Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Α	For th	e 2019 calendar year, or tax year beginning $$ JUL $1,$ 2019 $$ and	ending J	UN 30, 2020	
	Check if applicat	THE GOODWILL EXCEL CENTER, PUBLIC		D Employer identifie	cation number
	Addr chan	ge CHARTER SCHOOL			
	Nam- chan	ge Doing business as		47-42837	39
F	Initia returi Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	☐ returi termi ated		330	G Gross receipts \$	7,558,032.
	Amer	ided MACHINGMONI DC 20002		H(a) Is this a group re	
F	returi Appli tion			for subordinates	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
1	Tay-ey	empt status: X 501(c)(3) 501(c) ()	or 527		list. (see instructions)
		te: DOODWILLEXCELCENTER.ORG	01 321	H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	I Voor		State of legal domicile: DC
	art I	Summary	L 16ai	or formation. 2015 N	1 State of legal dominche, DC
	1	Briefly describe the organization's mission or most significant activities: OFFEI	RS DC	ADULTS THE	PPORTINITTY
ce	١.	TO EARN A HIGH SCHOOL DIPLOMA, POST-SECON			
nan	2	Check this box if the organization discontinued its operations or dispos			
Ver	3			3	9
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
Activities & Governance	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
itie	6	Total number of volunteers (estimate if necessary)			6
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ă	b	Net unrelated business taxable income from Form 990-T, line 39			0.
			T	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		7,316,486.	7,535,840.
nue	9	Program service revenue (Part VIII, line 2g)	TOTAL TANGEN	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		62,886.	22,192.
R	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	A DOMESTIC STREET	7,379,372.	7,558,032.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		163,655.	106,988.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	7.5000.0000.000	0.	0.
10	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,835,561.	6,240,015.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,999,216.	6,347,003.
	19	Revenue less expenses. Subtract line 18 from line 12		1,380,156.	1,211,029.
OF Sec				ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		7,577,811.	8,984,830.
Net Assets	21	Total liabilities (Part X, line 26)		2,199,480.	2,395,470.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		5,378,331.	6,589,360.
Pa	art II	Signature Block			
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of whi			1
		Attenna a Nelm			12/6
Sigi	1	Signature of officer		Date	1-1
Her		CATHERINE A. MELOY, PRESIDENT & CEO		/	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1.000	ate Check	PTIN
Paid		AARON M. FOX	0	3/22/21 self-employe	
02	arer	Firm's name MARCUM, LLP		Firm's EIN ▶	11-1986323
Use	Only	Firm's address 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036		Phone no. (20	02) 227-4000
May	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 01-2		ns.		Form 990 (2019)

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE GOODWILL EXCEL CENTER PUBLIC CHARTER SCHOOL (GEC)
	IS TO TRANSFORM LIVES THROUGH THE ATTAINMENT OF A HIGH SCHOOL DIPLOMA
	AND INDUSTRY CERTIFICATIONS LEADING TO SUSTAINABLE, LIVING WAGE
	CAREERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?Yes X No
	if "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,864,794. including grants of \$ 106,988.) (Revenue \$)
	GEC PROVIDES ADULT LEARNERS IN WASHINGTON, DC WITH AN ACADEMIC PROGRAM
	THAT YIELDS A HIGH SCHOOL DIPLOMA. THE FIRST OF ITS KIND IN THE
	DISTRICT, GEC FILLS THE GAP BETWEEN TRADITIONAL HIGH SCHOOL PROGRAMS
	AND ADULT EDUCATION PROGRAMS THAT RESULT IN A GED. BUILDING UPON A
	PROVEN MODEL ALREADY SERVING OVER 6,500 STUDENTS ANNUALLY IN SIX STATES
	NATIONALLY, GEC SEEKS TO PROVIDE TRAINING AND ACADEMIC SUPPORT TO
	OTHERWISE DISENGAGED ADULTS WHO HAVE LIMITED PROSPECTS FOR ECONOMIC
	INDEPENDENCE IN THE DISTRICT DUE TO LOW ACADEMIC SKILLS AND
	INSUFFICIENT JOB TRAINING. IN ITS FOURTH YEAR OF OPERATION, THE SCHOOL
	ACHIEVED AN AUDITED ENROLLMENT OF 375 STUDENTS AND 75 STUDENTS EARNED A
	HIGH SCHOOL DIPLOMA. IN ADDITION TO CORE ACADEMIC PROGRAMMING, THE
	SCHOOL ALSO OPERATED A FULLY LICENSED CHILD DEVELOPMENT CENTER IN
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 5,864,794.
	Form 990 (2019)

