### Extended to May 17, 2021

#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

Do not enter social security numbers on this form as it may be made public. Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2020

A F	or the	2019 calendar year, or tax year beginning JUL 1, 2019	and ending	JUN 30, 2020						
В	heck if pplicable:	C Name of organization Statesmen College Preparatory Acade	∍my	D Employer identific	cation number					
Г	Address	d fam Barra	_							
	Name change	Doing business as		82-19019	42					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	ite E Telephone number							
	Final return/	4600 Livingston Rd. SE	(202)505							
	termin- ated	City or town, state or province, country, and ZIP or foreign postal coo	de	G Gross receipts \$	3,737,897.					
	Amende	washington, bc 20032		H(a) Is this a group re						
	Applica tion pending	F Name and address of principal officer: Strawtr Hardflett		for subordinates	for subordinates? Yes X No					
_		same as C above		H(b) Are all subordinates in	cluded? Yes No					
			7(a)(1) or 5	27 If "No," attach a	list. (see instructions)					
_		https://www.statesmenboys.org/		H(c) Group exemptio						
_		organization: X Corporation Trust Association Other	L Ye	ar of formation: 2017 N	A State of legal domicile; DC					
PE		Summary	la amaata	Da harr fudane	31					
ø		Briefly describe the organization's mission or most significant activities:								
and		pedagogy-informed academic environment								
E	1	Check this box if the organization discontinued its operations or	200	- Comp						
ò		Number of voting members of the governing body (Part VI, line 1a)		3	15 14					
•5	4 7	Number of independent voting members of the governing body (Part VI, lin	0 1D)	4	37					
ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a	_ ~	200 C 100 C	14					
Activities & Governance		Total number of volunteers (estimate if necessary)		6	0.					
AC		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
-	D 1	Net unrelated business taxable income from Form 990-T, line 39		Prior Year	Current Year					
	8 (	Contributions and grants (Part VIII, line 1h)		2,187,464.	879,749.					
e e				1,187,772.	2,852,706.					
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		415.	3,807.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,635.					
		fotal revenue - add lines 8 through 11 (must equal Part VIII) column (A), lines		3,375,651.	3,737,897.					
				0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5.10)	1,129,740.	2,212,006.					
Ses	162 6	Professional fundraising fees (Part IX, column (A), line 11e)	0 10/	0.	0.					
Expenses	"b"	Fotal fundraising expenses (Part IX, column (D), line 25)	2.966.							
Ä	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		922,185.	1,487,616.					
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,051,925.						
		Revenue less expenses. Subtract line 18 from line 12		1,323,726.	38,275.					
10%		101000000000000000000000000000000000000		Beginning of Current Year	End of Year					
ets	20 1	Fotal assets (Part X, line 16)	1	1,770,462.	2,111,441.					
ASS	21 1	Fotal liabilities (Part X, line 26)		123,925.	426,629.					
Net Assets	22 1	Net assets or fund balances. Subtract line 21 from line 20		1,646,537.	1,684,812.					
P	art li	Signature Block								
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying s	chedules and state	ements, and to the best of my	knowledge and belief, it is					
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all informati	on of which prepa	rer has any knowledge.						
Sig	n	Signature of officer		Date						
Her	e		ad of Sc	<u>hool</u>						
_		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid	r	Pamela Gray		05/11/21 sett-employ						
		Firm's name SB & COMPANY, LLC	Firm's EIN 🕨	Firm's EIN ▶ 20-2153727						
Use	Only	Firm's address 10200 Grand Central Ave., Su	ite 250							
		Owings Mills, MD 21117		] Phone no. ( <b>4</b>	10)584-0060					
Ma	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No					

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:
	To create a boy-friendly, pedagogy-informed academic environment
	within which young men are equipped with the academic skills, social
	competencies and personal development necessary to navigate life
	challenges, attend and complete the college of their choice, and
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
Ū	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.
4	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 \$ 3,216,328. including grants of \$) (Revenue \$ 2,852,706.)
	Statesmen College Preparatory Academy for Boys Public Charter School is
	a middle school program currently serving fourth and fifth grades and
	growing a grade a year through eighth grade in the District of
	Columbia. Our doors opened to the first class of 4th graders in the
	summer of 2018 as they participated in a mandatory summer bridge
	institute. Our program offers free tuition, free meals, free uniforms,
	free local and regional field trips for all enrolled students.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶ 3,216,328.
	Form <b>990</b> (2019)

