** PUBLIC DISCLOSURE COPY **

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

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

AF	or the	e 2019 calendar year, or tax year beginning 501 1, 2019 and 6	ending o	UN 30, 2020	
B c	heck if pplicabl	C Name of organization THE SEED PUBLIC CHARTER SCHOOL OF		D Employer identif	ication number
	Addre chang	washington, D.C.			
	Name chang			52-2099612	
	Initial return	*	Room/suite	E Telephone number	 er
	Final return	4300 C STREET SE		202-248-777	
	termir ated			G Gross receipts \$	12,802,288.
	Amen- return	ded WASHINGTON, DC 20019		H(a) Is this a group r	return
	Application	F Name and address of principal officer: BRIAN RAHAMAN		for subordinate	s? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	included? Yes No
ΙT	ax-ex	empt status: X 501(c)(3)	or 527	If "No," attach a	a list. (see instructions)
J۷	Vebsi	te: WWW.SEEDSCHOOLDC.ORG		H(c) Group exemption	on number 🕨
		organization: X Corporation Trust Association Other	L Year	of formation: 1998	M State of legal domicile: DC
Pa	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: THE SEE	ED PUBLIC	C CHARTER SCHOOL	
ű		OF WASHINGTON, DC IS A PUBLIC COLLEGE-PREPARATORY BOARDING SO	CHOOL		
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
<u>ت</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			
es 8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	173
Ϋ́Ε̈́		Total number of volunteers (estimate if necessary)			40
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)		835,206.	+
enc	l	Program service revenue (Part VIII, line 2g)		13,776,726.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		44,415.	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		158,156.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,814,503.	
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	<u> </u>
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,323,779.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	١''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,640,008.	+
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,963,787.	
		Revenue less expenses. Subtract line 18 from line 12		-149,284.	
is or			Ве	ginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)		22,148,238. 3,223,871.	+
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		18,924,367.	18,695,422.
	22 1rt	Net assets or fund balances. Subtract line 21 from line 20		10,524,507.	10,055,422.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of m	v knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is
,		A substitution of property (enter than enterty) to seem an information of the	ion proparor	l l	
Sigr	n	Signature of officer		Date	
Her		KEN ARNDT, MANAGING DIRECTOR			
	_	Type or print name and title			
		Print/Type preparer's name Preparer's signature	><	Date Check	PTIN
Paid		WILLIAM E TURCO, CPA William E TURCO, CPA	ua 0	5/11/21 if self-emplo	pyed P00369217
	arer	Firm's name RSM US LLP		Firm's EIN ▶	42-0714325
Use	Only	Firm's address 9801 WASHINGTONIAN BLVD, STE 500			
_		GAITHERSBURG, MD 20878		Phone no. 30	1-296-3600
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

<u>Form</u>	n 990 (2019) WASHINGTON, D.C.	52-2099612	Page 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	1	
	prior Form 990 or 990-EZ?	Yes	s 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 service	es? Yes	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses	5.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	revenue, if any, for each program service reported.	i	
4a	(Code:) (Expenses \$ 11,394,182. including grants of \$) (F	Revenue \$ 11,99	93,538.)
	PROVIDE OUTSTANDING INTENSIVE RESIDENTIAL EDUCATION PROGRAM THAT	,	
	PREPARES CHILDREN, BOTH ACADEMICALLY AND SOCIALLY, FOR SUCCESS IN		
	COLLEGE.		
	•		
4b	(Code:) (Expenses \$ including grants of \$) (F	levenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
	•		
	Ollows and the American (December of December of Decem		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 11,394,182.		

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Form 990 (2019) 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		,,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?	_		x
40	If "Yes," complete Schedule D, Part IV	9		_ A
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	, ,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 I a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2019) 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				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.0		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, ,	25b		x
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	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	ļ.,.
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	۵		
00	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?	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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?	31		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 173 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? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. N/A 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 ______N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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

WASHINGTON, D.C.