CHARTER SCHOOL 47-4283739 Form 990 (2019) Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <u>1</u>2a X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes," 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Form 990 (2019) CHARTER SCHOOL
Part 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			
	Schedule J	23		X
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			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			İ
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			-
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> X</u>	Salannica.
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	55000		
	instructions, for applicable filing thresholds, conditions, and exceptions):		500000	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	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		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٧,	
Par	Note: All Form 990 filers are required to complete Schedule O tV Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı at	Check if Schoolule O contains a vectores or note to any line in this Bort V			[
	Check it Schedule O contains a response or note to any line in this Part V		 1	<u> </u>
	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	455 G-35	Yes	No
	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable			
С		30,507	w.	经的证
20000	(gambling) winnings to prize winners?	1c	X gan	2019)
132004	01-20-20	corm	220	∠∪ I∀)

CHARTER SCHOOL 47-4283739 Form 990 (2019) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O Зb 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>			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	1a]	9				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6				
2								
	officer, director, trustee, or key employee?		=		2	9,000,000	X	
3	Did the organization delegate control over management duties customarily performed by or under the							
_					3	х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X	
6	Did the organization have members or stockholders?				6		X	
	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
,	· · · · · · · · · · · · · · · · · · ·	•			7a	х		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st				ı a			
, ,	named a street than the named and had to				74		X	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				7b	\$8805861	4	
8		•	-			X		
	The governing body? Each committee with authority to act on behalf of the governing body?				8a			
					8b	X	· · · · · · · · · · · · · · · · · · ·	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				_		77	
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	******			9		<u>X</u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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 ch	apters	, affiliates,					
					10b			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form	?	<u>11a</u>	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10011000			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	<u>X</u>		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe					
	in Schedule O how this was done				12c	X		
13	Did the organization have a written whistleblower policy?				13	X		
14	Did the organization have a written document retention and destruction policy?				14	X		
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent			高級20 1980年		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official				15a		X	
b	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).			ſ		20/57999 28/57999		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	ith a					
	taxable entity during the year?				16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			···	999			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•					
	exempt status with respect to such arrangements?			ĺ	16b	1901) 111000		
Sec	tion C. Disclosure		***************************************	···	,,,,			
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	rd 990	T (Section 501)	c)(3)s	only	availah	nie	
	for public inspection. Indicate how you made these available. Check all that apply.		. ,223.10110011	_,,,,,,,	~· · · y /	, allak		
	X Own website Another's website X Upon request Other (explain	OP 0-	hadula (1)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	اموو	finana	ial		
19	statements available to the public during the tax year.	mict 0	i interest policy,	anu	manc	iai		
20	State the name, address, and telephone number of the person who possesses the organization's boo	ka an-	rapards					
20	SANDRA WASDEN - (202) 636-4225	ль апс	records 📂 _					
	1140 3RD STREET, NE, NO. 350, WASHINGTON, DC 20002							
		1			C	000	0010	
932006	01-20-20				rorm	990 (2019).	

Form 990 (2019) 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

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

X Check this box if neither the organization n	or any related	orga	niza	tion	con	прег	sat	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	///	not a	Pos	itior	i than c		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is boti	n an	compensation	compensation	amount of
	week	┢	cer ar	ndad I	recto	or/trus	teo)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	p to a	ae			saled		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	Institutional trustee		93	i beu		(44-271099-141130)		organization and related
	below	de al	Aiona		Кву етріоуее	st co	Ε.			organizations
	line)	Indiv.	Institu	Officer	Key e	Highest compensated employee	Fermi			
(1) GLEN S. HOWARD	1.00									
CHAIR		x		X				0.	0.	0.
(2) ELIZABETH KARMIN	1.00									-
SECRETARY		x		X				0.	0.	0.
(3) APRIL YOUNG	1.00									
TREASURER		Х		X				0.	0.	0.
(4) SCOTT BESS	1.00									
DIRECTOR		X						0.	0.	0.
(5) MICHELLE D. GILLIARD, PH.D.	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ELIZABETH LINDSEY, MPA	1.00					-				
DIRECTOR		X						0.	0.	0.
(7) LISA MALLORY, PH.D.	1.00									
DIRECTOR		X						0.	0.	0.
(8) LILLIAN MCQUEEN	1.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(9) CHAWNTAVIA WATKINS	1.00									
DIRECTOR		X						0.	0.	0.
(10) CATHERINE A. MELOY	0.00									
PRESIDENT & CEO (SEE SCH O, PAGE 35)				X				0.	0.	0.
(11) ROSA PROCTOR	0.00									
CFO (SEE SCH O, PAGE 35)				X				0.	0.	0.
						\square				

Form **990** (2019)

932007 01-20-20

Form 990 (2019) CHARTER SCHOOL 47-4283739 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (E) (F) Position Name and title Average Reportable Reportable Estimated (do not check more than one box, unless person is both an hours per compensation compensation amount of officer and a director/trustee) week from from related other (list any the organizations individual trustee or directo compensation hours for organization (W-2/1099-MISC) from the related institutional trustee (W-2/1099-MISC) organization organizations ey employee and related below organizations line) 0. Ō. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (C) Name and business address Description of services Compensation GOODWILL OF GREATER WASHINGTON 1140 3RD STREET, NE, WASHINGTON, DC 20002 MANAGEMENT FEES 593,184. YMCA OF METROPOLITAN WASHINGTON, 1112 16TH OPERATION OF CHILD ST, NW, SUITE 240, WASHINGTON, DC 20036 DEVELOPMENT CENTER 509,659.