## Form 990 (2019) for Boys Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> X</u>
10	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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	Λ	_
ıza		12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Pid the appropriate and office analysis and the state of the United Obstace	14a		Х
b		174		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
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		<u> </u>
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			\ <b>.</b>
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
	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?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	J 30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	01-20-20	Form	990	(2019)

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

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
				3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			37		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X		
b	If "Yes," enter the name of the foreign country		+- /EDAD\					
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			Ea		Х		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a 5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
-	any contributions that were not tax deductible as charitable contributions?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).		,					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired					
	to file Form 8282?	 T	 I	7с		_X_		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e				
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for			7f 7g				
9 h	<ul> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> </ul>							
8								
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:		1					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	۔ مدا	1					
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a						
D	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		,					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c	1			37		
				14a		_X_		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			4.5		Х		
	excess parachute payment(s) during the year?  If "Ves " see instructions and file Form 4720. Schedule N.			15		Λ		
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х		
	If "Yes," complete Form 4720, Schedule O.	. 11 1001		.0				
				-	000	(0010)		

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			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 15							
	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							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5								
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	(This state) 2 (square minimum and a sate point of the square and a square minimum and a squa		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶DC							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	onlv)	availa	ble				
. =	for public inspection. Indicate how you made these available. Check all that apply.	,/		-				
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	ial					
.5	statements available to the public during the tax year.	αι ι						
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
_0	Shawn Hardnett - (202)505-9072							
	4600 Livingston Rd. SE, Washington, DC 20032							

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

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

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

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

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

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

(A) Name and title	(B) Average	(C) Position (do not check more than one						(D) Reportable	(E) Reportable	<b>(F)</b> Estimated
	hours per week	box	, unle	ss per	rson i	tnan is botl or/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Nicole Solomon Mitchell	2.00	.,		,,		П				0
Chair	2 00	Х		Х		<u> </u>		0.	0.	0.
(2) Raymond Weeden Jr	2.00								•	•
Vice Chair	0.00	Х		Х				0.	0.	0.
(3) Gregory Van Houten Secretary	2.00	х		x		/		0.	0.	0.
(4) Samantha Barbee	2.00			23				•	•	•
Treasurer	2.00	X		Х				0.	0.	0.
(5) Toni Renee Barton	1.00							•		•
Trustee		x						0.	0.	0.
(6) Satira Streeter	1.00									
Trustee		Х						0.	0.	0.
(7) Sandra McCoy	1.00									
Trustee		Х						0.	0.	0.
(8) Ray McKenzie	1.00									
Trustee		Х						0.	0.	0.
(9) Mary Edith Brown	1.00									
Trustee		Х						0.	0.	0.
(10) Juan Pagan	1.00									
Trustee		Х						0.	0.	0.
(11) James Anthony Alexander Cadogan	1.00									
Trustee		Х						0.	0.	0.
(12) Bisi Oyedele	1.00	1								_
Trustee		Х				_		0.	0.	0.
(13) Bernie Woolfley	1.00									_
Trustee	1 00	Х			_	$\vdash$		0.	0.	0.
(14) Alicia Adams	1.00	.,						_		_
Trustee //IE) Charm Handrakh	40.00	Х			$\vdash$	$\vdash$		0.	0.	0.
(15) Shawn Hardnett	40.00	Х		\ _				172 461	0.	F 210
CEO/Founder/Head of School		^		Х		$\vdash$		173,461.	0.	5,319.
						_				
932007 01-20-20	•							1		Form <b>990</b> (2019)

Form **990** (2019)

Form 990 (2019) for Boys									82-19	9019	42	Page 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	and	ΙΗiς	ghes	t C	ompensated Employee	s (continued)			
<b>(A)</b> Name and title	(B) Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	( <b>D)</b> Reportable compensation from	(E)  Reportable  compensatio  from related	n		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	tions compensa		
1b Subtotal						.,		173,461.		0.	5 ,	,319.
c Total from continuation sheets to Part VI								173,461.		0.	- 5	<u>0.</u> ,319.
d Total (add lines 1b and 1c)							o re		000 of reportable		<u> </u>	1
3 Did the organization list any former officer	director, trust	ee, k	ey e	emple	oye	e, or	hig	hest compensated empl	loyee on	Г		es No
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the st</li> <li>and related organizations greater than \$150</li> </ul>	ım of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization		4 2	X
Did any person listed on line 1a receive or a rendered to the organization? If "Yes." con	accrue comper	satio	on fr	om a	any	unre	elate	ed organization or individ	dual for services		5	X
Section B. Independent Contractors	•			•								
Complete this table for your five highest co the organization. Report compensation for	•	•								oensatio	n from	
(A) Name and business								(B) Description of s	ervices	Cor	(C)	ation
End-to-End Solutions for 714 G St SE, Ste 201, Was							(	Consulting		:	106,	,265.
2 Total number of independent contractors (i	ncluding but n	ot lim	nitec	to t	inos	e lis	ted	above) who received mo	ore than			

