** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury

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

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

A For the 2020 calendar year, or tax year beginning JUL 1 2020 and ending JUN 30, 2021 D Employer identification number Check if applicable: C Name of organization THE SEED PUBLIC CHARTER SCHOOL OF Address change WASHINGTON, D.C. Name change 52-2099612 Doing business as Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Final return/ termin-ated 4300 C STREET SW 202-248-7773 13,588,641. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20019 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRIAN RAHAMAN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.SEEDSCHOOLDC.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation: 1998 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: THE SEED PUBLIC CHARTER SCHOOL Activities & Governance OF WASHINGTON, DC IS A PUBLIC COLLEGE-PREPARATORY BOARDING SCHOOL if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 140 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 20 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 714,368. 2,246,876. Contributions and grants (Part VIII, line 1h) 8 Revenue 11,811,487 11,092,056. Program service revenue (Part VIII, line 2g) 93,642 107,530. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 182,791 142,179. 11 12,802,288 13,588,641. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,338,066. 6,988,808. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 4,687,525. 4,446,053. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13,025,591. 11,434,861. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -223,303. 2,153,780. Revenue less expenses. Subtract line 18 from line 12 or **Beginning of Current Year End of Year** 24,077,731. 22,919,983. Total assets (Part X, line 16) 4,224,561, 2,939,855. 21 Total liabilities (Part X, line 26) 18,695,422. ᄪ 21,137,876. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KEN ARNDT, MANAGING DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MEREDITH BELL MEREDITH BELL 05/18/22 Paid P01696827 self-employed Firm's name RSM US LLP 42-0714325 Preparer Firm's EIN ▶ Firm's address > 2021 L STREET NW, SUITE 400 Use Only Phone no. 202-293-2200 WASHINGTON, DC 20036 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

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.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or THE SEED PUBLIC CHARTER SCHOOL OF print WASHINGTON, D.C. 52-2099612 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 4300 C STREET, SW return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20019 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 Return **Application Application** Return Code Is For Code Is For 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 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 06 12 KEN ARNDT The books are in the care of 4300 C STREET, SW - WASHINGTON, DC 20019 Telephone No. ▶ 202-248-7773 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 . 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 16, 2022 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ▶ X tax year beginning JUL 1, 2020 JUN 30, 2021 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. 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 instructions

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

Form 8868 (Rev. 1-2020)

<u>Fo</u> rm	n 990 (2020) WASHINGTON, D.C.	52-2099	612F	age 2
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:			
	THE SEED PUBLIC CHARTER SCHOOL OF WASHINGTON, DC IS A PUBLIC			
	COLLEGE-PREPARATORY BOARDING SCHOOL WHOSE PRIMARY MISSION IS TO			
	PROVIDE AN OUTSTANDING INTENSIVE EDUCATIONAL PROGRAM THAT PREPARES			
	CHILDREN, BOTH ACADEMICALLY AND SOCIALLY, FOR SUCCESS IN COLLEGE.			
2	Did the organization undertake any significant program services during the year which were not listed on	the		
	prior Form 990 or 990-EZ?		Yes X	No
	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 serv	vices?	Yes X	No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	o others, the total e	xpenses, and	
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$10,051,787. including grants of \$)	(Revenue \$	11,234,2	235.
	PROVIDE OUTSTANDING INTENSIVE RESIDENTIAL EDUCATION PROGRAM THAT			
	PREPARES CHILDREN, BOTH ACADEMICALLY AND SOCIALLY, FOR SUCCESS IN			
	COLLEGE.			
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
				′
4d	Other program services (Describe on Schedule O.)			
·u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 10,051,787.		/	

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Form 990 (2020) WASHINGTON, D.C. 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		17
_	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	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		Λ
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?			х
40	If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
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,			
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		х
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		21
u	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	114		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		х
f		116		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124		12a	x	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
		12b	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 14		
~	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		х
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		х
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		х
20a	·	20a		Х
	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		х

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Form 990 (2020) WASHINGTON, D.C. 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		<u></u>
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
26	Schedule L, Part I 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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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			17
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	х	
3E ~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Λ	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. aı	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is contidued to containe a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ĺ					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v					
	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 contributions or gifts	OI.		ĺ					
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		Α					
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70							
C	to file Form 8282?	7c		х					
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year? N/A	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders N/A 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	12-							
а	To the original and the second decimal plants are the second seco	13a							
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
-	excess parachute payment(s) during the year?	15		х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								

WASHINGTON, D.C.

Form 990 (2020) WASHINGTON, D.C. 52-2099612 Pag
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				Х				
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	7							
	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 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	6							
	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?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		2		Х				
Ū	of officers, directors, trustees, or key employees to a management company or other person?		з		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X				
6			6		X				
7a		⊢'	-						
1 a	more members of the governing body?		7a		х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		а						
b			7b		х				
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		, D						
8 a			За	Х					
b	Each committee with authority to act on behalf of the governing body?		3b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
Ū	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 decision b requests information about politics not required by the internal rievenus dead.)			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10	0a		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?	10	0b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		1a	Х					
b									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	1	2c	Х					
13	Did the organization have a written whistleblower policy?	1	13	Х					
14	Did the organization have a written document retention and destruction policy?	1	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	1	5a	Х					
b	Other officers or key employees of the organization	1	5b	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?	1	6a		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?	10	6b						
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)s or	nly) a	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X 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 fir	nanc	ial					
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	KEN ARNDT - 202-248-7773								
	4300 C STREET, SW, WASHINGTON, DC 20019								

WASHINGTON, D.C.

Form 990 (2020) 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	

Page 7

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.

