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GOVERNMENT COPY

SB & COMPANY, LLC 10200 Grand Central Ave., Suite 250 Owings Mills, MD 21117 Federal Tax ID: 20-2153727 (410)584-0060

May 26, 2020

Statesmen College Preparatory Academy for Boys 4600 Livingston Rd. SE Washington, DC 20032

Statesmen College Preparatory Academy for Boys:

Enclosed is the organization's 2018 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail as soon as possible.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Pamela Gray

Extended to May 15, 2020

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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019 Check if applicable: C Name of organization D Employer identification number Statesmen College Preparatory Academy X Address change for Boys X Name change Doing business as North Star College Preparatory A 82-1901942 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 4600 Livingston Rd. SE (202)505-9072 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 3,375,651. Washington, DC 20032 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Shawn Hardnett for subordinates? Yes X No 4250 Massachusetts Ave. SE, Washington, DC H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ https://www.statesmenboys.org/ H(c) Group exemption number K Form of organization: X Corporation Association Other > L Year of formation: 2017 M State of legal domicile: DC Part I Summary 1 Briefly describe the organization's mission or most significant activities: To create a boy-friendly, Governance pedagogy-informed academic environment within which young men are 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 9 Activities & 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) <u>15</u> 6 Total number of volunteers (estimate if necessary) 9 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 38 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 1,076,468. 2,187,464. Program service revenue (Part VIII, line 2g) 9 0. 1,187,772.10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 415. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,076,468.3,375,651. Grants and similar amounts paid (Part IX, column (A), lines 1·3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 509,813. 1,129,740. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 243,844. 922,185. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 753,657**.** 2,051,925. 19 Revenue less expenses. Subtract line 18 from line 12 322,811. 1,323,726. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) <u>366,914.</u> 1,770,462. 21 Total liabilities (Part X, line 26) 44,103. 123,925. Net assets or fund balances. Subtract line 21 from line 20 322,811. 1,646,537. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Shawn Hardnett, ĆEO / Founder / Head of School Here Type or print name and title Print/Type preparer's name PTIN Preparer's signature Paid Pamela Grav 05/28/20 ₽01237506 Preparer Firm's name SB & COMPANY Firm's EIN 20-2153727 Use Only Firm's address 10200 Grand Central Ave, Suite 250 Owings Mills, MD OTHER COUNTRY 21117 Phone no. (410)584-0060

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

X Yes

Filing Instructions

Prepared for:

Statesmen College Preparatory Academ for Boys 4600 Livingston Rd. SE Washington, DC 20032

Prepared by:

SB & COMPANY 10200 Grand Central Ave, Suite 250 Owings Mills, MD OTHER COUNTRY 21117

2018 FORM 990

Please sign and mail as soon as possible.

Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

(Expenses \$
4e Total program service expenses ▶

832002 12-31-18

including grants of \$

1,638,153.

4d Other program services (Describe in Schedule O.)

Form 990 (2018)

) (Revenue \$

Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
		1.	Į	1
2	If "Yes," complete Schedule A	1	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_ 2	<u>^</u>	\vdash
	public office? If "Yes " complete School/de C. Port I			🚚
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	+	X
Ī	during the tax year? # "Yes " complete Schodule C. Cost #	1	1	,,
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	┼	X
_	similar amounts as defined in Revenue Procedure 98.192 (4.192) 5 accordate October 19.000	_		
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	-	X
Ī	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	1.	1	,,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	├-	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7	-	X
_	Schedule D. Part III		ľ	
9	Schedule D, Part III	8_	├	X
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				١.,
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
	endowments, or quasi-endowments? If the all accordance of the control of the cont			
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10	SPECIAL C	X
••	as applicable.			
а		FLESS.	SVAR	8262
u	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u>11a</u>	X	_
Ī	assets reported in Part X. line 162 /f "Voc." - complete Securities in Part X, line 12 that is 5% or more of its total	1		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
Ī	assets reported in Part X. line 167 if "Voc." complete Sebadula D. Contains	l		v
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		X
_	Part X, line 16? If "Ves " complete School to Other UV		l	
e	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	v
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	١ ا	.	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
	A-1-21 B-8-34 - 34 - 34 - 34 - 34 - 34 - 34 - 34	, ,	v.	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	_X	
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	х	Х
14a		13	Δ	v
b		14a		<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	144		v
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	14b		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV			x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	4.		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-+	<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	4.7		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	\dashv	Λ.
	1c and 8a? If "Yes," complete Schedule G, Part II	40		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		-22
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\dashv	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		47
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
	TO STREET BY BUILDING STREET BY		- 1	47

Form 990 (2018)

	beatesmen correge rieparatory Academy			
orm	990 (2018) for Boys 82-1901	942	P.	age 4
Par	t IV Checklist of Required Schedules (continued)	-		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	l		,,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	\vdash	X
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		x	
24-	Schedule J	23	_	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a	24a	H	
	Did the organization invest any proceeds or tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		_
Ü		24c		1
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-4u		
LUU	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	LUG		
~	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	ŀ	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	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes."			
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		\$3989	5000
	instructions for applicable filing thresholds, conditions, and exceptions):	16.00		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ļ	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		۱
	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			,,
00	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?		_v	
Pai	Note. All Form 990 filers are required to complete Schedule O	38	X	Ц.
4 441	Check if Schedule O contains a response or note to any line in this Part V			\Box
			V	NI-
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	15780	Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	275123751		E STATE
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	AS		

832004 12-31-18

(gambling) winnings to prize winners?