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 Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶DC 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 only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request ___ Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KEN ARNDT - 202-248-7773 4300 C STREET, SE, WASHINGTON, DC 20019

Form 990 (2019) WASHINGTON, D.C. 52-2099612 Page **7**

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

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

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

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

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

Check this box if neither the organizat		orga	niza			nper	sate			,_ .
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position (do not check more than one box, unless person is both an officer and a director/trustee)			Reportable	Reportable	Estimated		
	hours per							compensation	compensation	amount of
	week (list any				from the	from related organizations	other compensation			
	hours for	Individual trustee or director				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	organization
	organizations	trust	In stit utio nal tru stee		oyee	Highest compensated employee				and related
	below	vidua	itutio	Ser	Key employee	nest c	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) MECHA INMAN	40.00									
HEAD OF SCHOOL				Х				209,440.	0.	6,176.
(2) KEN ARNDT	40.00									
MANAGING DIRECTOR				Х				172,268.	0.	21,734.
(3) QUINHON SCOTT	40.00									
PRINCIPAL						Х		152,138.	0.	4,564.
(4) STACEY PEARL	40.00									
ASSISTANT HEAD OF SCHOOL						Х		106,880.	0.	17,926.
(5) CURTIS DURHAM	40.00									
ASSISTANT PRINCIPLE						Х		104,034.	0.	18,009.
(6) RASHIDA HOLMAN-JONES	40.00									
DIRECTOR OF FACE						Х		101,997.	0.	4,094.
(7) DESA SEALY	2.00									
CHAIRMAN		х		х				0.	0.	0.
(8) HUCK O'CONNER	1.00									
FINANCE CHAIR		Х						0.	0.	0.
(9) DAVID STEINBERG	1.00									
DEVELOPMENT COMMITTEE CHAIR		Х						0.	0.	0.
(10) RAJIV VINNAKOTA	1.00									
CO-FOUNDER		Х						0.	0.	0.
(11) VASCO FERNANDES	1.00									
BOARD MEMBER		х						0.	0.	0.
(12) KEN SLAUGHTER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) LESLEY POOLE	1.00									
TRUSTEE/ CEO SEED FND		х						0.	0.	0.
(14) DENNIS CHESTNUT	1.00									
PARENT TRUSTEE THRU 02/20		х						0.	0.	0.
(15) TASHA POULSON	1.00									
PARENT TRUSTEE THRU 09/2019		х						0.	0.	0.
		1								
		1								
				.				1		Form 990 (2010

932007 01-20-20 Form **990** (2019)

Form 990 (2019) WASHINGTON, D.C. 52-2099612								9612	F	age 8		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C)								(D)	(E)			
Name and title	Average	(do		Pos		າ than d	200	Reportable	Reportable		Estimat	ed
hours p			, unles	ss pe	rson i	is both	an	compensation	compensation		amount	of
	week	officer and a director/trustee)				or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		ompens	ation
	hours for	or dir	au			ted		organization	(W-2/1099-MISC	′ I	from th	
	related	stee	truste		an an	bens		(W-2/1099-MISC)			organiza	
	organizations below	al tru	onal t		loyee	mos es				- 1	and rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			l °	rganizat	ions
	11110)	<u> </u>	Ë	j0	λ.	三 5	요			+		
						\vdash				+		
										+		
										\bot		
										+		
										+		
4b Cubbatal				<u> </u>				846,757.		0.	72	503.
1b Subtotal								0.00,737.		0.	72	0.
c Total from continuation sheets to Part VI								846,757.		0.	72	503.
d Total (add lines 1b and 1c)							-	· · · · · · · · · · · · · · · · · · ·		<u>••</u>	72	, 303.
Total number of individuals (including but n compensation from the organization	ot iimited to th	ose	iiste	u al	oove	e) WII	o re	eceived more than \$100,	000 of reportable			6
compensation from the organization											Yes	
3 Did the organization list any former officer,	director, truste	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on			
line 1a? If "Yes," complete Schedule J for si	,	,	,	•	,	,	_	• •	•	3		х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	х	
5 Did any person listed on line 1a receive or a										.		
rendered to the organization? If "Yes," com										5	;	х
Section B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
1 Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	3100,000 of compe	nsation	from	
the organization. Report compensation for	the calendar ye	ar e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A) Name and business	address							(B) Description of s	envices	Com	(C) pensatio	nn.
MERIWETHER GODSEY	4441033						\dashv	Description of s	, c. 1003		porioaile	<u> </u>
4944 OLD BOOSBORO ROAD, LYNCHBURG, VI	A 24503							FOOD SERVICES (CAF	'ETERIA)		946	223.
HE SEED FOUNDATION, 1730 RHODE ISLAND												