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

Name and title Average hours per week (list any hours for related organizations below line) (1) LESLEY POOLE TRUSTEE / CEO SEED FND ANANGING DIRECTOR (3) MECHA INMAN HEAD OF SCHOOL THRU 6/2020 (4) CURTIS DURHAM ASSISTANT PRINCIPAL (5) LAMAR BAGELY DIRECTOR OF STUDENT LIFE (8) Position (do not check more than one box, unless person is both an officer and a director/rtuslee) (8) Position (do not check more than one box, unless person is both an officer and a director/rtuslee) (8) Position (do not check more than one box, unless person is both an officer and a director/rtuslee) (8) Position (do not check more than one box, unless person is both an officer and a director/rtuslee) (8) Position (do not check more than one box, unless person is both an officer and a director/rtuslee) (8) Position (do not check more than one box, unless person is both an officer and a director/rtuslee) (8) Position (do not check more than one box, unless person is both an officer and a director/rtuslee) (8) Position (from trelated organization (W-2/1099-MISC) (8) Position (from the the compensation from than one box, unless person is both an officer and a director/rtuslee) (8) Position (from trelated organization (W-2/1099-MISC) (8) Position (W-2/1099-MISC) (9) Position (W-2/1099-MISC) (9) Position (from trelated organization (W-2/1099-MISC) (9) Position (W-2/1099-MISC) (9) Position (W-2/1099-MISC) (1) LESLEY POOLE 10) Position (W-2/1099-MISC) 11) Position (W-2/1099-MISC) 12) Position (W-2/1099-MISC) 13) Position (W-2/1099-MISC) 14) Position (W-2/1099-MISC) 15) Position (W-2/1099-MISC) 16) Position (W-2/1099-MISC) 17) Position (W-2/1099-MISC) 18) Position (W-2/1099-MISC) 19) Position (W-2/1099-MISC) 10) Position (W-2/1099-MISC) 11) Position (W-2/1099-MISC) 12) Position	Check this box if neither the organizat (A)	(B)	J	ıııza			ipci	ioatt	(D)	(E)	(F)
Nours per Week (list any hours for related organizations below line)											Estimated
Week (list any hours for related organizations below line) Final Properties of the program (W-2/1099-MISC) From the organization (W-2/109-MISC) From the organization (W-2/109-MISC) From the organization (W-2/109-MISC) From the organization (W-2/109-MISC) From the organiza			box	ox, unless person is both an					1 1	•	amount of
TRUSTEE		week	\vdash	cer ar	nd a director/trustee)			tee)	from		other
TRUSTEE		, ,	ector								compensation
TRUSTEE			or dir	9.0			ated		•	(W-2/1099-MISC)	
TRUSTEE			ustee	trust		e e	Suedu		(W-2/1099-MISC)		•
TRUSTEE		-	lual tr	tional		nploy	st con	_			
TRUSTEE			ndivic	nstitu	Officer	(ey en	Highes	orme			organizations
California Cal	(1) LESLEY POOLE	1.00									
MANAGING DIRECTOR 0.00 X 176,226. 0. 21,7 (3) MECHA INMAN 40.00 40.00 4,7 HEAD OF SCHOOL THRU 6/2020 0.00 X 129,850. 0. 4,7 (4) CURTIS DURHAM 40.00 X 113,462. 0. 19,5 (5) LAMAR BAGELY 40.00 X 100,895. 0. 10,6 (6) BRIAN RAHAMAN 40.00 X 93,700. 0. 7,6 (7) DESA SEALY 2.00 X 93,700. 0. 7,6 (7) DESA SEALY 2.00 X 0. 0. 0. (8) HUCK O'CONNER 1.00 X 0. 0. 0. (9) DAVID STEINBERG 1.00 X 0. 0. 0. (10) RAJIV VINNAKOTA 1.00 0. 0. 0. 0. 0. (11) VASCO FERNANDES 1.00 0. 0. 0. 0. 0. 0. BOARD MEMBER 0.00 X 0. 0. 0. 0.	TRUSTEE/ CEO SEED FND	42.00	х						0.	279,951.	22,507
California Cal	(2) KEN ARNDT	40.00									
HEAD OF SCHOOL THRU 6/2020	MANAGING DIRECTOR	0.00			х				176,226.	0.	21,788
(4) CURTIS DURHAM 40.00 ASSISTANT PRINCIPAL 0.00 (5) LAMAR BAGELY 40.00 DIRECTOR OF STUDENT LIFE 0.00 (6) BRIAN RAHAMAN 40.00 HEAD OF SCHOOL BEG 07/2020 0.00 (7) DESA SEALY 2.00 CHAIRMAN 0.00 (8) HUCK O'CONNER 1.00 FINANCE CHAIR 0.00 (9) DAVID STEINBERG 1.00 DEVELOPMENT COMMITTEE CHAIR 0.00 (10) RAJIV VINNAKOTA 1.00 CO-FOUNDER 2.00 (11) VASCO FERNANDES 1.00 BOARD MEMBER 0.00 (12) ERIC VINSON 1.00	(3) MECHA INMAN	40.00									
ASSISTANT PRINCIPAL 0.00 X 113,462. 0. 19,5 (5) LAMAR BAGELY 40.00 DIRECTOR OF STUDENT LIFE 0.00 X 100,895. 0. 10,6 (6) BRIAN RAHAMAN 40.00 HEAD OF SCHOOL BEG 07/2020 0.00 X 93,700. 0. 7,6 (7) DESA SEALY 2.00 CHAIRMAN 0.00 X X 0. 0. 0. (8) HUCK O'CONNER 1.00 FINANCE CHAIR 0.00 X 0. 0. (9) DAVID STEINBERG 1.00 DEVELOPMENT COMMITTEE CHAIR 0.00 X 0. 0. (10) RAJIV VINNAKOTA 1.00 CO-FOUNDER 2.00 X 0. 0. 0. (11) VASCO FERNANDES 1.00 BOARD MEMBER 0.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	HEAD OF SCHOOL THRU 6/2020	0.00			х				129,850.	0.	4,178.
C5 LAMAR BAGELY	(4) CURTIS DURHAM	40.00									
DIRECTOR OF STUDENT LIFE							Х		113,462.	0.	19,928.
(6) BRIAN RAHAMAN 40.00 HEAD OF SCHOOL BEG 07/2020 0.00 X 93,700. 0. 7,6 (7) DESA SEALY 2.00 X X 0. 0. 0. CHAIRMAN 0.00 X X 0. 0. 0. (8) HUCK O'CONNER 1.00 X 0. 0. 0. FINANCE CHAIR 0.00 X 0. 0. 0. (9) DAVID STEINBERG 1.00 X 0. 0. 0. GEVELOPMENT COMMITTEE CHAIR 0.00 X 0. 0. 0. (10) RAJIV VINNAKOTA 1.00 0. 0. 0. 0. 0. (11) VASCO FERNANDES 1.00 0. 0. 0. 0. 0. 0. BOARD MEMBER 0.00 X 0. 0. 0. 0. (12) ERIC VINSON 1.00 0. 0. 0. 0. 0. 0.											
HEAD OF SCHOOL BEG 07/2020 0.00 X 93,700. 0. 7,6							Х		100,895.	0.	10,074
CT DESA SEALY 2.00											
CHAIRMAN 0.00 X X X 0. 0. (8) HUCK O'CONNER 1.00 Total Control Contro					Х				93,700.	0.	7,686.
(8) HUCK O'CONNER 1.00 FINANCE CHAIR 0.00 X 0. 0. (9) DAVID STEINBERG 1.00 X 0. 0. DEVELOPMENT COMMITTEE CHAIR 0.00 X 0. 0. (10) RAJIV VINNAKOTA 1.00 0. 0. 0. CO-FOUNDER 2.00 X 0. 0. 0. (11) VASCO FERNANDES 1.00 0. 0. 0. 0. 0. BOARD MEMBER 0.00 X 0. 0. 0. (12) ERIC VINSON 1.00 0. 0. 0.			-								
FINANCE CHAIR			Х		Х				0.	0.	0.
(9) DAVID STEINBERG 1.00 DEVELOPMENT COMMITTEE CHAIR 0.00 (10) RAJIV VINNAKOTA 1.00 CO-FOUNDER 2.00 (11) VASCO FERNANDES 1.00 BOARD MEMBER 0.00 (12) ERIC VINSON 1.00			-								
DEVELOPMENT COMMITTEE CHAIR 0.00 X 0. 0. (10) RAJIV VINNAKOTA 1.00 CO-FOUNDER 2.00 X 0. 0. (11) VASCO FERNANDES 1.00 BOARD MEMBER 0.00 X 0. 0. (12) ERIC VINSON 1.00			Х						0.	0.	0.
(10) RAJIV VINNAKOTA			-						_	_	_
CO-FOUNDER 2.00 X 0. 0. (11) VASCO FERNANDES 1.00 BOARD MEMBER 0.00 X 0. 0. (12) ERIC VINSON 1.00 BOARD MEMBER 0.00 MEMBER 0. 0. 0.			Х						0.	0.	0
(11) VASCO FERNANDES 1.00 BOARD MEMBER 0.00 (12) ERIC VINSON 1.00											
BOARD MEMBER 0.00 X 0. 0. (12) ERIC VINSON 1.00 0. 0.			X						0.	0.	0
(12) ERIC VINSON 1.00			.,						0	0	0
			X						0.	0.	0
									0	0	0
	BOARD MEMBER	0.00	^						0.	0.	0.
			1								
			1								
			1								
			1								