Form **990** (2018)

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	1 990 (2018) for Boys 82-1901	942	F	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		•	<u> </u>
	,		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	
	filed for the calendar year ending with or within the year covered by this return 2a 15		4	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1200	州胜	
3a	The second of th	За		Х
b	The state of the s	3b	_	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country:	Trial.	190	718
60	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	LO		3600
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		Х
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c		<u> </u>
Oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		Х
U	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7		6b	eticales et	
a	Organizations that may receive deductible contributions under section 170(c).	6.46		OF ALL
h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c	Section 1	_X
e		ALC: N	200	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		<u> X</u>
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
h	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 cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	NATION OF	200900
_	sponsoring organization have excess business holdings at any time during the year?	351262	17.00	
9	Sponsoring organizations maintaining donor advised funds.	8	200 000	THEORY
а	Did the spansoring organization make any toyoble distributions under seal or 40000	9300	2018.29	Section 2
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b	KBISO	100000
а	Initiation for and exited and it. Co. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10000	200	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	10034000	THE ST
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	1000	366
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		100	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	100	2168	es (207
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		100	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		$\neg +$	
	excess parachute payment(s) during the year?	15	_ 1	X
	if "Yes," see instructions and file Form 4720, Schedule N.	108/84	135	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	Water !	Albert .	de se
		Form	990 (2018)

Form 990 (2018)

for Boys

82-1901942

age 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing		455	
	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		1966	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	with the same of t	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	289	57259	
а	The governing body?	8a	X	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	_	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	0000
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	823959	Х	
12a	1 , " 19, 30 00 10 11 11 11 11 11 11 11 11 11 11 11	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Α.	
C		400	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	12c	X	
14		14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	20193	993355	0.250
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		100	
	The organization's CEO, Executive Director, or top management official	15a	121000	Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	teres	1000
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IQA	taxable entity during the year?	16a	SINGTON	х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	(Mary	CENT	Zeros
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Consiste	January 1
Sec	tion C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶DC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3))	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,/		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	Statesmen College Preparatory Academy for Boys - (202)505-9072			-
	4250 Massachusetts Ave. SE Washington DC 20019			

Form 990 (2018)

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

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

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

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

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

Check this box if neither the organization r (A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	(de	not c	Pos			One	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week (list any	-	CG a		1	Tuus	104)	from	from related	other
	hours for	diect					ı	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	trustee or director	stee			nsafe		(W-2/1099-MISC)	(** 27 1009 141100)	organization
	organizations	i i	nal tr		oyee	E .] `		and related
	below	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	ja ja			organizations
(1) Nicole Solomon Mitchell	line) 2.00	Ĕ	Ĕ	ö	32	₹5	훈			
Chair		X						0.	ا م	
(2) Raymond Weeden Jr	2.00			-	_		┝	- 0.	0.	
Vice Chair		\mathbf{x}						0.	0.	0.
(3) Samantha Barbee	2.00	-	Н				Т		- 0.	
Treasurer		x						0.	0.	0.
(4) Gregory Van Houten	2.00									
Secretary	0.00	x						0.	0.	0
(5) Alicia Adams	1.00									
Trustee		Х						0.	0.	0.
(6) Toni Renee Barton	1.00									
Trustee		X	Щ	_	_	Ш		0.	0.	0.
(7) Mary Edith Brown	1.00			ľ						
Trustee		Х	\sqcup	_	_	Щ		0.	0.	0.
(8) James Anthony Alexander Cadogan Trustee	1.00	[i			
(9) Bisi Oyedele		X	\dashv					0.	0.	0.
Trustee	1.00	.,								_
(10) Sandra McCoy	1.00	X	\dashv	\dashv	\dashv	-	_	0.	0.	0.
Trustee	0.00	x		- 1	- 1			0.		
(11) Ray McKenzie	1.00	<u> </u>	\dashv	\dashv	┥		_		<u> </u>	0.
Trustee	0.00	x						0.	0.	0.
(12) Satira Streeter	1.00		\dashv	-	7	\dashv	\dashv	- 0.		
Trustee		x	- 1					0.	0.	0.
(13) Shawn Hardnett	40.00		_	7	\dashv		\neg			
CEO / Founder / Head of School	0.00	x		x	- 1	- 1		158,722.	0.	3,414.
				\neg	\neg		\neg			3,3120
			T	\top						
						\sqcup				
						T				
		_		\dashv		\perp				
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		Ц			\perp		_			

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Form 990 (2018)