Form 990 (2019) for Boys
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		Check if Genedate O contains a response of	Hote to arry III1	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ıts	1 a	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues1b					
e, E	(	c Fundraising events1c					
ifts Ir A		d Related organizations 1d					
o je		e Government grants (contributions) 1e 5	44,613.				
Sir	`	f All other contributions, gifts, grants, and					
E Ħ	'		35,136.				
들 돌			33,130.				
d or	ć	Moncash contributions included in lines 1a-1f		070 740			
<u>5</u> 6	ŀ	n Total. Add lines 1a-1f	<u></u>	879,749.			
			Business Code				
ø	2 8	Per-pupil	611710	2,852,706.	2,852,706.		
ξ	k	b					
Se	(						
E S		d					
gra							
Program Service Revenue	``	f All other program service revenue					
_				2,852,706.			
-		g Total. Add lines 2a-2f		2,032,700			
	3	Investment income (including dividends, interest		2 007			2 007
		other similar amounts)		3,807.			3,807.
	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties	🕨				
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	ŀ	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Not rental income or (loca)					
			(ii) Other				
	/ 8		(ii) Otriei				
		assets other than inventory 7a					
	k	b Less: cost or other basis					
e		and sales expenses <b>7b</b>					
Ven	(	Gain or (loss)7c					
Revenue	(	d Net gain or (loss)					
her	8 8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Net income or (loss) from fundraising events	<b>&gt;</b>				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	b Less: direct expenses9b					
	(	Net income or (loss) from gaming activities	<b>&gt;</b>				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
$\overline{}$			Business Code				
ပ္ခ				1 625	1 625		
eo e	11 8	School store sales	448000	1,635.	1,635.		
an EDT	k	·					
e k	(	·					
Miscellaneous Revenue	(	d All other revenue					
	•	Total. Add lines 11a-11d		1,635.			
	12	Total revenue. See instructions	<b>&gt;</b>	3,737,897.	2,854,341.	0.	3,807.
93200	9 01-2				<u></u>		Form <b>990</b> (2019)

### Form 990 (2019) for Boys Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	( <b>D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	172 461	110 600	46 025	6 020
	trustees, and key employees	173,461.	119,688.	46,835.	6,938
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,665,596.	1,397,547.	220 202	20 657
7	Other salaries and wages	1,000,590.	1,351,341.	229,392.	38,657
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	211,654.	174,616.	31,791.	5 2/17
9	Other employee benefits	161,295.	133,069.	24,227.	5,247 3,999
10	Payroll taxes	101,293.	133,009.	24,221.	3,333
11	Fees for services (nonemployees):				
	Management				
	Legal	81,086.	73,179.	7,238.	669
	Accounting	01,000.	15,119.	1,250.	003
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	191,364.	172,707.	17,081.	1,576
12	Advertising and promotion				
13	Office expenses	96,079.	86,712.	8,576.	791 196
14	Information technology	23,948.	21,614.	2,138.	196
15	Royalties				
16	Occupancy	460,411.	415,523.	41,097.	3,791
17	Travel	64,318.	64,318.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,962.	33,357.	3,299.	306
23	Insurance	18,524.	16,718.	1,654.	152
24	Other expenses. Itemize expenses not covered	,	·	Í	
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) Student Expenses	275,212.	275,212.		
a b	Contracted Instruction	161,290.	161,290.		
	Professional fees	37,435.	33,785.	3,342.	308
c d	1101000101101 1000	31, 333	33,703.	3,344.	300
	All other expenses	40,987.	36,993.	3,658.	336
	All other expenses Add lines 1 through 24e	3,699,622.	3,216,328.	420,328.	62,966
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	3,033,044.	J, 410, J40•	720,320.	02,300
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2019)