Form 990 (2019)

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

\$100,000 of compensation from the organization

CHARTER SCHOOL 47-4283739 Form 990 (2019) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Revenue excluded Total revenue Unrelated function revenue from tax under business revenue sections 512 - 514 1 a Federated campaigns 1a Grants b Membership dues 1b c Fundraising events 1c d Related organizations 1d 7,456,500. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1f 79.340. g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 7,535,840. **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22,192. 22,192. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses Other Revenue [7c c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10Ы c Net income or (loss) from sales of inventory **Business Code**

932009 01-20-20

22,192. Form **990** (2019)

▶ 7,558,032.

0.

d All other revenue Total. Add lines 11a-11d

Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses (C) Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 106,988. 106,988. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 619,138. 619,138. Management 2,564. 2,564. b Legal 45,056. 45,056. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 e Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,660,313. 3,516,972. 143,341. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 7,672. 127,736. 135,408, Office expenses 13 50,120. 12,275. 62,395. 14 Information technology Royalties 15 539,784. 539,784. 16 Occupancy 25,803. 25,803. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 291,032. 85,1<mark>35</mark>, Depreciation, depletion, and amortization 376,167. 22 21,611. 21,611. Insurance 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) STUDENT COSTS 639,919. 639,919. 67,366. 67,366. AUTHORIZER FEES 44,491. DUES, FEES, & LICENSES 44,491 c d All other expenses 6,347,003. 5,864,794. 482,209. Total functional expenses. Add lines 1 through 24e 0. 25 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 (2019)

Form 990 (2019)
Part X Balance Sheet

Υа	rt X					
		Check if Schedule O contains a response or note to any line in this	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,130,809.	1	507,789
	2	Savings and temporary cash investments		4,050,609.	2	6,068,058
	3	Pledges and grants receivable, net		31,245.	3	119,369
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, dire	ctor,			0000000000
		trustee, key employee, creator or founder, substantial contributor, o	or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as def	fined		1030.00	
		under section 4958(f)(1)), and persons described in section 4958(c)			6	
ş	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		121,818.	9	215,667
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 3,3	02,479.			
	þ	Less: accumulated depreciation 10b 1,4	<u> 18,307.</u>	2,053,555.	10c	1,884,172
	11	Investments - 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		189,775.	15	189,775
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		7,577,811.	16	8,984,830
	17	Accounts payable and accrued expenses		329,325.	17	643,391
	18	Grants payable			18	
	19	Deferred revenue		0.	19	44,776
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule	D		21	
ş	22	Loans and other payables to any current or former officer, director,				
Ě		trustee, key employee, creator or founder, substantial contributor, of	or 35%			
Liabilities					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 the	ı			
		parties, and other liabilities not included on lines 17-24). Complete f	Part X			
		of Schedule D		1,870,155.	25	
_	26	Total liabilities. Add lines 17 through 25		2,199,480.	26	2,395,470
,		Organizations that follow FASB ASC 958, check here				
ĕ		and complete lines 27, 28, 32, and 33.				
ie l	27	Net assets without donor restrictions		5,353,331.	27	6,589,360
20	28	Net assets with donor restrictions		25,000.	28	0
׆֟ ֓֟֡֟		Organizations that do not follow FASB ASC 958, check here	-			
<u>.</u>		and complete lines 29 through 33.	İ			
2	29	Capital stock or trust principal, or current funds			29	
SS	30	Paid-in or capital surplus, or land, building, or equipment fund $\ \dots \ $			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fund			31	
2	32	Total net assets or fund balances		5,378,331.	32	6,589,360
丄	33	Total liabilities and net assets/fund balances		7,577,811.	33	8,984,830.

Form 990 (2019)