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MERIWETHER GODSEY		
4944 OLD BOOSBORO ROAD, LYNCHBURG, VA 24503	FOOD SERVICES (CAFETERIA)	946,223.
THE SEED FOUNDATION, 1730 RHODE ISLAND		
AVE, NW, STE 1102, WASHINGTON, DC 20036	MANAGEMENT FEE	524,542.
A & D SECURITY		
10705 ALYSSA LANE, WALDORF, MD 20603	SECURITY SERVICES	320,596.
BOLONA CAPITAL ENTERPRISE INC, 4645 NANNIE		
HELEN BURR, #206, WASHINGTON, DC 20019	CUSTODIAL	318,899.
DBS CONTRACTING LLC		
P.O. BOX 1385, NEWINGTON, VA 22122	CONSTRUCTION	224,220.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	7	
		200

Part VIII

THE SEED PUBLIC CHARTER SCHOOL OF WASHINGTON, D.C. 52-2099612 Page 9 Form 990 (2019) 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 97,000. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 547,765. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 69,603. 1f g Noncash contributions included in lines 1a-1f 1g |\$ 714,368. h Total. Add lines 1a-1f **Business Code** 2 a PUPIL ALLOCATIONS 900099 11,811,487. 11,811,487. Program Service Revenue f All other program service revenue 11,811,487. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 93,642. 93,642 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) Þ (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 \triangleright 10 a Gross sales of inventory, less returns 740. and allowances 10a 0. **b** Less: cost of goods sold 10b 740. 740. c Net income or (loss) from sales of inventory **Business Code** 11 a MEDICAID REIMBURSEMENT 900099 158,999 158,999, b OTHER INCOME 900099 23,052 23,052. С

182,051,

11,993,538.

12,802,288.

94,382.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

52-2099612

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).

0000	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a responsi				
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	ı otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	441,690.	398,041.	32,319.	11,330.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,358,091.	5,729,775.	465,227.	163,089.
8	Pension plan accruals and contributions (include	165 150	150 650	12 222	4 000
	section 401(k) and 403(b) employer contributions)	167,170.	150,650.	12,232.	4,288.
9	Other employee benefits	821,134. 549,981.	739,989.	60,083.	21,062.
10	Payroll taxes	349,901.	495,631.	40,243.	14,107.
11	Fees for services (nonemployees):	402,000.		402,000.	
_	Management	38,641.		38,641.	
b	Legal	104,001.		104,001.	
	Accounting	101,001.		101,001.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	799,604.	745,697.	39,915.	13,992.
12	Advertising and promotion	,	,	,	•
13	Office expenses	296,414.	270,262.	19,364.	6,788.
14	Information technology				
15	Royalties				
16	Occupancy	505,126.	455,208.	36,961.	12,957.
17	Travel	23,687.	23,687.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	69,686.	69,686.		
20	Interest	109,788.	98,939.	8,033.	2,816.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,014,546.	914,287.	74,235.	26,024.
23	Insurance	189,100.	189,100.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	500 540	500 510		
a	FOOD SERVICE	689,640.	689,640.	16 153	F F40
b	OTHER EXPENSES	216,642.	194,940.	16,153.	5,549.
С	CHARTER SCHOOL FEE	123,275.	123,275.		
d	DIRECT STUDENT EXPENSES	105,375.	105,375.		
	All other expenses Add lines 1 through 24s	13 025 501	11 39/ 192	1 3/9 /07	282 002
25	Total functional expenses. Add lines 1 through 24e	13,025,591.	11,394,182.	1,349,407.	282,002.
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)				
	II IUIIUWIIIY SUF 98-2 (ASU 938-720)				E 000 (2242)

WASHINGTON, D.C.