82-1901942	Page 8
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Form	1990 (2018) for Boys									82-19	901 9	42	Pa	age 8
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	at C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	ge Position (do not check more than or box, unless person is both officer and a director/truste				i than o	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related		an	(F) stimate nount other pensa	of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	om the anizat d relat anizati	e ion ed	
											\dashv			
											\Box			
			_		L	_					\dashv			
			\vdash		┞						\dashv			
			H											
			\vdash							!	\dashv			
			-											
							-	-						
	Sub-total								158,722.		0.		3,4	14.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n							<u> </u>	158,722.	000 of reportable	0.		3,4	
_	compensation from the organization	lot illinited to th	058	liste	ou al	JOVE	ij vvi		sceived more man proo,	——·	,		Yes	1 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s						•					3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportabl	le co	mpe	ensa	ation	and	oth	ner compensation from t	he organization		4	x	7
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue comper	nsati	on f	rom	any	unre	elate	ed organization or individ	dual for services		5		x
Sec 1	ction B. Independent Contractors Complete this table for your five highest co											ion fr	om	
	the organization. Report compensation for	the calendar y	ear e	ndir	ng w	/ith c	or wi	thin		ear.				
	(A) Name and business	N	INC	E				(B) Description of s	ervices	С	ompe	C) nsatio	n	
_								\dashv					<u> </u>	
								\dashv						
								\dashv						
_ ==								\dashv						
2	Total number of independent contractors (•	ot lir	nite	d to		_	sted	above) who received me	ore than				l c
_	\$100,000 of compensation from the organi	zation >		<u>.</u>		- ()				1984	Form	990 (2018)

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Form 990 (2018) for Boys

Part VIII Statement of Pevenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 514
	а	Federated campaigns						THE STREET
3	b	***************************************	1b					
đ	C	41140.00	1c					
	d							3 20 20 20 20
	е	and the state of t		297,742.				
	f	All other contributions, gifts, grants,						
		similar amounts not included above	1f [1	<u>,889,722.</u>				
	9	Noncash contributions included in lines 1a-	16:\$					
-	h	Total. Add lines 1a-1f			2,187,464.			
l _		Desc		Business Code	Market Village			Vi della consulta
2				611710	1,1 <u>87,772.</u>	1,187,772.		
	b				<u>. </u>			
	C							
	d							
	e							
	f	All other program service revenu	e					
$\overline{}$	g				1,187,772.	Mark College	THE WAR	THE WAY A
3		Investment income (including div						
١.		other similar amounts)			415.	415.		
4		Income from investment of tax-ex						
5		Royalties						
		_	(i) Real	(ii) Personal				
6	а	Gross rents		<u> </u>				
	þ	Less: rental expenses		 				
		Rental income or (loss)						
	d	Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·				
7 :	а	-	i) Securities	(ii) Other		A Participant		ALC: U
	_	assets other than inventory				400		
	b	Less: cost or other basis						
		and sales expenses						
•	C	Gain or (loss)		L				
- (d	Net gain or (loss)						
8 :		Gross income from fundraising ev	ents (not					
		including \$	— ^{of}					
		contributions reported on line 1c)		1				
		Part IV, line 18	a					200
		Less: direct expenses						
		Net income or (loss) from fundrais		······				
9 2		Gross income from gaming activit						
	_	Part IV, line 19	a	1 11				A STATE OF THE STATE OF
		Less: direct expenses		<u> </u>				
		Net income or (loss) from gaming						
10 a		Gross sales of inventory, less retu		2				
	_	and allowances	a					
		Less: cost of goods sold						
	_	Net income or (loss) from sales of		- 5				
11 -	_	Miscellaneous Revenue		Business Code				
11 a		· · · · · · · · · · · · · · · · · · ·		 				
b				 				
C		All officers						
C	1	All other revenue						
е	,	Total. Add lines 11a-11d			2	,188,187.	THE REAL PROPERTY.	THE RESERVE OF THE PERSON NAMED IN

Form 990 (2018)

Form 990 (2018) for Boys Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign			AREA COLONIA	
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	158,722.	109,518.	42,855.	6,349
	Compensation not included above, to disqualified			3270001	0,003
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	803,841.	554,650.	217,037.	32,154
	Pension plan accruals and contributions (include		,		55,252
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	86,387.	59,607.	23,324.	3,456
	Payroll taxes	80,790.	55,745.	21,813.	3,232
	Fees for services (non-employees):	00,1001		22,0201	0,202
	Management				
	Legal			-	
	Accounting	56,786.	50,540.	5,678.	568
	Lobbying	507.501	00,0201		
	Professional fundraising services. See Part IV, line 17		County American Street		-
	nvestment management fees			a chaire and a second	
	Other. (If line 11g amount exceeds 10% of line 25,	-	-		
_	column (A) amount, list line 11g expenses on Sch O.)	107,689.	<u>9</u> 5,843.	10,769.	1,077
	Advertising and promotion	407,7000			2,0,,,
	Office expenses	49,422.	43,986.	4,942.	494
	information technology		10,,000		
	Royalties	-			
	Occupancy	260,397.	231,753.	26,040.	2,604
	Travel	72,020.	72,020.		
18 F	Payments of travel or entertainment expenses		,	-	
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings			-	
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	1,095.	974.	110.	11
	Insurance	_,			
24 (Other expenses, Itemize expenses not covered				ACT OF STREET
8	above. (List miscellaneous expenses in line 24e. If line 📗				
2	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	Student Expenses	161,061.	161,061.		
ь	Contracted Instruction	111,366.	111,366.		
	Professional fees	40,390.	35,947.	4,039.	404
d				.,	
-	All other expenses	61,959.	55,143.	6,196.	620
	Total functional expenses. Add lines 1 through 24e	2,051,925.	1,638,153.	362,803.	50,969
	Joint costs. Complete this line only if the organization	. ,		,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