	1 990 (2019) CHARTER SCHOOL	4./	-4283	739	Pa	ıge 12
Pa	rt XI Reconciliation of Net Assets	***************************************				
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	,55	8,0	32.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,34	7,0	03.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	.,21	1,0	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,378		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6	,58 <u>9</u>	9,3	60.
Pa	rt XII Financial Statements and Reporting					,,,,,,,,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII				,,,,,	<u> </u>
				June 19222	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.		600		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	attivities at a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			16000		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	JAnnelsonia.
	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:				200	
	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					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	120020000
	If the organization changed either its oversight process or selection process during the tax year, explain on School					100000
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
-	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	
				Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Nan	ne of t	the organization	THE GOODWILL E	XCEL CENTER,	PUBL	IC		Employe	identification number
			CHARTER SCHOOL					4	7-4283739
Pa	rt I	Reason for P	ublic Charity Status(All organizations must c	omplete th	is part.) S	e instructions	s.	
The	organ		te foundation because it is: (
1			on of churches, or association		-		1)(A)(i).		
2	X		in section 170(b)(1)(A)(ii).				-10-10-1		
3			perative hospital service organic				::1		
			· · · · · · · · · · · · · · · · · · ·				•	William Parker	4h - f
4	ш		organization operated in co	njunction with a nospital	described	ın secuc	м)(г)(а)ит по	χiii). Enter	the nospital s name,
_	$\overline{}$	city, and state:							
5	Ш		erated for the benefit of a co	llege or university owner	or operat	ted by a go	overnmental u	nit describ	ed in
			A)(iv). (Complete Part II.)						
6		A federal, state, or I	ocal government or governr	nental unit described in	section 1	70(b)(1)(A)	(v).		
7	Ш	An organization tha	t normally receives a substa	intial part of its support f	rom a gov	ernmental	unit or from th	ne general i	public described in
		section 170(b)(1)(A)(vi). (Complete Part II.)						
8		A community trust of	described in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research	arch organization described	in section 170(b)(1)(A)(ix) operat	eđ in conji	unction with a	land-grant	college
		or university or a no	n-land-grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:				•		J	
10	\Box		t normally receives: (1) more	than 33 1/3% of its sup	oort from	contributio	ns members	nin fees ar	d gross receipts from
			its exempt functions - subje						
			ed business taxable income						_
			(2). (Complete Part III.)	(icas aconomo m tax) no	nii badine	saca acqui	ica by ale old	jai iizatioi i c	inter dunie 30, 1375.
11			anized and operated exclusi	ivalu ta tast for public on	fatu Caa	anation E	20(~)(4)		
	H		•	•	•			41	
12	ш		anized and operated exclus					-	
			orted organizations describe			, ,			Sheck the box in
			2d that describes the type o			-		-	
а			ing organization operated, s						= =
		the supported org	anization(s) the power to re	gularly appoint or elect a	majority of	of the direc	tors or trusted	es of the su	ıpporting
		organization. You	must complete Part IV, Se	ections A and B.					
b	L	Type II. A suppor	ting organization supervised	l or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ring
		control or manage	ement of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted
		organization(s). Y	ou must complete Part IV,	Sections A and C.					
c		Type III functiona	ally integrated. A supportin	g organization operated	in connec	tion with, a	and functional	ly integrate	d with,
			anization(s) (see instructions						
d		n	tionally integrated. A supp	•	•	•	•	ted organia	ration(s)
			nally integrated. The organiz					_	
			nstructions). You must cor					an attenti	renega
_	ſ	n '	the organization received a	•	-			I Tune III	
е							турет, турет	ı, rype iii	
_	F	-	ated, or Type III non-function	nally integrated supportil	ng organiz	ation.			
T		r the number of supp	•						
g		ide the following into) Name of supported	ormation about the supporte	d organization(s). (iii) Type of organization	l (iv) is the ora	anization listed	(v) Amount of	manatani	(ui) Amount of other
	''	organization	(11) (11)	(described on lines 1-10	(iv) is the org in your govern		(v) Amount of support (see in	=	(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No	oupport (see ii	- Conditions	Support (See Instructions)
]			
							···· · · · · · · · · · · · · · · · · ·		
Toto			344.0983666018886		Amilykansi.	AND PROMOTE			

Schedule A (Form 990 or 990-EZ) 2019 CHARTER SCHOOL 47-4283 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	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						
Ŭ	furnished by a governmental unit to	İ					
	the organization without charge						
1	Total Add lines 4 Absences 2						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					6.000.000	
	supported organization) included	200					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	- I					4333556	
	***************************************		200				
	Public support. Subtract line 5 from line 4.						
•	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1=/			(4) 44	(4) = 3.5	
	Gross income from interest.						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
		ata (ana inatruatio	no)	45047864380436040	and this control of the second	12	
12	First five years. If the Form 990 is for	•		fourth or fifth to			
10	organization, check this box and stop	=			-		
Sec	tion C. Computation of Publi	c Support Per	centage			***************************************	
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the c					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances" t			•	•	•	
h	10% -facts-and-circumstances test						
IJ	more, and if the organization meets th	_				•	770 OI
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		-				
	THE POSITION OF THE ORGANIZATION	Lid flot offect a t	20% OF 11116 TO, TOO	, 100, 11a, 01 17b		dule A /Form 990 c	- 000 FZ) 0040

Schedule A (Form 990 or 990-EZ) 2019 CHARTER SCHOOL 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