Form 990 (2019) Part X Balance Sheet

		Check if Schedule O contains a response or	note to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,697,143.	1	4,908,623.
	2	Savings and temporary cash investments			1,578,735.	2	1,585,759.
	3	Pledges and grants receivable, net	310,042.	3	457,802.		
	4	Accounts receivable, net		186,108.	4	99,904.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese persons			5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Donate Salar and the salar and			201,913.	9	52,489.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		32,580,800.			
	b	Less: accumulated depreciation	.a.	18,056,567.	15,064,610.	10c	14,524,233.
	11	Investments - publicly traded securities			1,109,687.	11	1,190,662.
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		0.	15	100,511.	
	16	Total assets. Add lines 1 through 15 (must e	22,148,238.	16	22,919,983.		
	17	Accounts payable and accrued expenses		682,753.	17	507,961.	
	18	Grants payable	·	18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
"	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iii		controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to un			2,525,000.	23	2,225,000.
	24	Unsecured notes and loans payable to unrela	•	·····	, ,	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	,	·	16,118.	25	1,491,600.
	26	Total liabilities. Add lines 17 through 25			3,223,871.	26	4,224,561.
		Organizations that follow FASB ASC 958, o	heck here	X			
es		and complete lines 27, 28, 32, and 33.	,				
anc	27	Net assets without donor restrictions			17,963,441.	27	17,745,473.
Bala	28	Net assets with donor restrictions			960,926.	28	949,949.
둳		Organizations that do not follow FASB ASC					
Ξ		and complete lines 29 through 33.	- · · · · · · · · · · · · · · · · · · ·				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et,	32	Total net assets or fund balances			18,924,367.	32	18,695,422.
Z	33	Total liabilities and net assets/fund balances			22,148,238.	33	22,919,983.
		rotal habilition and not absolution balances			, , •		- , ,

Form **990** (2019)

WASHINGTON, D.C.

Pa	TEXT 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	12,	,802,	288.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,	025,	591.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-223,	303.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,	924,	367.
5	Net unrealized gains (losses) on investments	5		-5,	642.
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	18,	695,	422.
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	O.			
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?	J	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
-	to be different and the second describes a contract the second describes and the second describes and the second describes a se		01-		

Form **990** (2019)

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 Inspection

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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
Ŭ	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,						
6							
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2012	(a) 2010	(f) Total
	Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gross income from interest,						
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	· ·	, ,	, ,	•	()()	
عم	organization, check this box and stop ction C. Computation of Public	here Der	centage				P
	·			-1 (0)			
	Public support percentage for 2019 (li					14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
Ioa	33 1/3% support test - 2019. If the o						. —
L	stop here. The organization qualifies a 33 1/3% support test - 2018. If the o		-			or more, check thi	
b							
17^	and stop here. The organization quali 10% -facts-and-circumstances test						
11 d	and if the organization meets the "fact	ū					•
	meets the "facts-and-circumstances" t			=	· · · · · · · · · · · · · · · · · · ·	-	
L							
O	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						,
10	organization meets the "facts-and-circ		-	·			
10	Private foundation. If the organization	r did flot Check a	DOX OF HIRE TO, TO	a, 100, 17a, 01 171	u, un c ur inis bux a	na see matructions	

Schedule A (Form 990 or 990-EZ) 2019 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 qualify 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
198	a 33 1/3% support tests - 2019. If the	-					/ is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the						> L
	line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	>
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 ins	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 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		
Г	2		
I	3a		
L	3b		
L	3c		
L	4a		
	4b		
	4c		
	10		
L	5a		
F	5b		
L	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10-		
	10a		
	10b		
	000	N E71	0040

THE SEED PUBLIC CHARTER SCHOOL OF Schedule A (Form 990 or 990-EZ) 2019 WASHINGTON, D.C. 52-2099612 Page 5 Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), 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 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. h The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions, С Yes No 2 Activities Test. Answer (a) and (b) below. a 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 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more

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

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

2b

За

activities but for the organization's involvement.

Schedule A (Form 990 or 990-EZ) 2019 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 qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 WASHINGTON, D.C.

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	8		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

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.

