DECISION MAKING AUTHORITY CONCERNING THE MATTER AT ISSUE IS EITHER THE PRESIDENT OR THE CHAIR OF THE BOARD, SUCH DECISION SHALL INSTEAD BE MADE BY A MAJORITY OF THE DIRECTORS OF THE BOARD, WHO ARE "DISINTERESTED", THAT IS

Name of the organization THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL	Employer identification number 47-4283739
WHO DON'T HAVE A CONFLICT OF INTEREST.	
IF A POTENTIAL CONFLICT OF INTEREST INVOLVES ANYONE OTHER	THAN A GEC BOARD
MEMBER, THE CONFLICT OF INTERESTS COMMITTEE SHALL PERFORM	THE
RESPONSIBILITIES SET FORTH IN THE GEC CONFLICT OF INTEREST	POLICY. HOWEVER,
IF A POTENTIAL CONFLICT OF INTEREST INVOLVES A GEC BOARD M	MEMBER, THE BOARD
SHALL PERFORM THE RESPECTIVE RESPONSIBILITIES SET FORTH IN	THE GEC CONFLICT
OF INTEREST POLICY.	
FORM 990, PART VI, SECTION C, LINE 19:	
GEC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST PO	LICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	ALTHOUGH GEC
DOES NOT HAVE ITS OWN WEBSITE, THE FINANCIAL STATEMENTS AN	ID INFORMATION
ABOUT GEC ARE AVAILABLE THROUGH A LINK ON GGW'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED LABOR:	
PROGRAM SERVICE EXPENSES	2,221,601.
MANAGEMENT AND GENERAL EXPENSES	155,878.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,377,479.
PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	18,687.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,687.

Name of the organization THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL	Employer identification number 47-4283739
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	2,788.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,788.
AUTHORIZER FEES:	
PROGRAM SERVICE EXPENSES	60,145.
MANAGEMENT AND GENERAL EXPENSES	462.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	60,607.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,459,561.