Form 990 (2019)
Part X Balance Sheet

Part	X	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
T	1	Cash - non-interest-bearing			649,639.	1	1,472,052
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	949,244.	4	467,173		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<b>ĕ</b>	9	Prepaid expenses and deferred charges			8,730.	9	16,636
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	185,566.			
	b	Less: accumulated depreciation			13,209.	10c	147,509
-	11	Investments - publicly traded securities			11		
-	12	Investments - other securities. See Part IV, line		12			
-	13	Investments - program-related. See Part IV, line		13			
-	14	Intangible assets			110 510	14	0.074
-	15	Other assets. See Part IV, line 11		149,640.	15	8,071	
	16	Total assets. Add lines 1 through 15 (must eq			1,770,462.	16	2,111,441
	17	Accounts payable and accrued expenses			123,925.	17	220,221
	18	Grants payable		18	006 400		
- 1	19	Deferred revenue				19	206,408
- 1	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete				21	
sa   2	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
<u> </u>		controlled entity or family member of any of the				22	
4	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
2	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
١,	00	of Schedule D			123,925.	25	426,629
+	26	Total liabilities. Add lines 17 through 25			143,943.	26	420,029
ပ္သ		Organizations that follow FASB ASC 958, ch	ieck ner	e 🕨 🔼			
ğ   ,	07	and complete lines 27, 28, 32, and 33.			662,934.	27	1 209 7/7
<u>ala</u>	27 20				983,603.	28	1,209,747 475,065
8   °	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC			703,003.	20	473,003
들		_	956, CHE	ck nere			
ᡖ   ,	20	and complete lines 29 through 33.  Capital stock or trust principal, or current fund	6			29	
ets   t	29 30	Paid-in or capital surplus, or land, building, or				30	
ASS.		Retained earnings, endowment, accumulated				31	
ا ب	31 32	<del>-</del> '			1,646,537.	32	1,684,812
		Total liabilities and not assets/fund balances			1,770,462.	33	2,111,441
	33	Total liabilities and net assets/fund balances			1,110,404.	აა	Eorm <b>990</b> (201

Form **990** (2019)

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	3,73	7,8	<u>97.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,69				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>75.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
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	1,68	4,8	12.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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 O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Statesmen College Preparatory Academy

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

82-1901942 for Boys Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 for Boys

Part II Support Schedule for Organization

82-1901942 Page 2

Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

ection A. Public Support						
lendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
Gifts, grants, contributions, and	(4) 2010	(6) 2010	(0) 2011	(4) 2010	(6) 2013	(i) rotar
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						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Takal Adal Basa d Manayada O						
The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						
ection B. Total Support						
endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
Amounts from line 4	. ,	, ,			, ,	
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. Add lines 7 through 10						
Gross receipts from related activities, e	tc. (see instructio	ons)			12	
First five years. If the Form 990 is for t			d, fourth, or fifth ta	ax year as a sectio		
organization, check this box and stop I	nere					<b>&gt;</b> [
ection C. Computation of Public	Support Per	centage				
Public support percentage for 2019 (line	e 6, column (f) di	vided by line 11, c	olumn (f))		14	
Public support percentage from 2018 S	chedule A, Part	II, line 14			15	
a 33 1/3% support test - 2019. If the org	ganization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
stop here. The organization qualifies as	a publicly supp	orted organization				▶[
<b>b 33 1/3% support test - 2018.</b> If the org						
and stop here. The organization qualification	es as a publicly s	supported organiza	ation			<b>&gt;</b> [
a 10% -facts-and-circumstances test -						
and if the organization meets the "facts	-and-circumstan	ces" test, check th	is box and <b>stop</b> l	<b>here.</b> Explain in Pa	art VI how the orga	nization
meets the "facts-and-circumstances" te	st. The organizat	tion qualifies as a p	oublicly supported	l organization		<b>&gt;</b> [
b 10% -facts-and-circumstances test -	<b>2018.</b> If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	•					