2040

2019

OMB No. 1545-0047

Name of the organization	Employer identification number
THE SEED PUBLIC CHARTER SCHOOL OF	
WASHINGTON, D.C.	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						
	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contribute	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigcircless \bigcircl							
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

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

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

Employer identification number
52-2099612

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$97,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$547,765. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

52-2099612

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

Name of or	rganization				Employer identification number		
	PUBLIC CHARTER SCHOOL OF						
WASHINGT	•	.	ihadia sastian F	34(-)(7) (0) (40) H	52-2099612		
Part III	from any one contributor. Complete columns (a) through (e) and the following	na line entry. For a	organizations			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of	61,000 or less for t	the year. (Enter this info. onc	e.) • \$		
(a) No.	Ose duplicate copies of Part III II additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held		
raiti							
		(e) Transf	er of gift				
}	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
	-						
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held		
-							
	(e) Transfer of gift						
	Transferse's name address and 7ID : 4			alationahin of two	nofovou to two nofovo		
ŀ	Transferee's name, address, a	na ZIP + 4	K	elationship of tra	nsferor to transferee		
		_					
(a) No. from	(b) Purpose of gift	(c) Use of g	.:44	(d) Doos	cription of how gift is held		
Part I	(b) Ful pose of gift	(c) ose of g		(u) Desc	inputor of now girt is field		
	·				<u> </u>		
ŀ		(e) Transf	or of gift				
		(e) ITalisi	er or girt				
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
		_					
(a) No				<u> </u>			
(a) No. from	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held		
Part I							
				-			
					_		
Ţ		(e) Transf	er of gift				
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
	-						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number 52-2099612

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds		
•	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
•	for charitable purposes and not for the benefit of the donor o				
	·				
Par					
1	Purpose(s) of conservation easements held by the organization				
•	Preservation of land for public use (for example, recrea		a historically important land area		
	Protection of natural habitat	· —	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last		
_	day of the tax year.	ied concervation contribution in the form of	Held at the End of the Tax Year		
а	Total number of conservation easements				
b					
c	Number of conservation easements on a certified historic stru				
	Number of conservation easements included in (c) acquired a				
u	listed in the National Register				
3	Number of conservation easements modified, transferred, rel				
Ū	year	oasoa, extinguished, or terminated by the e	ngamzation daming the tax		
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per				
•	violations, and enforcement of the conservation easements it		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
•	The state of		. raner casee aag a.e , ca.		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year		
-	▶ \$		on easements as mig and year		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)		
_	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footr	•			
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	d balance sheet works		
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in furt	herance of public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	-			
	provide the following amounts relating to these items:	,	,		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$		
			. .		
2	If the organization received or held works of art, historical treations				
_	the following amounts required to be reported under FASB A		y, _I • · · · · · ·		
а	Revenue included on Form 990, Part VIII, line 1	•	▶ \$		
_					