Se	ction A. Public Support	elow, please com	olete Hart II.)				
•	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	147-4	(2) (2)	(9/25//	(4) 20:0	(6) 20 10	(1) 10(0)
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that				,		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
]			
E	The value of services or facilities						
Ö							
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
		20/20/20/20/22/05/00/20/20/20/20/20/20/20/20/20/20/20/20/	1800 (km/str) (1800 (km/str)				uye.
	Public support. (Subtract line 7c from line 6.)						
	<u> </u>	() 0045			1		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties.						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses					f	
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
- •	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thire	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organizat	ion,
	check this box and stop here	*******************	<u></u>				>
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ine 8, column (f), d	livided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2018	Schedule A. Part	III. line 15			16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			20 12 column (f)		17	0/
							<u>%</u>
	Investment income percentage from					18	<u>%</u>
19 a	33 1/3% support tests - 2019. If the						is not
	more than 33 1/3%, check this box ar	· ·	=		• •		
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	i, and line 16 is mo	ore than 33 1/3%, an	d
	line 18 is not more than 33 1/3%, check	ck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	orted organization _	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	structions	
	2 00 25 10		·-····			adula A (Farm 900)	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? /f "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")? // "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)
- 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?
- 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.
- 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).
- 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.)

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5	Activities Test. Answer (a) and (b) below.
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined
	that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. A other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income	1000	edule A (Form 990 or 990-EZ) 2019 CHARTER SCHOOL			7-4283739 Page 6		
cother Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (prional) 1. Net short-term capital gain 1. 1 2. Recoveries of priory-year distributions 2. 2 3. Other gross income (see instructions) 3. 3 4. Add lines 1 through 3. 4. Add lines 1 through 3. 5. Depreciation and depletion 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. 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) 7. Other expenses (see instructions) 8. Adjusted Net Income (subtract lines 5. 6, and 7 from line 4) 8. Section B - Minimum Asset Amount (A) Prior Year (p) Current Year (poptional) 1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1. Average monthly cash balances 1. Average monthly cash balances 1. Description of the part of the part of year): 2. Average monthly cash balances 1. Description of the part of the part of year): 2. Acquisition Indebtedness applicable to non-exempt-use assets 1. Description in death in Part VI): 2. Acquisition Indebtedness applicable to non-exempt-use assets 2. Subtract line 2 from line 1. 4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5. Net value of other and the first of the form line 2) 5 5. Net value of one-exempt-use assets (subtract line 4 from line 2) 5 6. Multiply line 5 by .035. 6. Multiply line 5 by .035. 7. Recoveries of prior-year distributions 8. Minimum Asset Amount (add line 7 to line 6) 8. Minimum Asset Amount (add line 7 to line 6) 8. Description of prior year (from Section A, line 8, Column A) 1 9. Enter greater of line 2 or line 3. 9. Income tax income for prior	34,344,25						
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instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Inter 85% of line 1. 2 Income tax imposed in prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	Sect	ion B - Minimum Asset Amount		(A) Prior Year			
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Schedule A (Form 990 or 990-EZ) 2019

	Type in Non-Functionally integrated bus	(a)(s) Supporting Orga	inizations (continued)	1
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempted and the performance of t			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	r	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			25-27/30/30/30/30/20/00/20/00/30/00/
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
_i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			" ""
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

THE GOODWILL EXCEL CENTER, PUBLIC

Schedule A	(Form 990 or 990-EZ) 2019 CHARTER SCHOOL	47-4283739 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, Ii 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; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 2, 5, and 6. Also complete this part for any acceptance of the section D, lines 2, and 3, a	7a or 17b: Part III, line 12:
	(See instructions.)	
		, ,,,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2019

	HARTER SCHOOL	47-4283739			
Organization type (check					
Filers of:	Section:				
Form 990 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 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	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 Rul	e. See instructions,			
General Rule					
<u> </u>					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amout Z, line 1. Complete Parts I and II.	or 16b, and that received from			
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				
LHA For Paperwork Reduct	ion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			

Name of organization THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL

Employer identification number

47-4283739

Part I	art 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		\$ 7,456,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$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		\$	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		
4		\$7,098.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
THE GOODWILL EXCEL CENTER, PUBLIC
CHARTER SCHOOL

Employer identification number

47-4283739

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	\$		
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 Name of organization Employer identification number THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL 47-4283739 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. ence.) 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 (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

Name of the organization

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.

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

THE GOODWILL EXCEL CENTER, PUBLIC

Employer identification number 47-4283739

OMB No. 1545-0047

CHARTER SCHOOL Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

2019.05080 THE GOODWILL EXCEL CENTER 92814

Schedule D (Form 990) 2019

 Land Buildings and Equin	

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,208,434.	768,731.	1,439,703.
d Equipment		437,399.	293,178.	144,221.
e Other		656,646.	356,398.	300,248.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				

Schedule D (Form 990) 2019

THE GOODWILL		•	
Schedule D (Form 990) 2019 CHARTER SCHO	OL		47-4283739 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV lin	e 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1)	(-)		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
	CENTIVE		1,707,303.
(3)			
(4)			
(5)			
(6)			
(7)			
TMA			

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

1,707,303.