Schedule A (Form 990 or 990-EZ) 2019

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

#### Schedule A (Form 990 or 990-EZ) 2019 for Boys Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, piease comp	Diete i ait ii.)				
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1) = 1 : 1	(2)====	(5)==	(4, = 2 · 2	(3, =3.12	(9, 153
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(a) 2010	(5) 2010	(0) 2017	(4) 2010	(6) 2010	(i) rotai
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	· · · · · · · · · · · · · · · · · · ·						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	<u> </u>
14	First five years. If the Form 990 is for	· ·		•	•		. —
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2019 (li		•	( ) ,		15	%
	Public support percentage from 2018 ction D. Computation of Inves					16	%
	•			ne 13 column (f)\		17	20
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2019. If the						
198						-41	▶ □
ŀ	more than 33 1/3%, check this box are 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	hox on line 14 19:	a or 19h check th	is hox and see in	structions	

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
4a		
4b		
40		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	T IV Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization</i> 's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
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	Ol-		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
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? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust o	n Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must com	plete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4_	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ited Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
4	Amou	nts paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	e organization is responsive		
		de details in <b>Part VI</b> ). See instructions.	3		
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
		arriada 2) into o arriada i	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		tero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
•	and 4	-			
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
е	⊏xces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

#### Statesmen College Preparatory Academy

Schedule A	(Form 990 or 990-EZ) 2019 for Boys	82-1901942 Page 8
Part VI	<b>Supplemental Information.</b> 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, 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; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
		_

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

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

0040

2019

OMB No. 1545-0047

Name of the organization

Statesmen College Preparatory Academy

Employer identification number

82-1901942

Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
Statesmen College Preparatory Academy
for Boys

Employer identification number

82-1901942

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	David and Nicole Mitchell Charitable Giving Fund  7820 Hampden Ln  Bethesda, MD 20814	\$\$0,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	New Schools Venture Fund  1616 Franklin Street, Second Floor  Oakland, CA 94612	\$ 220,000.	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	Nate Mitchell Donor Advised Fund  455 27th Street San Francisco, CA 94131	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
			,
(a)	(b)	(c)	(d)
(a) No. 4		(c) Total contributions  \$15,000.	,
No.	(b) Name, address, and ZIP + 4  McCoy Family Fund 7812 Aberdeen Rd.	Total contributions	(d) Type of contribution  Person X Payroll Noncash (Complete Part II for
No. 4	(b) Name, address, and ZIP + 4  McCoy Family Fund 7812 Aberdeen Rd. Bethesda, MD 20814  (b)	\$ 15,000.	(d) Type of contribution  Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4  McCoy Family Fund 7812 Aberdeen Rd. Bethesda, MD 20814  (b) Name, address, and ZIP + 4  U.S. Department of Education 400 Maryland Ave SW	\$ 15,000.	(d) Type of contribution  Person X Payroll
(a) No5	(b) Name, address, and ZIP + 4  McCoy Family Fund 7812 Aberdeen Rd. Bethesda, MD 20814  (b) Name, address, and ZIP + 4  U.S. Department of Education 400 Maryland Ave SW Washington , DC 20202  (b)	\$ 15,000.  (c) Total contributions  \$ 420,107.	(d) Type of contribution  Person X Payroll

Name of organization
Statesmen College Preparatory Academy
for Boys

Employer identification number
82-1901942

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

Name of organization **Employer identification number** Statesmen College Preparatory Academy 82-1901942 for Boys Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Statesmen College Preparatory Academy for Boys

**Employer identification number** 82-1901942

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Si	milar Funds	or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor advised	funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	-			_
	are the organization's property, subject to the organization's e				No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	other purpose o		_
Da	impermissible private benefit?				No
Par			<u>on Form 990, F</u>	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreat	tion or education)		a historically important land area	
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	tion in the form o		
	day of the tax year.			Held at the End of the Ta	x Year
a	Total number of conservation easements			-	
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
•	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	rminated by the	organization during the tax	
4	year ▶ Number of states where property subject to conservation eas	amont is located			
5	Does the organization have a written policy regarding the peri		on handling of		
3	violations, and enforcement of the conservation easements it	b alda0		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		d enforcing cons		140
Ū	b	narianing or violations, and	a critorolling corns	sivation dasoments daming the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	orcing conservati	ion easements during the year	
-	<b>▶</b> \$		5.5g 5555. va	ion casements daming and year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	Ü			
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Oth	ner 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	8, not to report in its reve	nue statement ar	nd balance sheet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in fur	therance of public	
	service, provide in Part XIII the text of the footnote to its finan	icial statements that desc	ribes these items	S.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and b	alance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furth	erance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$	
				<b>L</b> A	
2	If the organization received or held works of art, historical treat	asures, or other similar as	sets for financial	gain, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these i	tems:		
а	Revenue included on Form 990, Part VIII, line 1			\$	
b	Assets included in Form 990, Part X				