b Assets included in Form 990, Part X

Par	t III	Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Si	milar A	Assets	(conti	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collec	ction items (check all that apply):									
а		Public exhibition	d	Loan or excl	hange program						
b		Scholarly research	е	Other							
С		Preservation for future generations									
4	Provi	de a description of the organization's co	llections and explain	how they further th	e organization's exe	empt	purpose	in Part	XIII.		
5	Durin	g the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	ar ass	ets		_		_
		sold to raise funds rather than to be ma							Yes		No
Par	t IV	Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	n For	m 990, F	Part IV, I	ine 9, or	•	
		reported an amount on Form 990, Par	t X, line 21.								
1a		e organization an agent, trustee, custodi						_	_	_	_
		orm 990, Part X?						L	Yes		No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fol	lowing table:							
Amount								t			
		nning balance					1c				
d		tions during the year					1d				
е		butions during the year					1e				
f		ng balance					1f				
		he organization include an amount on Fo				-		L	Yes		No
		es," explain the arrangement in Part XIII.	Check here if the ex	planation has been	orovided on Part XII	II					
Par	τν	Endowment Funds. Complete in						1			
			(a) Current year	(b) Prior year	(c) Two years back		Three yea		(e) Fou		
1a		nning of year balance	100,000.	101,000.	100,000.	·				100,	000.
b	Cont	ributions			4,000.						
С		nvestment earnings, gains, and losses	426.	750.	254.	198. 198.					152.
d		ts or scholarships	426.	1,750.	3,254.	<u> </u>		. 152.		152.	
е	Othe	r expenditures for facilities									
		programs				-					
f		nistrative expenses	100 000	100 000	101 000	+	100			100	
g		of year balance	100,000.	100,000.	101,000.	•	100	,000.		100,	000.
2		de the estimated percentage of the curr	ent year end balance) held as:						
_		d designated or quasi-endowment		_%							
b		anent endowment 100.00	%								
С			%								
_		percentages on lines 2a, 2b, and 2c shou	•								
За		here endowment funds not in the posses	ssion of the organiza	tion that are held an	id administered for	the o	rganizatio	on			Г
	by:								[a (1)	Yes	No X
		Unrelated organizations							3a(i)		X
		Related organizations							3a(ii)		
		es" on line 3a(ii), are the related organiza	-						3b		
4 Par		ribe in Part XIII the intended uses of the Land, Buildings, and Equipm		wment tunds.							
. u.	• • •	Complete if the organization answered		Part IV line 11a S	oo Form 000 Part \	/ lino	.10				
									(d) Doo	اد برماید	
		Description of property	(a) Cost or o	• •			mulated ciation		(d) Boo	k valu	е
10	Land		`	.5.14	(23.101)	.50,00					
	Land			26	,087,409.	12	,268,46	56	13	,818,	943
		ings		20	, ,		, 200, 40	-	13	, ,	
		ehold improvements	I	2	,200,897.	2	,062,92	0		137	977.
		oment			,292,494.		,002, <u>32</u> ,725,18				313.
		r lines 1a through 1e. <i>(Column (d) must e</i> i							14	,524,	
ı Uldi	. Add	illes Ta tillough Te. (Column (d) must el	<u>uuai Form 990, Part /</u>	v. column (B), line 10	JC.)			s books to	D (Eorr		

52-2099612

WASHINGTON, D.C.

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	cial derivatives			
	y held equity interests			
(3) Other	-			
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	II Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
raitix	_	on Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
	Complete if the organization answered "Yes"	Description	Tru. See Form 990, Fart A, line 15.	(b) Book value
(1)	(4)	Besonption		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990. Part X, col. (B) line Other Liabilities.	e 15.)	>	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i
1.	(a) Description of liability			(b) Book value
(1) Fe	ederal income taxes			
(2) PP	PO LOAN			1,491,600.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) line		>	1,491,600.
	ry for uncertain tax positions. In Part XIII, provide			
organi	zation's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pr	ovided in Part XIII X

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. 12,796,646. 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 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c С Other (Describe in Part XIII.) -5,642. е Add lines 2a through 2d 2e 12,802,288. Subtract line 2e from line 1 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 12 802 288. 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. 13,025,591. Total expenses and losses per audited financial statements 1 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 2b 2c c Other losses d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 13,025,591. 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 13,025,591. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 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 X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART 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 2019 AND 2018.

Schedule D (Form 990) 2019 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

2019

Open to Public Inspection

Name of the organization THE SEED PUBL

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

Employer identification number 52-2099612

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	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.			
4	Does the organization maintain the following?			
а	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	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
_				
5	Does the organization discriminate by race in any way with respect to:	-		Х
	Students' rights or privileges?	5a		X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e 5f		X
	Use of facilities? Athletic programs?			X
	Athletic programs? Other extracurricular activities?	5g 5h		X
	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	311		
	if you answered Tes to any of the above, please explain. If you need more space, use Fart II.			
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х Х
5	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	35		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
•	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	х	
	Appart of the control	' '		

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

Schedule E (Form 990 or 990-EZ) 2019

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.

2019

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

Pa	Part I Questions Regarding Compensation			
	·		Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,		
	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 persona	l use		
	Travel for companions Payments for business use of personal resid	lence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur,	chef)		
b	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.			
	etck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, to VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel			
	art VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel			
	Form 990 of other organizations Approval by the board or compensation con	nmittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а				X
b				Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_				
5				
		_		177
				X
b		<u>5b</u>		X
	·			
6				
				177
				X
b		<u>6b</u>		Х
_	·			
7				v
_		7		Х
8				v
_		8		X
9				
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

WASHINGTON, D.C.