Form 990 (2020) 032007 12-23-20

Form 990 (2020) WASHINGTON,	D.C.								52-20	99612		Pa	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	iH k	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any	erage P (do not che box, unless officer and			c) sition more rson	ገ than is botl	one n an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount o	of
	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-MIS		fro orga and	oensat om the anizati I relate nizatio	e on ed
1b Subtotal								614,133.	279,9			86,3	161.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)							▶	614,133.	279,9	0. 951.		86,3	0. 161.
 Total number of individuals (including but r compensation from the organization 	not limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	000 of reportable				5
												Yes	No
3 Did the organization list any former officer													
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the s											4	Х	
and related organizations greater than \$15Did any person listed on line 1a receive or											-		
rendered to the organization? If "Yes." con											5		Х
Section B. Independent Contractors			<u></u>	,									
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensatio	on fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	thir	the organization's tax y	ear.				
(A) Name and business								(B) Description of s	ervices	Со	(C mper	s) nsation	1
THE SEED FOUNDATION, 1730 RHODE ISLA													
AVE, NW, STE 1102, WASHINGTON, DC 20	036							MANAGEMENT FEE				646,	443.
MERIWETHER GODSEY	. 24502							EOOD GEDYTGEG (GAE				402	0
4944 OLD BOOSBORO ROAD, LYNCHBURG, VA 24503 FOOD SERVICES (CAFETERIA)										483,	520.		
BOLONA CAPITAL ENTERPRISE INC, 4645 NANNIE HELEN BURR, #206, WASHINGTON, DC 20019 CUSTODIAL										228,	287		
A & D SECURITY									,	•			
10705 ALYSSA LANE, WALDORF, MD 20603 SECURITY SERVICES									223,	488.			

