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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. and ending JUN 30, 2019

Department of the Treasury

Open to Public Inspection

В	Check if applicable	C Name of organization INSPIRED TEACHING DEMONSTRATION		D Employer identifie	cation number		
Г	Addres	S DUDI TO GUADEED GOUGOI					
Ē	Name change			27-2	618506		
	Initial return	· ·	/suite	E Telephone numbe	r		
	Final return/	200 DOUGLAS ST. NE			248-6825		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,134,797.		
	Amend return	washington, DC 20002		H(a) Is this a group re	eturn		
	Application			for subordinates	? Yes X No		
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
		mpt status: X 501(c)(3) 501(c) ()	527	If "No," attach a	list. (see instructions)		
		www.inspiredteachingschool.org		H(c) Group exemptio			
			Year o	f formation: 2010 N	N State of legal domicile: DC		
Р		Summary	- m	ELGITTIG DEM	031GED 3 ET 031		
e	1 1	Briefly describe the organization's mission or most significant activities: INSPIRE	D T	EACHING DEM	ONSTRATION		
Governance	-	PUBLIC CHARTER SCHOOL ENSURES THAT A DIVERS					
/err		Check this box if the organization discontinued its operations or disposed of		1 _ 1	ssets. 		
Ĝ		Number of voting members of the governing body (Part VI, line 1a)			11		
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			96		
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			11		
ξij	70	Total number of volunteers (estimate if necessary)		6 7a	0.		
¥		Net unrelated business taxable income from Form 990-T, line 38			0.		
_	 "	vet difference business taxable mount from 550 1, inte 50	<u> </u>	Prior Year	Current Year		
•	8 (Contributions and grants (Part VIII, line 1h)		343,602.	425,826.		
ğ	1	Program service revenue (Part VIII, line 2g)		7,824,139.	8,605,412.		
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		13,827.	94,433.		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-1,447.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,181,568.	9,124,224.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,700,933.	5,138,390.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
×	b 7	Total fundraising expenses (Part IX, column (D), line 25) 124,055.					
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,908,179.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,609,112. 8,216				
	19 F	Revenue less expenses. Subtract line 18 from line 12		572,456.	907,874.		
Net Assets or			Beg	inning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		3,836,523.	4,954,506.		
et A	21	Total liabilities (Part X, line 26)		389,721.	807,630.		
	22 N	Net assets or fund balances. Subtract line 21 from line 20		3,446,802.	4,146,876.		
_	art II	Signature Block ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatama	nto and to the best of m	v knowledge and halief it is		
	-	, and complete. Declaretinat i have examined this return, including accompanying schedules and s			y knowledge and bellet, it is		
uu	, 6011661	, and complete. Declaration of preparer (other than officer) is based on an information of which pro	срагег і	las any knowledge.			
Sig		Signature of officer		I Date			
He		DEBORAH WILLIAMS, HEAD OF SCHOOL					
110		Type or print name and title					
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN		
Pai		DAVID JONES		if self-employe	P01361002		
Pre	-	Firm's name JONES MARESCA & MCQUADE PA	1	Firm's EIN	52-1853933		
	- +	Firm's address 1730 RHODE ISLAND AVE, N.W., SUIT	E 8				
		WASHINGTON, DC 20036		Phone no. 20	2-296-3306		
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

		INSPIRED TE	ACHING D	EMONSTRATI	ION			
Form	990 (2018)	PUBLIC CHAR	TER SCHO	OL		27-261	8506	Page 2
Pa	rt III Statement of	Program Service /	Accomplishm	ents				
	Check if Schedule	O contains a response	or note to any lin	e in this Part III				X
1	Briefly describe the orga		,					
			GROUP O	F STUDENTS	S ACHIEV	E THEIR POTEN	\mathtt{TIAL}	AS
						MAGINATIVE AND		
	INQUISITIVE							
	CURRICULUM.					RED AROUND FO	UR	
2	Did the organization und							
2	•	, , ,	•	• ,			Voc	X No
	prior Form 990 or 990-EZ If "Yes," describe these						res	LZZ INO
•	,			and the feature the constant		0	Yes	V.
3				ges in now it condu	acts, any progra	am services?	∟ Yes	LA NO
	If "Yes," describe these	-						
4			-			n services, as measured by	-	
				ort the amount of g	rants and alloca	ations to others, the total ex	xpenses,	and
	revenue, if any, for each	program service reporte	ed.					44.0
4a	(Code:) (Expens	ses \$ 6,998,	981. including	grants of \$,605,	412.
	AT THE INSPI					-	THE	
						ASTER TEACHER)
	TEACHER RESI	DENTS ENSURE	S THAT A	DIVERSE C	GROUP OF	STUDENTS ACH	IEVE	
	THEIR POTENT	IAL AS ACCOM	PLISHED :	LEARNERS,	THOUGHT	FUL CITIZENS,	AND	
	IMAGINATIVE .	AND INQUISIT	IVE PROB	LEM SOLVER	RS THROU	GH A DEMANDING	G,	
						STIC OF THE SO		IS
	A PROFESSION							
						BASED ON THE	RESEA	RCH
						E SCHOOL IS O		
						GOALS: TO PRO		
						EXCELLENT TEA		- TIA
						TEACHERS AND		מקד
4b	(Code:) (Expens	ses \$	including	grants of \$) (Revenue \$		
4c	/Code \/ /Fynene	¢	inaludiae	s cuanta of f		\ /Bayanya f		-
40	(Code) (Expens	ses \$	including	grants of \$) (Revenue \$		
	<u> </u>							
4-1	Othor program condition	(Departing in Calacticity C	<u> </u>					
4d	Other program services	(nescribe in Schednie C	J.)					