52-2099612

Page 2

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

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

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

A) Name and Tate 0 Base compensation compen			(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
HEAD OF SCHOOL (i) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			(i) Base compensation	incentive	reportable		Derients	(B)(i)-(D)	reported as deferred
HARD OF SCHOOL (II) 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	(1) MECHA INMAN	(i)	185,005.	0.	24,435.	6,176.	1,144.	216,760.	0.
(2) EN ARNDT (0) 172,288. 0. 0. 0. 5,267. 17,503. 195,038. 0. MANAGING DIRECTOR (1) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	HEAD OF SCHOOL		0.	0.	0.	0.	0.	0.	0.
MANAGING DIRECTOR (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. (3) QUINHON SCOTT (i) 152,138. 0. 0. 0. 4,564. 662. 157,364. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(2) KEN ARNDT		172,268.	0.	0.	5,267.	17,503.	195,038.	0.
152,138.	MANAGING DIRECTOR		0.	0.	0.	0.	0.	0.	0.
FRINCIFAL (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(3) QUINHON SCOTT		152,138.	0.	0.	4,564.	662.	157,364.	0.
	PRINCIPAL		0.	0.	0.	0.	0.	0.	0.
(i) (i) (ii) (ii) (ii) (iii) (iii)<									
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (iii) (iiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	-								
(i) (ii) (ii) (iii) (iii									
(ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i)									
(i) (i) (ii) (ii) (ii) (iii) (iii) (iii) (iiii) (iiiiiiii	-								
(i) (ii) (ii) (iii) (iii) (iiii) (iiiiii) (iiiiiii) (iiiiiiii									
(ii) (i) (i)	-								
(i)								1	
								1	
		(ii)							

WASHINGTON, D.C.

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

SCHEDULE O

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.

2019 Open to Public

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

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 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, 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) (2019)	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	Employer identification number
WASHINGTON, D.C.	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) (2019)	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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

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

Employer identification number 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 controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II 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 enti	olled
				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	1				THE SEED		
BALTIMORE, MD 21223-2703	BOARDING SCHOOL	MARYLAND	501(C)(3)	LINE 2	FOUNDATION, INC.		X
	_						
	_						

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

Part 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 organizations treated as a partnership during the tax year.

organisation action at a participation of the specific states of the											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	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		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	<u>. </u>
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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	(c) 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	Citally:	
		,						Yes	No

Schedule R (Form 990) 2019

Page 3

ırt V	Transactions With Related Organizations.	Complete if the organization answered "Yes"	on Form 990, Part IV, line 34, 35b, or 36.
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Part	Transactions With Related Organizations. Complete if the organization answer	wered "Yes" on Forn	n 990, Part IV, line 34, 35b	, or 36.								
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No					
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	-		1a		Х					
	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	Dividends from related organization(s)				1f		х					
	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					
i	i Exchange of assets with related organization(s)j Lease of facilities, equipment, or other assets to related organization(s)											
•	, , , , , , , , , , , , , , , , , , , ,				•							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х					
	Performance of services or membership or fundraising solicitations for related organ				11		Х					
	Defended to the control of the desire of the											
	m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
					1n 1o		х					
•	onaming of paid omployood marrolated organization(b)											
n	Reimbursement paid to related organization(s) for expenses				1p		х					
	Reimbursement paid by related organization(s) for expenses				1q		Х					
ч	Trainibal comon para by rolated organization(c) for expenses				-14							
r	Other transfer of cash or property to related organization(s)				1r		х					
	Other transfer of cash or property from related organization(s)				1s		Х					
	If the answer to any of the above is "Yes," see the instructions for information on w											
	-	(b)										
	(a) Name of related organization	Transaction	(c) Amount involved	(d) Method of determining amount in	volved							
	·	type (a-s)										
(1)												
<u>., </u>												
(2)												

<u>(5)</u>

932163 09-10-19

Schedule R (Form 990) 2019

52-2099612

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)	Are a partners 501(c) orgs)	(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)	Are a partners	all s sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentage
of entity		(state or foreign	related, unrelated,	501(c) orgs.)(3) .?	total	end-of-year	alloca	nate itions?	amount in box 20	partne	ng r? ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	io
			,					1	1	,	1	
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THE SEED PUBLIC CHARTER SCHOOL OF

Schedule R	R (Form 990) 2019	WASHINGTON	, D.C.	52-2099612	Page 5
Part VII	R (Form 990) 2019 Supplemental Info	ormation			
			ses to questions on Schedule R. See instructions.		