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

\$100,000 of compensation from the organization

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WASHINGTON, D.C.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 2,220,663. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 26,213. 1f g Noncash contributions included in lines 1a-1f 1g |\$ 2,246,876. h Total. Add lines 1a-1f **Business Code** 2 a PUPIL ALLOCATIONS 900099 11,092,056. 11,092,056. Program Service Revenue f All other program service revenue 11,092,056. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 107,530. 107,530. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses **c** Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a MEDICAID REIMBURSEMENT 900099 101,772. 101,772, b OTHER INCOME 40,407. 900099 40,407. С d All other revenue 142,179. e Total. Add lines 11a-11d 13,588,641, 11,234,235. 107,530 Total revenue. See instructions 12

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

2001	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a response				
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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,				
	trustees, and key employees	413,064.	380,099.	28,081.	4,884.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	F 270 026	4 040 452	250 270	(2.212
7	Other salaries and wages	5,270,036.	4,849,453.	358,270.	62,313.
8	Pension plan accruals and contributions (include	128,918.	118,630.	8,764.	1,524.
•	section 401(k) and 403(b) employer contributions)	713,432.	656,495.	48,501.	8,436.
9	Other employee benefits	463,358.	426,379.	31,500.	5,479.
10 11	Payroll taxes Fees for services (nonemployees):	=03,330.	420,319.	31,300.	3,413.
	, ,	472,000.		472,000.	
a	Management	20,543.		20,543.	
b	Legal	119,781.		119,781.	
	Accounting	225,7521			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
,	column (A) amount, list line 11g expenses on Sch O.)	598,402.	563,877.	29,410.	5,115.
12	Advertising and promotion				•
13	Office expenses	429,242.	396,270.	28,087.	4,885.
14	Information technology				
15	Royalties				
16	Occupancy	484,627.	445,951.	32,946.	5,730.
17	Travel	9,308.	9,308.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,038.	16,038.		
20	Interest	61,344.	56,449.	4,170.	725.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	973,413.	895,728.	66,175.	11,510.
23	Insurance	140,495.	140,495.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOOD SERVICE	528,935.	528,935.		
h	OTHER EXPENSES	328,440.	304,195.	20,336.	3,909.
c	DIRECT STUDENT EXPENSES	162,206.	162,206.	,	,
d	CHARTER SCHOOL FEE	101,279.	101,279.		
-	All other expenses	,	•		
25	Total functional expenses. Add lines 1 through 24e	11,434,861.	10,051,787.	1,268,564.	114,510.
26	Joint costs. Complete this line only if the organization		,		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2222)

		Check if Schedule O contains a response or i	note to any line	e in this Part X			
			•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,908,623.	1	5,535,624.
	2	Savings and temporary cash investments			1,585,759.	2	1,586,794.
	3	Pledges and grants receivable, net			457,802.	3	616,920.
	4	Accounts receivable, net	99,904.	4	196,302.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descril				6	
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				52,489.	9	353,110.
		Land, buildings, and equipment: cost or othe	1 1		,		,
	104	basis. Complete Part VI of Schedule D		33,215,081.			
	h	Less: accumulated depreciation		19,029,984.	14,524,233.	10c	14,185,097.
	11	Investments - publicly traded securities			1,190,662.	11	1,585,830.
	12	Investments - other securities. See Part IV, lir			-,,	12	_,,
	13	Investments - other securities. See Part IV, III				13	
				14			
	14 15	Intangible assets Other assets See Part IV line 11	100,511.	15	18,054.		
		Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)			22,919,983.	16	24,077,731.
	16				507,961.	17	1,014,855.
	17	Accounts payable and accrued expenses		307,301.	18	1,014,033.	
	18	Grants payable					
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
ij		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t			2 225 000	22	1 005 000
_	23	Secured mortgages and notes payable to uni			2,225,000.	23	1,925,000.
	24	Unsecured notes and loans payable to unrela	•			24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). Co	mplete Part X	1 401 600		0
		of Schedule D			1,491,600.	25	0.
	26	Total liabilities. Add lines 17 through 25			4,224,561.	26	2,939,855.
(0		Organizations that follow FASB ASC 958, o	heck here	• X			
č		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions			17,745,473.	27	20,187,565.
Ba	28	Net assets with donor restrictions			949,949.	28	950,311.
PL		Organizations that do not follow FASB ASC	nere 🕨 📖				
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun		29			
set	30	Paid-in or capital surplus, or land, building, or	nd		30		
As	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances			18,695,422.	32	21,137,876.
	33	Total liabilities and net assets/fund balances			22,919,983.	33	24,077,731.

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WASHINGTON, D.C.

Pa	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	13,	588,	641.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,	434,	861.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	153,	780.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,	695,	422.
5	Net unrealized gains (losses) on investments	5		288,	674.
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	21,	137,	876.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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				
	consolidated basis, or both:	,			
	Separate basis Consolidated basis X 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 Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	~	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
			0.5		

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

THE SEED PUBLIC CHARTER SCHOOL OF Name of the organization **Employer identification number** WASHINGTON 52-2099612 DС 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). Х 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in 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) 2020 WASHINGTON, D.C.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Public	Support Per	centage				
	Public support percentage for 2020 (li		•	***		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o	-			14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies a		-			· · · · · · · · · · · · · · · · · · ·	
b	33 1/3% support test - 2019. If the o	-					▶ □
4	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts				· ·	vi now the organiz	zation
	meets the facts-and-circumstances tes	•	•			170 000 150 - 451	100/ 07
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		▶ □
40	organization meets the facts-and-circu				• • •		
ıĸ	Private foundation. If the organization	i dia not check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	, cneck this box a	ina see instruction	s

Schedule A (Form 990 or 990-EZ) 2020 WASHINGTON, D.C. 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 nualify under the tests listed below please complete Part II \

Se	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support		•	•	•	·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section (501(c)(3) organizatio	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box an	=	-	•	• •		▶∟
k	o 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, chec						. \Box
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶Ш

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 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).
- 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 line 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		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	9a		
	9b		
	35		
	9с		
	10a		
	.54		
	10b		
_	00 0" 00	0 EZ	

Schedule A (Form 990 or 990-EZ) 2020 WASHINGTON, D.C.