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Form 990 (2018)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X	(A)	T	
		Beginning of year		(B) End of year
1	Commence of the Commence of th	323,161.	1	649,639
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4		39,322.	4	949,244
5		STATE THE TANKS	1000	CHEST COURSE AND
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6		ALTONOMIC STREET, STRE	1000	North State of the St
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ស	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
<	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	4,431.	9	8,730
10	a Land, buildings, and equipment: cost or other		机 管	CENTRAL CENTRAL CONTRA
	basis. Complete Part VI of Schedule D 10a 14,304.			
	b Less: accumulated depreciation 10b 1,095.	0.	10c	13,209
11	tnvestments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	15	149,640
16	Total assets. Add lines 1 through 15 (must equal line 34)	366,914.	16	1,770,462
17	Accounts payable and accrued expenses	44,103.	17	123,925
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,		100	
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
- 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	11 100	25	
26	Total liabilities. Add lines 17 through 25	44,103.	26	123,925.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		36	
ß	complete lines 27 through 29, and lines 33 and 34.	200 011		
27	Unrestricted net assets	322,811.	27	983,603
28	Temporarily restricted net assets		28	983,603
29	Permanently restricted net assets		29	MANAGEMENT OF THE PARTY OF THE
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
5 20	and complete lines 30 through 34.		A COLUMN	
30	Capital stock or trust principal, or current funds		30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	
27 28 29 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	4 646 55
33	Total net assets or fund balances	322,811.	33	1,646,537
34	Total liabilities and net assets/fund balances	366,914.	34	<u>1,770,46</u> 2.

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 Total expenses (must equal Part X, column (A), line 12) 2 Total expenses (must equal Part X, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 1,323,726. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 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 Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 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 X Both consolidated and separate basis D Separate basis Consolidated basis X Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and sep		990 (2018) for Boys	82-19	1942	Pag	_{je} 12
1 Total revenue (must equal Part VIII, cotumn (A), line 12) 2 Total expenses (must equal Part IX, cotumn (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 1,323,726. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1322,811. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 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)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 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 To both: Separate basis Consolidated basis To both: Separate basis Consolidated basis To both: Separate basis C 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: Separate basis Consolidated basis Total Separate basis C if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. C if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. C if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. C if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. C	Pai	TXI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 1,323,726. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 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)) Part XIII 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 Cher, explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 X 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: Separate basis Consolidated basis X Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis. If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As result of a federal award, was the organiz		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 1,323,726. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 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)) Part XIII 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 Cher, explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 X 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: Separate basis Consolidated basis X Both consolidated and separate basis. consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis. If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As result of a federal award, was the organiz						
3 1,323,726. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 322,811. 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)) 1, 646, 537. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	1		_1			
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 X Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis X Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis b Were the organization of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. The process of the financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	2		2			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (g)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (g)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII X X	3		3			
Donated services and use of facilities B Donated services and use of facilities T Investment expenses T T T T T T T T T	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	322	, 8:	<u>11.</u>
Prior period adjustments Prior period adjust	5	Net unrealized gains (losses) on investments	5			
Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No Yes No Yes No Yes No Y	6	Donated services and use of facilities	6			
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) The second of the column (B) (must equal Part X, line 33, line 37. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 X Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis A Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis A Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis, or both: Separate bas	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X X	8		8			
Column (B)) Part XIII Financial Statements and Reporting Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X X X X X X X X X	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Yes No 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 O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 X Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis X Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? By If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990:			10	<u>1,646</u>	, 5:	<u>37.</u>
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 O. 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 X Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: Separate basis Consolidated basis X Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	Pa	TXIII Financial Statements and Reporting				
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII			12	X
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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: Separate basis Consolidated basis Separate basis Consolidated and separate basis		Separate basis Consolidated basis X Both consolidated and separate basis				
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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		consolidated basis, or both:		10000		
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Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						SEN
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	За					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				3a		X
	b					
				_{3b}		
Form 990 (2018)				Form	990 (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Statesmen College Preparatory Academy