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Schedule D (Form 990) 2019

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

Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, o	r Other S	imilar Asse	ts (continu	ıed)
3	Using the organization's acquisition, accession						,	
	collection items (check all that apply):	,	,	· ·	Ü			
а	Public exhibition	d	Loan or exc	hange progra	am			
b	Scholarly research	e		9 - 19				
C	Preservation for future generations	_						
4	Provide a description of the organization's co	llections and explain h	ow they further th	e organizatio	n's exempt	purpose in Pa	rt XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma					Г	Yes	☐ No
Par	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Parl		Ü			,	, ,	
1a	Is the organization an agent, trustee, custodia	n or other intermediar	y for contributions	s or other as	sets not incl	uded		
	on Form 990, Part X?					[	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21	, for escrow or cu	istodial acco	unt liability?	·L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete if	the organization answ	vered "Yes" on Fo	rm 990, Part	IV, line 10.			
	-	(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three years bac	k (e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end balance (l	ine 1g, column (a)	) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С		6						
_	The percentages on lines 2a, 2b, and 2c should be a sh	•						
За	Are there endowment funds not in the posses	sion of the organization	on that are held ar	nd administer	ed for the o	organization	Г.	
	by:							<u>Yes No</u>
	(i) Unrelated organizations							+-
	(ii) Related organizations	to a contract of the second of the second	O - l d- l				3a(ii)	-
	If "Yes" on line 3a(ii), are the related organizat						3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		nent tunas.					
	Complete if the organization answered		Part IV line 11a S	ee Form 990	Dart Y line	10		
	Description of property	(a) Cost or other		or other		ımulated	(d) Book	value
	Description of property	basis (investme	, ,	(other)		ciation	(u) BOOK	value
	Land	· · ·	, 22510	. "/				
	Buildings							
	Leasehold improvements		1	9,946.		8,379.	11	,567.
	Equipment			5,411.		9,678.		,733.
	Other			0,209.	_	,		,209.
	. Add lines 1a through 1e. (Column (d) must ed	•						,509.
	<u> </u>		<del></del>					

Schedule D (Form 990) 2019

a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market valuation:
Financial derivatives	(1)	
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII Investments - Program Related.		
	n Farm 000 Dort IV line	11a Cas Farm 000 Part V line 10
Complete if the organization answered "Yes" o  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valuation
	(b) Book value	(b) Welliod of Valuation. Cost of Grid of year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
art IX Other Assets.		
other Addets.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" of		
Complete if the organization answered "Yes" of (a) [		
Complete if the organization answered "Yes" of (a) [		
Complete if the organization answered "Yes" of (a) [2] (3)		
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4)		
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5)		
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5)		
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7)		
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8)		
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8)	Description	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description  15.)	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of	Description  15.)	(b) Book value
Complete if the organization answered "Yes" of (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)	(b) Book value
Complete if the organization answered "Yes" of (a) [C]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes	Description  15.)	(b) Book value
Complete if the organization answered "Yes" of (a) [1]  [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  [1] Federal income taxes [2]	Description  15.)	(b) Book value
Complete if the organization answered "Yes" of (a) [C]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes	Description  15.)	(b) Book value
Complete if the organization answered "Yes" of (a) [1]  (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3)	Description  15.)	(b) Book value
Complete if the organization answered "Yes" of (a) [1]  (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2)	Description  15.)	(b) Book value
Complete if the organization answered "Yes" or (a) [1]  [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  [1] Federal income taxes [2] [3] [4] [5]	Description  15.)	(b) Book value
Complete if the organization answered "Yes" of (a) [1]  (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4)	Description  15.)	(b) Book value
Complete if the organization answered "Yes" or (a) [1]  (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description  15.)	(b) Book value
Complete if the organization answered "Yes" or (a) [1]  (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" or (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	Description  15.)	(b) Book value

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Schedule D (Form 990) 2019

SCHE	edule D (Form 990) 2019 LOL BOYS			LJULJEZ Page
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,737,897.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,737,897.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)	5	3,737,897.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expens	ses per Returr	<b>).</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	3,699,622.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,699,622.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	8.)	5	3,699,622.
Par	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 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 any additional information.