Pa	rt 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2	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,	2		
Sec	supervised, or controlled the supporting organization. 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		163	NO
•	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	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	tion D. All Type in Supporting Organizations		V	NIa
_			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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	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? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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 governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b 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				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 WASHINGTON, D.C.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions							
	All other Type III non-functionally integrated supporting organizations must	•					
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					
-	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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
е							
	(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 0.015 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 0.035.	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 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Sche	dule A (Form 990 or 990-EZ) 2020 WASHINGTON, D.C.				52-2099612	Page 7	
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)			
Sect	Section D - Distributions						
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributa Amount for		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
С	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						

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6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

7 Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization		Employer identification num		
THE SEE	D PUBLIC CHARTER SCHOOL OF			
WASHING	TON, D.C.	į	52-2099612	
Organization type (check one):				

	•						
Filers of:	Section:						
Form 990 or 990-EZ X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
527 political organization							
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
<u> </u>							
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 tor, 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; Z, line 1. Complete Parts I and II.						
contributor, durin literary, or educat	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribution is checked, enter purpose. Don't co	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> 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), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
THE SEED PUBLIC CHARTER SCHOOL OF
WASHINGTON, D.C.

Employer identification number
52-2099612

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	\$1,491,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NU.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE SEED PUBLIC CHARTER SCHOOL OF
WASHINGTON, D.C.

Employer identification number
52-2099612

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

Name of or				Employer identification number			
	PUBLIC CHARTER SCHOOL OF			52-2099612			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations	0) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held			
_	Transferee's name, address, a	(e) Transfer of g	Relationship of transferor to transferee				
(a) No.	(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 Part I	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held			
		(e) Transfer of g	gift				
_	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
		(a) Transfer of					
_	(e) Transfer 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE SEED PUBLIC CHARTER SCHOOL OF WASHINGTON, D.C.

Employer identification number 52-2099612

Pai	rt I Or	ganizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accou	nts. Complete if the
	org	anization answered "Yes" on Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total numb	per at end of year			
2		value of contributions to (during year)			
3		value of grants from (during year)			
4		value at end of year			
5		ganization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds	
	-	ganization's property, subject to the organization's	_		Yes No
6		ganization inform all grantees, donors, and donor a			
	-	ble purposes and not for the benefit of the donor or	· ·	-	
	impermissi	ible private benefit?			Yes No
Pai		nservation Easements. Complete if the org			
1	•	of conservation easements held by the organization			
		ervation of land for public use (for example, recreated		f a historically	y important land area
	Prot	ection of natural habitat	Preservation o	f a certified h	istoric structure
	Pres	ervation of open space			
2	Complete	lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserva	ation easement on the last
	day of the	tax year.			Held at the End of the Tax Year
а	Total numb	per of conservation easements		2a	
b	Total acrea	age restricted by conservation easements		2b	
С	Number of	conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of	conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ure	
	listed in the	e National Register		2d	
3		conservation easements modified, transferred, rele			during the tax
	year ▶				
4	Number of	states where property subject to conservation eas	sement is located >		
5	Does the c	organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations,	and enforcement of the conservation easements it	holds?		Yes No
6	Staff and v	volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation eas	ements during the year
					
7	Amount of	expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easemer	nts during the year
	▶\$				
8	Does each	conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)	
	and sectio	n 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII	, describe how the organization reports conservation	on easements in its revenue and expense	statement ar	nd
	balance sh	neet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that des	cribes the
D		on's accounting for conservation easements.	Art Historical Transcrutor or Of	ula a se Oissa il a	an A a a a ta
Pai		ganizations Maintaining Collections of		mer Simila	ar Assets.
		mplete if the organization answered "Yes" on Form			
1a	_	nization elected, as permitted under FASB ASC 95			
	•	orical treasures, or other similar assets held for pub	,		public
		ovide in Part XIII the text of the footnote to its finan			
b	•	nization elected, as permitted under FASB ASC 95	•		
	•	cal treasures, or other similar assets held for public	exhibition, education, or research in furti	nerance of pu	iblic service,
		e following amounts relating to these items:			Φ.
		ue included on Form 990, Part VIII, line 1			*
_	. ,				\$
2	-	nization received or held works of art, historical trea		ıı gaın, provid	le
		ng amounts required to be reported under FASB A	•		Φ
a		ncluded on Form 990, Part VIII, line 1			D