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

D.	· -	LOI	Boys						<u>82-1</u> 901942				
	art I	Reason for Public	Charity Status	(All organizations must of	complete t	his part.) S	ee instructions			Т			
The	organ	ization is not a private foun	dation because it is:	(For lines 1 through 12,	check only	one box.)							
1		A church, convention of cl	hurches, or associati	on of churches describe	d in secti	on 170(b)	(1)(A)(i).						
2	X	A school described in sec											
3		A hospital or a cooperative					m).						
4		A medical research organi						(iii) Ente	r the hospital's name				
		city, and state:	,	,	2, 40001100	a acou	יאוי ויטנטויו ווט	(iii). Liite	the nospital s name,				
5		An organization operated	for the benefit of a cr	allege or university owns	d or opera	ted by a a	ovormontol ur	it dooosib	and in	_			
		section 170(b)(1)(A)(iv). (mogo or dilitorally ownio	o or opera	led by a g	Overminental di	iii Geschi	eu in				
6		A federal, state, or local go	•	بياز المحالية والمحالة أناس المحسومة									
7	Ħ												
•		An organization that norma	ally receives a substa	intial part of its support	rrom a gov	ernmental	unit or from th	e general	public described in				
		section 170(b)(1)(A)(vi). (0											
8	님	A community trust describ											
9	ш	An agricultural research or	ganization described	in section 170(b)(1)(A)	(ix) operat	ted in conj	unction with a i	and-grant	t college				
		or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, city	, and state of t	he colleg	e or				
		university:											
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersh	ip fees, a	nd gross receipts from	_			
		activities related to its exer	mpt functions · subje	ct to certain exceptions	and (2) no	more tha	n 33 1/3% of its	support	from gross investmen	t			
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
		See section 509(a)(2). (Complete Part III.)											
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
12		An organization organized						rv out the	purposes of one or				
		more publicly supported or	rganizations describe	d in section 509(a)(1)	or section	509(a)(2).	See section 5	09(a)(3).	Check the box in				
		lines 12a through 12d that	describes the type of	f supporting organizatio	n and com	plete lines	12e. 12f. and	12n					
а		Type I. A supporting org							aivina				
		the supported organization	on(s) the power to re	gularly appoint or elect :	maiority (of the direc	ctore or truetoe	of the s	upporting				
		organization. You must	complete Part IV. Se	ections A and R	a majomiy i	or tho direc	nois or trustee.	301 1116 31	apporting				
b		Type II. A supporting org			tion with it	e eunnode	ad organization	(a) by ba	uina				
		control or management of											
		organization(s). You mus	et complete Bart IV	Sections & and C	ame perso	ins triat co	ntroi or manage	e tne sup	ported				
С					in annua	41 m.m							
•		Type III functionally inte	n(e) (see instructions	y organization operated	III connec	tion with, a	and functionally	ntegrate	ed with,				
d		its supported organizatio											
u		Type III non-functionally											
		that is not functionally int	tegrated. The organiz	ation generally must sal	lisfy a distr	ibution red	quirement and a	an attenti	veness				
_	_	requirement (see instruct											
е		Check this box if the orga					Type I, Type II,	Type III					
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.							
T		the number of supported of											
<u>g</u>	Provi	de the following information Name of supported	n about the supporte		1 find is the ora	nizalion lietad							
	177	organization	(II) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orgain your govern	ing document?	(v) Amount of n	-	(vi) Amount of other				
				above (see instructions))	Yes	No	support (see ins		support (see instructions	s) 			
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ntal			SECRET STREET	A STATE OF THE STA	ENVIRONMENT OF	CHECKSYN TOLEN				_			

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 for Boys 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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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			_			
Ū	furnished by a governmental unit to			100			
	the organization without charge			3.			
4	Total. Add lines 1 through 3						
	The portion of total contributions	Site Site of	Ash a feet and		feeten toolsky		
•	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)						
e	Public support. Subtract line 5 from line 4.	Charles a series and	1005 8455 8				
	etion B. Total Support		Carre and Ass		and the second second		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(u) 2014	(5) 2010	(0) 2010	(u) ZOT?	(0) 2010	(I) Total
	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					i l	
9	Net income from unrelated business					 	
9	activities, whether or not the	i		ŀ			
	business is regularly carried on						
10	Other income. Do not include gain				 		
10	or loss from the sale of capital				•	!	
					1		
44	Total support. Add lines 7 through 10	THE CHICAGO BUILDING		Carlo Marie de Marie de		Encomparing Colors	
	Gross receipts from related activities,	ete (ece inetructio	no)			12	
	First five years. If the Form 990 is for			d fourth or fifth to	av voor op o coetio		
13	organization, check this box and sto	-			•		
Sec	ction C. Computation of Publi			***************************************			
_	Public support percentage for 2018 (I			olumn (fi)		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the						
	stop here. The organization qualifies	•					
Ь	33 1/3% support test - 2017. If the						
	and stop here. The organization qual	•				· · · · · · · · · · · · · · · · · · ·	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
	more, and if the organization meets the	_					070 OI
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		-		•		
	The state of the s					dule A /Form 990	000 E3) 0040

Schedule A (Form 990 or 990 EZ) 2018 for Boys

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
gradific render the death Catal Catal Catal Catal

Se	ction A. Public Support	elow, please comp	plete Part Ii.)		<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(a) 2019	(f) Total
	Gifts, grants, contributions, and	(6/2514	(6) 2010	(0) 2010	(u) 2017	(e) 2018	(f) Total
	membership fees received. (Do not				-		
	include any "unusual grants.")		i]			
2	Gross receipts from admissions.				 -		<u> </u>
~	merchandise sold or services per-				1	1	
	formed, or facilities furnished in						
	any activity that is related to the		1	1			
	organization's tax-exempt purpose					<u> </u>	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		i				
4	Tax revenues levied for the organ-					 	
	ization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities	· · · · · · · · · · · · · · · · · · ·			 	 	
J						1 1	
	furnished by a governmental unit to				i		
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and			ļ			
	3 received from disqualified persons				1	1	
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					1	
c	Add lines 7a and 7b				 		
	Public support. (Subtract line 7c from line 6.)	A RECVERSION PROPERTY.	The State of the S	TO THE PART OF SHIP COME.	CONTRACTOR OF THE PARTY OF THE	Fin SECO-AUWENCE	
Sec	ction B. Total Support	The state of the state of the	Sing Mark Coll. ACRES 1679 C.	PORTOR OF THE PARTY OF THE PART	And her war a manage	AND ADMINISTRATION	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(-) 0010	4.0.0047	T ()0040	
	Amounts from line 6	(a) 2014	(0) 2013	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gross income from interest.					 	
104	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						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain					 	
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			291			
	First five years. If the Form 990 is for						ion,
300	tion C. Computation of Bublis	Command Day			· · · · · · · · · · · · · · · · · · ·		
	tion C. Computation of Public						
15	Public support percentage for 2018 (lin	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2017	Schedule A, Part I	II, line 15			16	%
	tion D. Computation of Invest						
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by fir	e 13, column (f))		17	%
18	Investment income percentage from 2	.017 Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 17	is not
	more than 33 1/3%, check this box and	d stop here. The d	organization qualif	es as a publicly su	upported organiza	tion	▶□
b	33 1/3% support tests - 2017. If the o	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, an	d
	line 18 is not more than 33 1/3%, chec	k this box and sto	p here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	did not check a b	ox on line 14, 19a	, or 19b, check th	s box and see ins	tructions	