#### Part X, Line 2:

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

The provisions included in accounting principles generally accepted in the United States of America provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition of tax positions taken or expected to be taken in a tax return. The Academy performed an evaluation of uncertain tax positions as

Schedule D (Form 990) 2019

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **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

2019

Open to Public Inspection

Name of the organization Statesmen College Preparatory Academy for Boys

 $Employer\ identification\ number \\ 82-1901942$ 

Pa	rtl			
			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	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	X	
	See Part II			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	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	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	The Academy does not provide scholarships or other financial			
	assistance becasue it is a public charter school.			
5	Does the organization discriminate by race in any way with respect to:			l
	Students' rights or privileges?	5a		X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
			37	
	Does the organization receive any financial aid or assistance from a governmental agency?		X	77
b	Has the organization's right to such aid ever been revoked or suspended?	6b		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			77
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II	1 7	1	l X

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

Schedule E (Form 990 or 990-EZ) 2019

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.  Also provide any other additional information.
Line 3 - Explanation of Nondiscrimination Policy:
Statesmen Academy for Boys PCS (the Academy) seeks diversity
in its student/parent body, faculty, board of trustees, staff
and adminstration. While the Academy is a single gender
Academy, it is an organization deeply committed to diversity,
equity and inclusion and it is therefore the policy and
commitment of the organization not to discriminate based on race, color,
ethnicity, religion, sex, gender, sexual orientation, gender identity,
disability, age or any other personal or professional status.
Line 6 - Explanation of Government Financial Aid:
The Academy received funds from the U.S. Department of Education.
Line 7 - Explanation of Racial NonDiscrimination Compliance:
As a public charter school, the Academy is exempt from the requirements of
revenue procedure 75-50.

#### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. 2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

Statesmen College Preparatory Academy
for Boys

 $\begin{array}{c} \text{Employer identification number} \\ 82 - 1901942 \end{array}$ 

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) Shawn Hardnett	(i)	173,461.	0.	0.	0.	5,319.	178,780.	0.
CEO/Founder/Head of School	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				•			
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	1 1/5 200) 2040

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Statesmen College Preparatory Academy for Boys

social change within and for the communities they serve.

Employer identification number 82-1901942

Form 990, Part I, Line 1, Description of Organization Mission:

equipped with the academic skills, social competencies and personal

development necessary to navigate life challenges, attend and complete

the college of their choice, and return to become the premier agents of

Form 990, Part III, Line 1, Description of Organization Mission:

return to become the premier agents of social change within and for the

communities they serve.

Form 990, Part VI, Section B, line 11b:

The form 990 is reviewed by the Academy's Board Chair and Treasurer. It is then shared with the entire Board of Directors before it is filed with the IRS.

Form 990, Part VI, Section B, Line 12c:

All members of the Board of Directors are required to sign an annual conflict of interest disclosure. The Board chair monitors and enforces compliance with the policy. The CEO is also required to sign.

Form 990, Part VI, Section B, Line 15:

The Board of Directors, through the Executive Committee, sets the compensation of the CEO. The Committee does an annual 360 review of the CEO and approves his annual salary. The Committee reviews the annual Ed Fuel Compensation report, which benchmarks a school against other single and multiple site DC charter schools, to assess reasonableness of the

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

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

932211 09-06-19

Name of the organization Statesme for Boys		Prepara	atory	Acad	emy			identific 1901	eation number 942
compensation. The same	survey is	used l	by the	CEO	to set	sa	laries	for	senior
leadership of the scho	01.								
Form 990, Part VI, Sec	tion C, Li	ne 19:							
The Academy makes its	governing	documer	nts, c	onf1	ict of	int	erest ]	oli:	cy and
financial data avaiabl	e to the p	oublic u	ipon r	eques	st.				
Form 990, Part XII, Li	ne 2c:								
The Academy has an Aud		cee.							
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#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

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

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or Statesmen College Preparatory Academy print 82-1901942 for Boys File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 4600 Livingston Rd. SE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20032 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Shawn Hardnett ullet The books are in the care of lackbox 4600 Livingston Rd. SE - Washington, DC 20032 Telephone No. ► (202)505-9072 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. May 15, 2021 \_\_\_\_, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$   $\underline{\hspace{0.5cm}}$  JUN  $\underline{\hspace{0.5cm}}$  30 , 2020► X tax year beginning JUL 1, 2019 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

923841 12-30-19

instructions

LHA

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

Form 8868 (Rev. 1-2020)