Par	ત III Orga	nizations Maintaining C	collections of Art	, Historical Tre	asures, or	Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public e	exhibition	d	Loan or excl	hange prograi	m					
b	Scholar	ly research	е	Other							
С	Preservation for future generations										
4	Provide a des	cription of the organization's co	ollections and explain	how they further th	e organizatior	n's exem _l	pt purpos	e in Part	XIII.		
5	During the year	ar, did the organization solicit o	or receive donations o	f art, historical treas	sures, or other	r similar a	assets				
		aise funds rather than to be ma							Yes		No
Par		ow and Custodial Arran		te if the organization	n answered "`	Yes" on F	Form 990,	Part IV, I	ine 9, or		
	reporte	ed an amount on Form 990, Pa	rt X, line 21.								
1a		ation an agent, trustee, custodi							_		_
	on Form 990,	Part X?						L	Yes		No
b	If "Yes," expla	in the arrangement in Part XIII	and complete the foll	owing table:							
									Amount	t	
С	Beginning bal						1c				
d		ng the year					1d				
е		during the year					1e				
f		ce					1f		7		
	-	ization include an amount on F					y?	L	Yes	F	∐ No
		in the arrangement in Part XIII.						<u></u>			
Par	L V Elido	wment Funds. Complete									
			(a) Current year	(b) Prior year	(c) Two years		d) Three ye	o,000.			
1a		ear balance	100,000.	100,000.	101	,000.			100,	000.	
b			101	426		750		4,000.			100
С		nt earnings, gains, and losses	181.	426.	1	750.		254.			198.
d	Grants or sch		181.	426.	1	,750.		3,254.			198.
е	•	itures for facilities									
_	and programs										
Ť		e expenses	100 000	100 000	100	000	1.0	1 000		100	
g	End of year ba		100,000.	100,000.		,000.	10	1,000.		100,	000.
2		stimated percentage of the curr	rent year end balance) held as:						
a	-	ated or quasi-endowment 100		_%							
b			% %								
С			-								
0-		ges on lines 2a, 2b, and 2c sho	•	*:	al a alasiaiata						
Sa	Are there end	owment funds not in the posse	ession of the organiza	tion that are neid an	ia aaministere	ed for the	organizai	.1011	Г	Yes	Na
	(i) Uprolated	organizations								162	X
		organizations							3a(i)		X
h		rganizationse 3a(ii), are the related organiza							3a(ii) 3b		
4		art XIII the intended uses of the							30		
		, Buildings, and Equipm		villent lunus.							
		ete if the organization answere		Part IV line 11a S	ee Form 990	Part X li	ne 10				
		cription of property	(a) Cost or of	· · · · · · · · · · · · · · · · · · ·	T		cumulated	4	(d) Bool	k valu	
	200	or property	basis (investm	1	(other)		reciation	1	(u) Bool	· vaia	-
1a	Land			,		<u> </u>					
			****	26	,378,171.	1	.8,281,3	37.	8.	096,	834.
		provements			' '		, ,				
		STOVOITION TO		2	,444,136.		264,9	48.	2.	179,	188.
					,392,774.		483,6			909,	
		through 1e. <i>(Column (d) must e</i>						ightharpoonup		185,	
		2 (SSIGITITI (Q) TITUSE C			 						

Schedule D (Form 990) 2020 WASHINGTON, D.C.		5:	2-2099612	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of		11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-or-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total (Col. (b) must squal Form 000, Part V. col. (P.) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15		
	Description	11d. 000 1 0111 000, 1 dit 7, iii 0 10.	(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>		
Part X Other Liabilities.	,			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

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

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

X

(8) (9) WASHINGTON, D.C.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 13,877,315. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 288,674, 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c С Other (Describe in Part XIII.) 2d 288,674. е Add lines 2a through 2d 2е Subtract line 2e from line 1 13,588,641. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 13 588 641. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 11,434,861. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2h c Other losses 2c d Other (Describe in Part XIII.) 2d 0 Add lines 2a through 2d 2e 11,434,861. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 11,434,861. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 5 Part 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 XI, 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 V, LINE 4: PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED TO INVESTMENT IN PERPETUITY. INVESTMENT INCOME IS RESTRICTED FOR OTTAWAY SCHOLARSHIP. PART X, LINE 2: THE SCHOOL IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION, UNDER SECTION 501(C)(3) OF THE IRC, THE SCHOOL IS EXEMPT FROM FEDERAL TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THE SCHOOL DID NOT HAVE ANY NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 2021 AND 2020.

Schedule D (Form 990) 2020 WASHINGTON, D.C.	52-2099612	Page 5
Part XIII Supplemental Information (continued)		
THE SCHOOL FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY		
IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS		
CLAIMED OR EXPECTED TO BE CLAIMED SHOULD BE RECORDED IN THE FINANCIAL		
STATEMENTS. UNDER THIS GUIDANCE, THE SCHOOL MAY RECOGNIZE THE TAX BENEFIT		
FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE		
TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES,		
BASED UPON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS		
RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED		
BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF		
BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR		
UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION,		
INTEREST AND PENALTIES ON INCOME TAXES AND ACCOUNTING IN INTERIM PERIODS.		
MANAGEMENT EVALUATED THE SCHOOL'S TAX POSITIONS AND CONCLUDED THAT THE		
SCHOOL HAS TAKEN NO UNCERTAIN POSITIONS THAT REQUIRE ADJUSTMENTS TO THE		
FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.		

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

Open to Public Inspection

Name of the organization THE SEED PUBLIC CHARTER SCHOOL OF WASHINGTON, D.C.

Employer identification number 52-2099612

	rt I		YES	1
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
	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	
	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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	Х	
	THE SCHOOL SHALL ADMIT STUDENTS OF ANY RACE, COLOR, NATIONAL			
	AND ETHNIC ORIGIN. IT WILL NOT DISCRIMINATE ON THE BASIS OF			
	RACE, COLOR, NATIONAL AND ETHNIC ORIGIN IN ADMINISTRATION OF			
	ITS EDUCATIONAL POLICIES, ADMISSIONS, OR ATHLETIC AND OTHER			
	SCHOOL-ADMINISTERED PROGRAMS.			
	Does the organization maintain the following?			
1	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
)	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
;	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
k	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		
	Admissions policies?	5b		
	Employment of faculty or administrative staff?	5c		
;	Scholarships or other financial assistance?	5d		L
;				
; ;	Educational policies?	5e	1	
c d	Use of facilities?	5f		H
e d f	Use of facilities? Athletic programs?	5f 5g		
	Use of facilities? Athletic programs? Other extracurricular activities?	5f		
	Use of facilities? Athletic programs?	5f 5g		
	Use of facilities? Athletic programs? Other extracurricular activities?	5f 5g		
	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5f 5g	X	
	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5f 5g 5h	X	
c d e f g h	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5f 5g 5h	X	
e de e e e e e e e e e e e e e e e e e	Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5f 5g 5h	x	

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

Schedule E (Form 990 or 990-EZ) 2020

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.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

THE SEED PUBLIC CHARTER SCHOOL OF WASHINGTON, D.C.