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

- 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.
 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "You " explain in Part VI how the organization determined that the support
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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
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	dule A (Form 990 or 990-EZ) 2018 for Boys	82-1901942 Page 6		
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	Nov. 20, 1970 (explain i	n Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
Secti	on 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(8) 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):	SHEET,		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 🕄		
2	Enter 85% of line 1	2		Anna
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		3-1-17
4	Enter greater of line 2 or line 3	4		100
5	Income tax imposed in prior year	5 8		(4.1)
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	9		107
	emergency temporary reduction (see instructions)	6		N/A
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting o	rganization (see
	instructions).	• •	,, ,,	

Schedule A (Form 990 or 990 EZ) 2018 for Boys 82-1901942 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iiii) Section E - Distribution Allocations (see instructions) Underdistributions **Excess Distributions** Distributable Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 for Boys	82-1901942 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section B.	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)	
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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

2018

Name of the organization

Statesmen College Preparatory Academy for Boys

Employer identification number

82-1901942

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Organi	zation type (chec	k one):				
Filers o		Section:				
Form 9	90 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	90-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
Genera	l Rule					
X	For an organizat property) from a	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, Iir or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during t year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address II, and III.		butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, dury year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year		ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box r here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively				
out it mu	ust answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Name of organization
Statesmen College Preparatory Academy
for Boys

Employer identification number

82-1901942

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	EdForward 1805 7th St NW Washington, DC 20001	\$256,250.	Person X Payroll		
(a) No.	(b) Name, address, and ZtP + 4	(c) Total contributions	(d) Type of contribution		
2	England Family Foundation PO Box 341077 Bethesda, MD 20827	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	Clark Foundation 7500 Old Georgetown Rd, 15th floor Bethesda, MD 20814	\$ <u>822,692.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Mariott Foundation 10400 Fernwood Road Bethesda, MD 20817	\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	New Schools Venture Fund 1616 Franklin Street, Second Floor Oakland, CA 94612	\$ 225,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	Ashley Massengill 6153 Sunrise Lake Drive Fort Worth, TX 76179	\$5,000.	Person X Payroll		

Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)		Page
	rganization smen College Preparatory Academy	Employer identification	
for B	oys	82-1901942	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a)	(b)	(a)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	David and Nicole Mitchell Charitable Giving Fund 7820 Hampden Ln Bethesda, MD 20814	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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
3452 11-08-	16	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Statesmen College Preparatory Academy
for Boys

Employer identification number

82-1901942

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number Statesmen College Preparatory Academy for Boys 82-1901942 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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.

2018 Open to Public Inspection

Name of the organization

Statesmen College Preparatory Academy for Boys

Employer identification number 82-1901942

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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					
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 v	vriting that the assets held in donor advised fu	ınds					
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor as	dvisors in writing that grant funds can be used	l only					
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
	impermissible private benefit?							
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part	IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).						
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historica	ally important land area					
	Protection of natural habitat	Preservation of a certified	historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements							
b								
C	Number of conservation easements on a certified historic stru		. 2c					
d	Number of conservation easements included in (c) acquired a							
	listed in the National Register							
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax					
	year -							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per							
_	violations, and enforcement of the conservation easements it	***************************************						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements during the year					
_	Amount of a manager to a manage	None of the bake of the bake of the second o						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easements during the year					
	Dana and companiation accompany reported on line 2/dh show	a antiafic the requirements of easting 170/b)/A)/	(DVA					
•	Does each conservation easement reported on line 2(d) above							
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation							
9	include, if applicable, the text of the footnote to the organization	•						
	conservation easements.	ion s illianciai statements triat describes trie o	ngariization's accounting for					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.					
	Complete if the organization answered "Yes" on Form	•						
	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art					
	historical treasures, or other similar assets held for public exh	5,000						
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,					
b	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed		40 D					
	relating to these items:	•						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$					
			. .					
2	If the organization received or held works of art, historical treation							
	the following amounts required to be reported under SFAS 1	-						
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) 2018					