1	Complete if the organization answered "Yes" on Form 990, Part IV, li Total revenue, gains, and other support per audited financial statements	ie iza,	4	7,558,032.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************************************		1,550,052.
a		2a		
b				
c				
d		2d		
	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			7,558,032
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***************************************		1,330,032
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b				
				0
E .	***************************************			7,558,032.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	atements With Exner	ses ner Return	
20.000	Complete if the organization answered "Yes" on Form 990, Part IV, lie	10-	•	•
1	Total expenses and losses per audited financial statements			6,347,003.
2	Amounts included on line 1 but not on Form 990. Part IX, line 25:	•••••		0,547,005.
a		2a		
-				
b	f			
ر. د	***************************************			
ď	, , , , , , , , , , , , , , , , , , , ,			٥
	Add lines 2a through 2d			6 347 003
3	Subtract line 2e from line 1			6,347,003.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	19.88	
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		_
C	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	6,347,003.
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
א כד דא כד	OT Y LINE 2.			
FAI	RT X, LINE 2:			
GEO	E EVALUATED ITS UNCERTAINTY IN INCOME TO	AXES FOR THE Y	EAR ENDED	JUNE 30.
			<u> </u>	30,
202	0, AND DETERMINED THAT THERE WERE NO M	ATTERS THAT WO	ULD REOUIR	E
REC	COGNITION IN THE FINANCIAL STATEMENTS OF	R THAT MAY HAV	E ANY EFFE	CT ON ITS
		1 11 1 11 11 11 11 11 11 11 11 11 11 11		
TΑΣ	K-EXEMPT STATUS.			

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL

Employer identification number 47-4283739

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	700000		50-900 mil
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	***************************************
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			7/65/5
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3		Х
	SEE PART II		75.05	
		33.33	6 (8)	
			10.00	
4	Does the organization maintain the following?	5.5	1000	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	151151		#140 P
5	Does the organization discriminate by race in any way with respect to:	950745		
a	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5с		Х
đ	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		X
f	Use of facilities?	_5f		X
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		900 IBS	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b	40 C 1	X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	1974 197 1974 197		
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

Schedule E (Form 990 or 990-EZ) 2019

THE GOODWILL EXCEL CENTER, PUBLIC

Schedule E (Form 990 or 990-EZ) 2019 CHARTER SCHOOL	47-4283739 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, Also provide any other additional information.	as applicable.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:	
PURSUANT TO REV. PROC. 75-50, 1975-2 C.B. 587 4.03(2)(C),	
BECAUSE THE SCHOOL CUSTOMARILY DRAWS ITS STUDENTS FROM LOCAL	
COMMUNITIES AND FOLLOWS RACIALLY NONDISCRIMINATORY POLICIES	
AS TO STUDENTS (ALMOST 100% OF THE SCHOOL'S ENROLLMENT IS	
AFRICAN AMERICAN), THE SCHOOL SATISFIES THE PUBLICITY	
REQUIREMENT THROUGH INCLUDING A STATEMENT OF ITS RACIALLY	
NONDISCRIMINATORY POLICY IN ITS STUDENT RECRUITING MATERIALS	•
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:	
GEC RECEIVED A GOVERNMENT GRANT FROM THE DC OFFICE OF THE ST	ATE
SUPERINTENDENT OF EDUCATION FOR THE YEAR ENDED JUNE 30, 2020	•

Employer identification number Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, THE GOODWILL EXCEL CENTER, PUBLIC ▼ Attach to Form 990. Part I General Information on Grants and Assistance CHARTER SCHOOL Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

OMB No. 1545-0047 2019

Open to Public

Inspection

47-4283739 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	tance?	toring the use of grant i	funds in the United	States.	inglicing for the grants of abstract, a	e use of grant funds in the United States.	X Yes No	0
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Jomestic Organi 55,000. Part II can	zations and Domestic be duplicated if addition	Governments, Conal space is neede	omplete if the orga	anization answered "Y	es" on Form 990, Part	V, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	1
								I
								1
								ĺ
								l
								F
								I
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government or	ganizations listed in the 1 table	line 1 table				A A	1
LHA For Paperwork Reduction Act Notice, see the Instructions for	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)	1 6

932101 10-26-19

47-4283739

Page 2

THE GOODWILL EXCEL CENTER, PUBLIC

CHARTER SCHOOL

Schedule I (Form 990) (2019)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT TRANSPORTATION STIPENDS	200	106,988.	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other add	litional information.	
PART I, LINE 2:					
TO ALLEVIATE THE TRANSPORTATION BAR	BARRIER MOST	T STUDENTS	FACE TO TRAVEL TO	AVEL TO	
SCHOOL EACH DAY, GEC IS COMMITTED T	TO ASSISTING	ALL	STUDENTS TO (TO OVERCOME	
THIS BARRIER BY PROVIDING A TRANSIT	- 1	VIA THE D	SUBSIDY VIA THE DISTRIBUTION OF METRO	I OF METRO	
CARDS.		***			

Schedule I (Form 990) (2019)