Employer identification number 52-2099612

	WASHINGTON, D.C.	52-2099612		
Pa	art I Questions Regarding Compensation		1	
			Yes	No
1 a	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 Housing allowance or residence for personal use	,		
	Travel for companions Payments for business use of personal residence	э		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, cher)		
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.			
	X Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation commit	ree		
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:			
_	Provide a suppose a suppose to a shape of a suppose of	4a		х
a h		4.		X
0	Deficient in the second form of	4-		X
C	•	40		
	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		Х
b	Any related organization?	5b		Х
	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		Х
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		х
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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•		9		
	Regulations section 53.4958-6(c)?	j		

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

Schedule J (Form 990) 2020

Do not list any individuals that aren't listed on Form 990, Part VII.

WASHINGTON, D.C. 52-2099612

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).

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 other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) LESLEY POOLE	(i)	0.	0.	0.	0.	0.	0.	0.
TRUSTEE/ CEO SEED FND	(ii)	267,887.	10,000.	2,064.	13,649.	14,624.	308,224.	0.
(2) KEN ARNDT	(i)	176,226.	0.	0.	5,393.	17,431.	199,050.	0.
MANAGING DIRECTOR	(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)							

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WASHINGTON, D.C.

Part III Supplemental Information						
rovide 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

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE SEED PUBLIC CHARTER SCHOOL OF WASHINGTON, D.C.

Employer identification number 52-2099612

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WHOSE PRIMARY MISSION IS TO PROVIDE AN OUTSTANDING INTENSIVE EDUCATIONAL PROGRAM THAT PREPARES CHILDREN. BOTH ACADEMICALLY AND SOCIALLY, FOR SUCCESS IN COLLEGE. FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO THE FILING OF THE FORM 990 THE CHAIRMAN OF THE FINANCE COMMITTEE ALONG WITH MEMBERS OF THE FINANCE COMMITTEE WILL REVIEW THE TAX RETURN VIA ELECTRONIC FORM OR PAPER COPY. SENIOR MANAGEMENT WILL WAIT ON THE RESPONSE OF THE CHAIRMAN OF THE FINANCE COMMITTEE ONCE THE REVIEW IS COMPLETED. COPY OF THE FORM 990 WILL BE PROVIDED TO THE COMPLETE ENTIRE VOTING BOARD OF DIRECTORS PRIOR TO THE FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF TRUSTEES OF THE SEED SCHOOL OF WASHINGTON, D.C. ("SCHOOL") HAVE ADOPTED THE FOLLOWING POLICY TO ASSURE THAT ALL DELIBERATIONS AND ACTIONS OF THE BOARDS AND OFFICERS ARE UNDERTAKEN IN A MANNER THAT IS FREE OF CONFLICTS OF INTERESTS AND THE APPEARANCE OF CONFLICTS OF INTEREST SO THAT TRUSTEES AND OFFICERS CAN ACT IN A MANNER THAT IS IN THE BEST INTERESTS OF THE SCHOOL, THE SCHOOL'S PARENT AND/OR ANY SEED SPONSORED ENTITY. THIS POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE ANY STATE LAWS APPLICABLE TO NONPROFIT CORPORATIONS. THE POLICY SET FORTH IN THIS STATEMENT IS APPLICABLE TO ALL MEMBERS OF THE SCHOOL BOARD, MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. AND ALL OFFICERS OF THE SCHOOL DURING THE PERIOD THAT THEY SERVE IN SUCH CAPACITY AND FOR A PERIOD OF ONE YEAR THEREAFTER ("COVERED PERSONS"). EACH COVERED PERSON HAS A DUTY TO

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE SEED PUBLIC CHARTER SCHOOL OF WASHINGTON, D.C.	Employer identification number 52-2099612
PLACE THE INTERESTS OF THE SCHOOL, SCHOOL'S PARENT OR ANY SEED SPONSORED	
ENTITY FOREMOST IN ANY DELIBERATIONS, DECISIONS OR TRANSACTIONS INVOLVING	
THE SCHOOL. IF A COVERED PERSON, OR HIS OR HER FAMILY, HAS A CONFLICT OF	
INTEREST OR A POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PARTICULAR	
TRANSACTION OR ON AN ONGOING BASIS, THE COVERED PERSON HAS A DUTY TO	
DISCLOSE THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST.	
A COVERED PERSON BELIEVES THAT HE OR SHE MAY HAVE A CONFLICT OF INTEREST	
WITH RESPECT TO ANY PARTICULAR TRANSACTION OR ON AN ONGOING BASIS, HE OR	
SHE SHALL PROMPTLY AND FULLY DISCLOSE THE POTENTIAL CONFLICT TO THE CHAIR	
OF THE BOARD OF TRUSTEES AND THE HEAD OF SCHOOL. THE CHAIR AND HEAD OF	
SCHOOL SHALL DETERMINE WHETHER THERE IS IN FACT A CONFLICT OR APPEARANCE OF	
A CONFLICT WITH RESPECT TO A COVERED PERSON. IN DETERMINING WHETHER THERE	
IS A CONFLICT OR APPEARANCE OF A CONFLICT, IT IS INTENDED THAT THE CHAIR	
AND HEAD OF SCHOOL WILL EXERCISE THEIR BEST JUDGMENT AND, IN CASE OF DOUBT,	
WILL ERR ON THE SIDE OF PROTECTING THE SCHOOL FROM ANY CONFLICT OR	
APPEARANCE OF CONFLICT.	
EACH COVERED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH	
PERSON:	
1.HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY;	
2.HAS READ AND UNDERSTANDS THE POLICY;	
3.HAS AGREED TO COMPLY WITH THE POLICY; AND	
4.UNDERSTANDS THAT THE SCHOOL IS A CHARITABLE ORGANIZATIONS AND THAT IN	
ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN	
ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.	