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDINGS AND IMPROVEMENTS C	NVAJEASUES)	L an d	5.00	:	1620	5,087,409.			2	6,087,40911	,542,211.		726,2551	2,268,466.
	* 990 PAGE 10 TOTAL BUILDING	S				26	5,087,409.			2	5,087,409 <u>1</u> 1	,542,211.		726,2551	2,268,466.
	FURNITURE & FIXTURES														
2	FURNITURE AND EQUIPMENT	VARIOUS	SL	5.00	1	16:	2,960,631.				2,960,631.2	,524,782.		82,164.	2,606,946.
4	CAMPUS EQUIPMENT	VARIOUS	SL	5.00	1	16:	.,331,863.				1,331,863.1	,020,512.		97,723.	1,118,235.
	* 990 PAGE 10 TOTAL FURNITUR	E & FIXTU	RES			4	1,292,494.				4,292,494.3	,545,294.		179,887.	B,725,181.
	MACHINERY & EQUIPMENT														
3	COMPUTER EQUIPMENT	VARIOUS	SL	5.00	:	16:	2,022,906.				2,022,906.1	.,833,358.		96,776.	L,930,134.
	* 990 PAGE 10 TOTAL MACHINER	Y & EQUIE	MENT			1	2,022,906.				2,022,906.1	,833,358.		96,776.	1,930,134.
	TRANSPORTATION EQUIPMENT														
5	VANS	VARIOUS	SL	5.00	-	16	177,991.				177,991.	121,157.		11,629.	132,786.
	* 990 PAGE 10 TOTAL TRANSPOR EQUIPMENT	TATION					177,991.				177,991.	121,157.		11,629.	132,786.
	* GRAND TOTAL 990 PAGE 10 DE	PR				32	2,580,800.			3	2,580,8001	,042,020.		1,014,5471	3,056,567.

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.

filing of th	nis form, visit www.irs.gov/e-file-providers/e-file-for-charit	ties-and-n	on-profits.							
Automa	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).							
	rations required to file an income tax return other than Fo			s, REMICs	s, and trusts					
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.							
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	identification numb	er (TIN)				
print	THE SEED PUBLIC CHARTER SCHOOL OF	' '		,						
F11 - 1 41	WASHINGTON, D.C.		52-2099612							
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 4300 C STREET. SE									
instructions.	City, town or post office, state, and ZIP code. For a fo WASHINGTON, DC 20019		, 							
	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1				
Applicati	on	Return	Application			Return				
Is For		Code	Is For			Code				
) or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990		02	Form 1041-A			08				
	20 (individual)	03	·	Form 4720 (other than individual)						
Form 990		04	Form 5227							
	0-T (sec. 401(a) or 408(a) trust) 0-T (trust other than above)	05 06	Form 6069 Form 8870		11					
	KEN ARNDT ooks are in the care of 4300 C STREET., SE - W	WASHINGT								
	none No. > 202-248-7773		Fax No.							
	organization does not have an office or place of business									
	is for a Group Return, enter the organization's four digit G									
box 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and TINs of	all membe	ers the extension is	or.				
1 I re	quest an automatic 6-month extension of time until	MAY 1	.7, 2021 . to fil	e the exem	ıpt organization retu	rn for				
	organization named above. The extension is for the organization				.pr organization reta					
▶[calendar year or									
 	X tax year beginning JUL 1, 2019	, an	id ending _ JUN 30, 2020							
					_					
2 If th	ne tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	Final retur	n					
	Change in accounting period									
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less							
any	nonrefundable credits. See instructions.			3a	\$	0.				
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069,									
	imated tax payments made. Include any prior year overpa			3b	\$	0.				
	lance due. Subtract line 3b from line 3a. Include your pay	•								
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.				
Caution: instructio	If you are going to make an electronic funds withdrawal ins.	(direct det	oit) with this Form 8868, see Form 8	453-EO an	d Form 8879-EO for	payment				

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

Form 8868 (Rev. 1-2020)