932102 10-26-19

32

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization	THE GOO			L C	ENT	ER,	PUBLIC			1		rident 1837		on nu	mber
Part I Excess Ber				01(c)(3	3), sect	ion 50	1(c)(4), and se	ction	n 501(c)(29) orga				~ -		
Complete if the	e organization						ine 25a or 25k	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqualified	d person	(b) R	elationship bet person and o			lified	(4	c) D	escription of tran	sactio	ะก				cted?
			person and or	guinz									Y	es	No
														\dashv	
														寸	
Enter the amount of tax section 4958 Enter the amount of tax						· 	*****************		·····		▶ \$				
Part II Loans to an	nd/or From	Inte	erested Pers	eone											
45 A 15 C						Dort 1	/ line 20e ex E		ı 990, Part IV, lin	~ ne.	ماد دو د			_	
· ·	-		Part X. line 5, 6			, rait	v, mie Soa Oi i	UIII	1 990, Pait IV, IIII	e 20,	oi ii tii	ie orga	mzauc) 1	
(a) Name of	(b) Relation		(c) Purpose	(d) Lo	oan to or	(6	e) Original	(f) Balance due	(g) in	(h) Ap	proved ard or	, .	Vritten
interested person	with organia	zation	of loan		ization?	princ	pal amount			defa	ault?		ittee?	agree	ement?
				То	From			ļ		Yes	No	Yes	No	Yes	No
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						ļ		-			ļ	<u> </u>			
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				<u> </u>				-				 			 -
												<u> </u>			+
Total							> \$			isin in in			i ga nasiyi	600	
Part III Grants or A	ssistance	Ben	efiting Inter	estec	d Per	sons	•								
Complete if the	e organization	answ	ered "Yes" on f	orm 9	90, Pa	art IV, I	ne 27.		ı						
(a) Name of interested	l person	(b) Relationship between interested person and the organization			(4	c) Amount of assistance	ount of (d) Type				•	e) Purpose of assistance			
CHAWNTAVIA WAT	KINS	ВО	ARD MEMB	ER			93	6.	STUDENT	TRA	NSI	0 0	FFS	ET	TRA
LILLIAN MCQUEE			ARD MEMB						STUDENT '						
						<u> </u>									
															
													· · · · · · · · · · · · · · · · · · ·		
LHA For Paperwork Redu	ction Act Not	tice, s	ee the Instruct	tions f	or For	m 990	or 990-EZ.		Sche	edule	L (For	m 990	or 99	0-EZ	2019

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	(b) Relationship between interested person and the organization	(d) Description of transaction	organiz	aring of zation's	
	,	transaction	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan	Yes	No
Part V Supplemental Information.					
	onses to questions on Schedule L (see i				
SCH L, PART III, GRANTS OF	ASSISTANCE BENEFITT	'ING INTERES	STED PERSONS	:	
(A) NAME OF PERSON: CHAWN'T	AVIA WATKINS				
(C) AMOUNT OF GRANT \$ 936	•				
(D) TYPE OF ASSISTANCE: ST	UDENT TRANSPORTATION	STIPENDS			
(E) PURPOSE OF ASSISTANCE:	TO OFFSET TRANSPORT	ATION COSTS	TO ATTEND	SCHO	OT,
AS A GEC STUDENT.					
AD A GEC DIODEMI.					
(A) NAME OF PERSON: LILLIA	N MCQUEEN				
(C) AMOUNT OF GRANT \$ 511	•				
(D) TYPE OF ASSISTANCE: ST	UDENT TRANSPORTATION	STIPENDS			
(E) PURPOSE OF ASSISTANCE:	TO OFFSET TRANSPORT	ATION COSTS	TO ATTEND	SCHO	ЭL
AS A GEC STUDENT.					
SCH L, PART III, COLUMN (E):				
ALL STUDENTS OF GEC, INCLU	DING THE TWO STUDENT	DIRECTORS	LISTED IN P	ART	
III, ARE ENTITLED TO RECEI	VE STUDENT TRANSPORT	ATION STIPE	NDS FROM GE	c.	
			:		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

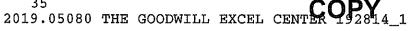
THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL

Employer identification number

CHARLER SCHOOL 47-4283739	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
PARTNERSHIP WITH THE YMCA TO SERVE UP TO 24 CHILDREN OF STUDENTS	
ENROLLED IN THE SCHOOL AT ANY GIVEN TIME.	
FORM 990, PART VI, SECTION A, LINE 3:	
PURSUANT TO AN ADMINISTRATIVE SUPPORT SERVICES, STAFFING AND SUBLICENSE	
AGREEMENT (THE "AGREEMENT") BETWEEN THE ORGANIZATION AND DAVIS MEMORIAL	
GOODWILL INDUSTRIES D/B/A GOODWILL OF GREATER WASHINGTON (GGW), GGW	
PROVIDES ADMINISTRATIVE AND BUSINESS SUPPORT SERVICES TO THE ORGANIZATION	
AS SPECIFIED IN THE AGREEMENT. THE SERVICES INCLUDE: PROVISION OF THE	
PRESIDENT & CEO OF GGW TO SERVE AS THE PRESIDENT & CEO OF GEC, PROVISION OF	
THE CFO OF GGW TO SERVE AS THE CFO OF GEC, PROVISION OF THE CHIEF MISSION	
OFFICER OF GGW TO PROVIDE EXECUTIVE LEVEL MANAGEMENT SERVICES TO THE	
ORGANIZATION, AND PROVISION OF THE GENERAL COUNSEL & CORPORATE COMPLIANCE	
OFFICER OF GGW TO PROVIDE LEGAL AND COMPLIANCE SERVICES TO THE	
ORGANIZATION. THE SERVICES ALSO INCLUDE SPECIFIED ACCOUNTING, INFORMATION	
TECHNOLOGY, HUMAN RESOURCES, MARKETING, DEVELOPMENT AND FACILITIES	
MAINTENANCE SERVICES. THE AGREEMENT IS SUBJECT TO ANNUAL REVIEW AND	
MODIFICATION BY THE BOARD OF DIRECTORS OF GEC, AND CAN BE TERMINATED FOR	
UNCURED MATERIAL BREACH OR IF THE BOARD OF DIRECTORS IS DISSATISFIED WITH	
THE QUALITY OF SERVICES PROVIDED BY GGW.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THREE OF THE NINE GEC BOARD MEMBERS ARE APPOINTED BY THE GGW BOARD OF	
DIRECTORS.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)



Employer identification number 47-4283739

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

GEC'S FEDERAL FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM,

MARCUM LLP, AND IS REVIEWED INTERNALLY BY SENIOR MANAGEMENT. IT IS THEN

SUBMITTED BY THE PRESIDENT TO THE BOARD FOR REVIEW PRIOR TO FILING WITH THE

INTERNAL REVENUE SERVICE.

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

UNDER THE CONFLICT OF INTEREST POLICY, ALL INTERESTED PERSONS MUST DISCLOSE

TO THE CONFLICT OF INTERESTS COMMITTEE THE EXISTENCE OF HIS/HER FINANCIAL

OR PERSONAL INTEREST AND ALL MATERIAL FACTS RELATING TO THAT INTEREST.

DISCLOSURE MUST BE DONE BY COMPLETING THE ANNUAL DISCLOSURE FORM AND

NOTIFYING THE PRESIDENT & CEO IN WRITING OF ALL INFORMATION NECESSARY TO

IDENTIFY AN ACTUAL OR POTENTIAL CONFLICT.

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

IF A CONFLICT OF INTEREST IS FOUND TO EXIST, THE INTERESTED PERSON SHALL

NOT PARTICIPATE IN ANY DISCUSSION OR DECISION WITH RESPECT TO THE

TRANSACTION OR ARRANGEMENT AT ISSUE AND ANY DECISION THAT WOULD OTHERWISE

HAVE BEEN MADE BY THE INTERESTED PERSON SHALL INSTEAD BE MADE BY HIS/HER

DIRECT SUPERVISOR, PROVIDED, HOWEVER, THAT, IF THE INTERESTED PERSON WITH

DECISION MAKING AUTHORITY CONCERNING THE MATTER AT ISSUE IS EITHER THE

PRESIDENT OR THE CHAIR OF THE BOARD, SUCH DECISION SHALL INSTEAD BE MADE BY

A MAJORITY OF THE DIRECTORS OF THE BOARD, WHO ARE "DISINTERESTED", THAT IS

Schedule O (Form 990 or 990-FZ) (2019

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Name of the organization THE GOODWILL EXCEL CENTER, PUBLIC CHARTER SCHOOL	Employer identification number 47-4283739
WHO DON'T HAVE A CONFLICT OF INTEREST.	
IF A POTENTIAL CONFLICT OF INTEREST INVOLVES ANYONE OTHER	THAN A GEC BOARD
MEMBER, THE CONFLICT OF INTERESTS COMMITTEE SHALL PERFORM	THE
RESPONSIBILITIES SET FORTH IN THE GEC CONFLICT OF INTEREST	POLICY. HOWEVER,
IF A POTENTIAL CONFLICT OF INTEREST INVOLVES A GEC BOARD M	MEMBER, THE BOARD
OF DIRECTORS SHALL PERFORM THE RESPECTIVE RESPONSIBILITIES	S SET FORTH IN THE
GEC CONFLICT OF INTEREST POLICY.	
FORM 990, PART VI, SECTION C, LINE 19:	
GEC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST PO	DLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	THE FINANCIAL
STATEMENTS AND INFORMATION ABOUT GEC ARE AVAILABLE ON GEC	S WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED LABOR:	
PROGRAM SERVICE EXPENSES	3,482,910.
MANAGEMENT AND GENERAL EXPENSES	123,803.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,606,713.
PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	27,789.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,789.
OTHER PROFESSIONAL FEES:	
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