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	edule D (Form 990) 2018 for Boy	Sollections of A	et Historia	ol Transcer	Ott-	Ol1	82-19	0194	2 1	⊃ _{age} 2
3		ion and other reces	dri, mistoric	ai ireasure:	s, or Oth	er Simi	lar Asset	S (con	inued	
•	Using the organization's acquisition, access (check all that apply):	ion, and other recor	ds, check any	of the following	that are a	significan	t use of its (collectio	n item	S
а			a							
ь				or exchange p						
-			e Othe	r						
4		allections and avale	in have thave	المستعدد الم						
5	Provide a description of the organization's of During the year, did the organization solicities	or receive donations	of art biotoria	rurier une organi	zation's exe	empt purl	oose in Part	XIII.		
_	to be sold to raise funds rather than to be m	sintained as part of	the organization	ai treasures, or	otner simila	ar assets		٦	_	٦
Pa	rt IV Escrow and Custodial Arrar	gements. Comp	lete if the orga	pization answe	rad Wast a		L	Yes		No
	reported an amount on Form 990, Pa	rt X, line 21.	nete ii iiie oiga	ilization answe	rea res o	ın Form 9	90, Part IV,	iine 9, o	r	
1a	Is the organization an agent, trustee, custod		diary for contri	hutions or othe	r accete no	t includes		_		—
	on Form 990, Part X?		unary 101 00/101		1 4336(3110	t ii iciddet	' _	7 v		¬
b	on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table:									
			and thing table.				$\overline{}$	Amo		
С	Beginning balance					1c		Amour	н	
d	Additions during the year	A.F.	***************************************	***************************************		10				
e	Distributions during the year		****************	*****************		1e		_		
f	Ending balance		***************************************		**************	16				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escro	w or custodial a	ccount liab	<u>- ''</u> ilitv?		Yes	$\overline{}$	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation has	been provided	on Part XIII	1		_ 163	- F	- 140
Pa	rt V Endowment Funds. Complete	if the organization ar	nswered "Yes'	on Form 990, I	Part IV, line	10.	*******	****		
		(a) Current year	(b) Prior y		years back		e years back	(e) Fou	r vears	hack
1a	Beginning of year balance					1		(0):00	youru	Duon
Ь	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities				-	_				
	and programs		ł	ľ						
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:									
а	Board designated or quasi-endowment%									
Ь	Permanent endowment	%								
¢	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are h	eld and admini	stered for th	ne organi:	zation			
	by:							1	Yes	No
	(i) unrelated organizations							3a(i)		
	(II) related organizations							3a(ii)		
b	ir Yes on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedu	e R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.		2.000 13.00 130 130 130	-1-11-1-1-1-1-1				
Par	,		_				_			
	Complete if the organization answered	"Yes" on Form 990), Part IV, line	1a. See Form 9	990, Part X,	line 10.				
	Description of property	(a) Cost or o	ther (b)	Cost or other		ccumula	ted	(d) Boo	k value	∍
		basis (investn	nent)	pasis (other)		preciation				
	Land				基份 预数	7-7-3				
b	Buildings									
	Leasehold improvements									
	Equipment			14,304		1,0	95.	13	3,20	9.
	Other									
<u> otal.</u>	Add lines 1a through 1e. (Column (d) must ed	rual Form 990, Part	X. column (B).	line 10c.)				1:	3.20	9.

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" or			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financia	al derivatives			
2) Closely-	held equity interests			
3) Other	5,90,88			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
rotal. (Col. (b	b) must equal Form 990, Part X, col. (B) line 12.)		2.75型之外是不能看到这些可以上在了。	
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, I	ine 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	· ·			
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		•	
	Complete if the organization answered "Yes" of		ine 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1) De	posit			149,640.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990. Part X. col. (B) line	15.)		149,640.
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, I		
1	(a) Description of liability		(b) Book value	
(1) Fed	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Cali	ump (h) must squal Form 000. Part V sel. (P) line	051		

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 X Schedule D (Form 990) 2018

17380528 138138 SCPA

1

Statesmen College Preparatory Academy for Boys Public Charter School are exempt from the payment of income taxes on income other than net unrelated business income under Section 501(c)(3) of the Internal Revenue Code.

The provisions included in accounting principles generally accepted in the United States of America provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition of tax positions taken or expected to be taken in a tax return. The Organization performed an evaluation of uncertain tax positions as of June 30, 2019, and determined that there were no matters 832054 10-29-18

Schedule D (Form 990) 2018 for Boys	82-1901942 Page 5
Part XIII Supplemental Information (continued)	
that would require recognition in the financial statem	ments or that may
have any effect on its tax-exempt status. As of June 3	0, 2019, the statute
of limitations for fiscal years 2016 through 2019 rema	in open with the
U.S. Federal jurisdiction and the state and local juri	sdiction in which
the Organization files tax returns. It is the Organiza	tion's policy to
recognize interest and/or penalties related to uncerta	in tax positions, if
any, as income tax expense.	
	-/
St. 100 100 100 100 100 100 100 100 100 10	
	-