Name of the organization THE SEED PUBLIC CHARTER SCHOOL OF WASHINGTON, D.C.	Employer identification number 52-2099612
THE HEAD OF SCHOOL WAS HIRED FOLLOWING A SIX MONTH SEARCH LED BY AN	
EXECUTIVE RECRUITING FIRM. HIRING DECISION AND COMPENSATION DECISIONS WERE	
MADE BY A SPECIAL COMMITTEE OF THE BOARD OF TRUSTEES THAT WAS SUPPORTED BY	
THE CHIEF OPERATING OFFICER OF THE SEED FOUNDATION (RELATED ENTITY) AND THE	
EXECUTIVE RECRUITING FIRM. INITIAL SALARY LEVEL FOR THE POSITION WAS	
DETERMINED BASED ON THE SALARIES OF PRIOR HEADS OF SCHOOL AS WELL AS BASED	
ON THE CANDIDATE EXPERIENCE. OTHER COMPENSATION WAS CONSISTENT WITH	
EXISTING SCHOOL BENEFITS PACKAGES.	
THE MANAGING DIRECTOR WAS HIRED FOLLOWING AN EXTENSIVE RECRUITING AND	
SEARCH PROCESS. THE PROCESS OF CREATING THE POSITION, DETERMINING SALARY,	
INTERVIEWING AND HIRING INVOLVED A BROAD GROUP OF EXECUTIVE AND BOARD-LEVEL	
LEADERSHIP INCLUDING THE CHAIRMAN OF THE SCHOOL BOARD OF TRUSTEES, THE	
CHIEF OPERATING OFFICER OF THE SEED FOUNDATION, OTHER MEMBERS OF THE BOARD	
OF TRUSTEES, AND THE HEAD OF SCHOOL. SALARY LEVEL FOR THE POSITION WAS	
DETERMINED BASED ON MARKET RATES FOR COMPARABLE POSITIONS, SCHOOL BUDGET,	
POSITION RESPONSIBILITY AND CANDIDATE EXPERIENCE. OTHER COMPENSATION WAS	
CONSISTENT WITH EXISTING SCHOOL BENEFITS PACKAGES.	
THE DIRECTOR OF FINANCE WAS HIRED FOLLOWING AN EXTENSIVE SEARCH BY A	
RECRUITING FIRM. THE SALARY WAS DETERMINED BY THE MANAGING DIRECTOR AND	
HEAD OF SCHOOL BASED ON THE MARKET RATES FOR COMPARABLE POSITIONS, SCHOOL	
BUDGET, POSITION RESPONSIBILITY AND CANDIDATE EXPERIENCE. OTHER	
COMPENSATION WAS CONSISTENT WITH EXISTING SCHOOL BENEFITS PACKAGES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SCHOOL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF	

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE SEED PUBLIC CHARTER SCHOOL OF	Employer identification number
WASHINGTON, D.C.	52-2099612
DISCLOSURE AS SET FORTH IN SECTION 6104(D).	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

THE SEED PUBLIC CHARTER SCHOOL OF Name of the organization **Employer identification number** WASHINGTON, D.C. 52-2099612

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controllin entity
	-				

organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr	rolled
				501(c)(3))		Yes	No
THE SEED FOUNDATION, INC 54-1850819							
1776 MASSACHUSETTS AVENUE, NW, SUITE 600	DEVELOP INNOVATIVE						
WASHINGTON, DC 20036	EDUCATIONAL OPPORTUNITIES	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		х
THE SEED SCHOOL OF MARYLAND - 06-1818759							
200 FONT HILL AVENUE					THE SEED		
BALTIMORE, MD 21223-2703	BOARDING SCHOOL	MARYLAND	501(C)(3)	LINE 2	FOUNDATION, INC.		х

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OMB No. 1545-0047

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David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 34	. because it had one or	more related
Part III	Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	· · · · · · · · · · · · · · · · · ·		,	,	

(a)	(b) (c)		(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	General of managin partner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No)
	-										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled iity?
	-								
	-								
	-								
	-								

Schedule R (Form 990) 2020

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Х

Yes No

1a

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b	Gift, grant, or capital contribution to related organization(s)				1b	Х					
С	c Gift, grant, or capital contribution from related organization(s)										
	d Loans or loan guarantees to or for related organization(s)										
	e Loans or loan guarantees by related organization(s)										
f	f Dividends from related organization(s)										
	Sale of assets to related organization(s)				1g	Х					
	Purchase of assets from related organization(s)				1h	Х					
i	Exchange of assets with related organization(s)				1i	Х					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X					
- 1	Performance of services or membership or fundraising solicitations for related organization	ion(s)			11	X					
m	n Performance of services or membership or fundraising solicitations by related organization	on(s)			1m	X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X					
0	Sharing of paid employees with related organization(s)				10	X					
	Reimbursement paid to related organization(s) for expenses				1p	X					
q Reimbursement paid by related organization(s) for expenses											
r	Other transfer of cash or property to related organization(s)				1r	X					
S	Other transfer of cash or property from related organization(s)				1s	X					
2	If the answer to any of the above is "Yes," see the instructions for information on who me	ust complete thi	s line, including covered re	lationships and transaction thresholds.							
	9	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	nvolved						
(1)											
(O)											
(2)											
(O)											
(3)											
(4)											
(4)											
<i>(</i> 5)											
(5)											
(6)											
` '	3 10-28-20			Schedule	R (Form 9	90) 2020					

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) (f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ers sec. Share of	Share of	Dispropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or	Percentage
of entity		(state or foreign	(related, unrelated, 50°	share of total	end-of-year	allocations	amount in box 20	partner?	ownership
		country)	sections 512-514) Yes	No income	assets	Yes No	(Form 1065)	Yes No	
			, 10			1.00 110	,	1.00 1.0	
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	-								
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-	1								
	-								

THE SEED PUBLIC CHARTER SCHOOL OF

Schedule R	(Form 990) 2020	WASHINGTON, D.C.	52-2099612	Page 5
Part VII	(Form 990) 2020 Supplemental Info	rmation		
	Provide additional inform	nation for responses to questions on Schedule R. See instructions.		