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2018

Open to Public Inspection

Name of the organization

Statesmen College Preparatory Academy for Boys

Employer identification number 82-1901942

P	Tor Boys 82-1	1901	744	
	art I		,	
			YES	L
ı	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,]	ı
	other governing instrument, or in a resolution of its governing body?	1	X	Ļ
2	toward students in air its brothures,	FER	1000	98
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	L
}	the distribution positions of the resident file and the resident f			1
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			8
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.	16:5	250	100
	If you need more space, use Part II See Part II	3	X	8
				MASSES
				CISAMITE.
	Does the organization maintain the following?			SPASSEA.
2	a Records indicating the racial composition of the student body, faculty, and administrative staff?	322	v	100
b		4a	X	H
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	4b	-	┝
	admissions, programs, and scholarships?	140	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	H
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	2010000	13
	The school does not provide scholarships or other financial		130	5903
	assistance becasue it is a public charter school.	100	局距	Ť
		2536	0.3000	100
		40733885	\$1.50 m	舒
				STATE OF
	Does the organization discriminate by race in any way with respect to:			我是我看我的
a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	. 5a		が最初をおれる
	Students' rights or privileges?	5a 5h		
b	Students' rights or privileges? Admissions policies?	5b		
þ	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b _5c		_
b	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d	2000	
b	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		
þ	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		
b c d e f	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		
	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		
b c d e f	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 5g		
b c d e f	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 5g		
b c d e f g h	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	
b c d e f g h	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	2000年に対象の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の
b d e f g h	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	
а	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	

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

Schedule E (Form 990 or 990-EZ) 2018 for Boys	82-1901942 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, ar	nd 7, as applicable.
Also provide any other additional information.	
Line 3 - Explanation of Nondiscrimination Policy:	
Statesmen Academy for Boys PCS seeks diversity in its	
student/parent body, faculty, board of trustees, staff and	1
adminstration. While Statesmen Academy for Boys PCS is a	
single gender Academy, it is an organization deeply commit	ted
to diversity, equity and inclusion and it is therefore the	=
policy and commitment of the organization not to discriming	nate based on
race, color, ethnicity, religion, sex, gender, sexual orie	entation, gender
identity, disability, age or any other personal or profess	sional status.
Line 6 - Explanation of Government Financial Aid:	
The school received funds from the U.S. Department of Educ	cation in its
planning year which ended 6/30/19. As a public charter sch	nool it will
receive per pupil funding during its operational years.	
	<u>-</u>
Line 7 - Explanation of Racial NonDiscrimination Compliance	Ce:
As a public charter school, the school is exempt from the	requirements of
revenue procedure 75-50.	
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

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

Compensated Employees

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

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

Statesmen College Preparatory Academy

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

82-1901942

for Boys Part I **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	,		136
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal to			100
	Travel for companions Payments for business use of personal resider	nce		500
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, ch	nef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	2.7500	STATE OF
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	52339	ALESS NO.	201
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	ADDRESS.	-
		5.0	200	BANK
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			No.
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			100
	establish compensation of the CEO/Executive Director, but explain in Part III.		No.	
	Compensation committee Written employment contract			Factor 1
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation comm	nittee I		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	11360216	х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			4
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	Name of the last o	DUBLIS	X
b	Any related organization?	5a5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	Supplemental Suppl	\$1455E	396375
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	WARTE.	X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	Tarket	4664	500000
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	4000	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	(32.0)	100	SOUN
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	2264	86	13216
	Regulations section 53.4958-6(c)?	9		MRON
LHA	For Denominate Deduction Ass Mart 1997 at 1997	Schedule J (Form	n 990) :	2018

Statesmen College Preparatory Academy for Boys

Schedule J (Form 990) 2018

82-1901942

Page 2

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	E
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)·(i)(B)	in column (B) reported as deferred on prior Form 990
(1) Shawn Hardnett	€	158,722.	0	0.	0	3,414.	162,136.	0.
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 82-1901942 Statesmen College Preparatory Academy for Boys Part III Supplemental Information Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

SCHEDULE 0

(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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Statesmen College Preparatory Academy for Boys

Employer identification number 82-1901942

Form 990, Part I, Doing Business As:
North Star College Preparatory Academy for Boys
Form 990, Part I, Line 1, Description of Organization Mission:
equipped with the academic skills, social competencies and personal
development necessary to navigate life challenges, attend and complete
the college of their choice, and return to become the premier agents of
social change within and for the communities they serve.
Form 990, Part III, Line 1, Description of Organization Mission:
return to become the premier agents of social change within and for the
communities they serve.
Form 990, Part VI, Section B, line 11b:
The form 990 is reviewed by the Academy's board chair and treasurer. It is
then shared with the entire board of directors before it is filed with the
IRS.
Form 990, Part VI, Section B, Line 12c:
All members of the board of directors are required to sign an annual
conflict of interest disclosure. The board chair monitors and enforces
compliance with the policy. The CEO is also required to sign.
Form 990, Part VI, Section C, Line 19:
The Academy makes its governing documents, conflict of interest policy and
financial data avaiable to the public upon request.
LHA For Dengryork Reduction Act Notice see the Instructions for Form 900 or 900-E7.

832211 10-10-18

Schedule O (Form 990 or	990-EZ) (2018)	Page
Name of the organization	Statesmen College Preparatory Academy for Boys	Employer identification number 82-1901942
Form 990, Par	t XII, Line 2c:	
The organizat	ion has an audit committee.	
		

Form **8868**

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Statesmen College Preparatory Academy print for Boys 82-1901942 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for Social security number (SSN) filing your 4600 Livingston Rd. SE instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20032 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Statesmen College Preparatory Academy for Boys • The books are in the care of ▶ 4250 Massachusetts Ave. SE - Washington , DC 20019 Telephone No. ► (202)505-9072 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until May 15, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ____ or ► X tax year beginning JUL 1. 2018 _ , and ending <u>J</u>UN 30 , 2019 If the tax year entered in line 1 is for less than 12 months, check reason: __ Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 0. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2019)