SEE SCHEDULE O FOR CONTINUATION(S) 2

Form **990** (2018)

including grants of \$ 6 , 998 , 981 .

Total program service expenses

) (Revenue \$

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)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-25	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		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			_V
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		- 25
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		77	
	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		Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Х	- 25
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-25	х
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 7 4		 -
~	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ہم ا		_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

INSPIRED TEACHING DEMONSTRATION PUBLIC CHARTER SCHOOL

Form 990 (2018)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
a	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		21
J-7	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?		Х	
Pa	Note. All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· a	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 1a 17		. 03	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

832004 12-31-18

Form **990** (2018)

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

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	96				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns? .		2b	X		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year? \dots			3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			3,7	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X	
b	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 A		` ′			Х	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			30			
va	any contributions that were not tax deductible as charitable contributions?			6a		x	
b	If "Yes," did the organization include with every solicitation an express statement that such contribute			- Ou			
-	were not tax deductible?		-	6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired				
	to file Form 8282?		·····	7с		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
0	sponsoring organization have excess business holdings at any time during the year?			8			
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:			0.5			
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
L	Note. See the instructions for additional information the organization must report on Schedule O.						
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	1				
c	Enter the amount of reserves on hand	13c					
	Did the second still a second		1	14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b			
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			- 1.0			
	excess parachute payment(s) during the year?			15		х	
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	ome?	16		Х	
	If "Yes," complete Form 4720, Schedule O.						
				Form	990	(2018)	

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 202-248-6825			
	200 DOUGLAS ST. NE, WASHINGTON, DC 20002			

832006 12-31-18

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

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

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

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

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

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

(A)	(B)			((C) ition			(D)	(E)	(F)				
Name and Title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of				
	week (list any hours for related organizations below	stee or director	Institutional trustee or officer of officer officer officer officer officer officer key employee Highest compensated						onpensated se			from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN S. LEIBOVITZ	line) 1.00	й	lus	₽	Ke	H.	호							
CHAIR		x		x				0.	0.	0.				
(2) ANIKA SIMPSON	1.00													
VICE CHAIR		Х		Х				0.	0.	0.				
(3) MORRIS CLARKE	1.00													
SECRETARY		Х		Х				0.	0.	0.				
(4) RUSTY WILSON	1.00													
TREASURER		Х		Х				0.	0.	0.				
(5) ANDREA BROWNING	1.00													
BOARD MEMBER		Х						0.	0.	0.				
(6) JERI EPSTEIN	1.00													
BOARD MEMBER		Х						0.	0.	0.				
(7) MARC FISHER	1.00								_	_				
BOARD MEMBER		Х						0.	0.	0.				
(8) JOANNE IRBY	1.00	l							•					
BOARD MEMBER	1 00	Х						0.	0.	0.				
(9) ALETA MARGOLIS	1.00	,,							0	•				
BOARD MEMBER	1 00	Х						0.	0.	0.				
(10) LUCY NEWTON	1.00	. ,							0	0				
BOARD MEMBER	1.00	Х						0.	0.	0.				
(11) PETER WEBER	1.00	X						0.	0.	0.				
BOARD MEMBER (12) DEBORAH WILLIAMS	40.00	^						0.	0.	0.				
HEAD OF SCHOOL	40.00			x				161,516.	0.	12,913.				
(13) CATHERINE L. KEPLINGER	40.00							101,510.	0.	12,515.				
CHIEF OPERATING OFFICER	10.00	1		x				131,280.	0.	9,186.				
(14) SURIYA DOUGLAS WILLIAMS	40.00							202/2000		3,2000				
LOWER SCHOOL PRINCIPAL		1				х		144,510.	0.	9,155.				
										7,200				
832007 12-31-18	-		_	_	_	_		•		Form 990 (2018)				

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 437,306. 0. 1b Sub-total 0. c Total from continuation sheets to Part VII, Section A 437,306. 31,254 d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CENTER FOR INSPIRED TEACHING, 840 FIRST	TEACHING FELLOWS/	Compensation
STREET, N.E., WASHINGTON, DC 20065	RESIDENTS	301,091.
REVOLUTION FOODS, INC., 6219 COLUMBIA PARK		
ROAD, HYATTSVILLE, MD 20785	FOOD SERVICES	141,330.
PARADIGM THERAPY PARTNERS LLC, 6368		
COVENTRY WAY, SUITE 363, CLINTON, MD 20735	SPECIAL ED. SERVICES	129,676.
EDOPS, 1611 CONNECTICUT AVENUE N.W.,	ACCOUNTING AND	
WASHINGTON, DC 20009	FINANCE	120,653.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

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\$100,000 of compensation from the organization

27-2618506 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Unrelated Related or Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 32,886. c Fundraising events d Related organizations 1d 288,765 e Government grants (contributions) f All other contributions, gifts, grants, and 104,175 similar amounts not included above 33,036. g Noncash contributions included in lines 1a-1f: \$ 425,826 h Total. Add lines 1a-1f. Business Code 900099 7,024,102.7,024,102. 2 a PER PUPIL APPROPRIATIO Program Service Revenue b PER PUPIL FACILITY ALL 900099 1,533,610.1,533,610. c ACTIVITY FEE 611710 47,700. 47,700. f All other program service revenue 8,605,412. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 94,433. 94,433. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 32,886. of contributions reported on line 1c). See 9,126 Part IV, line 18 a Other **b** Less: direct expenses -1,447-1,447.c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

,124,224.8,605,412.

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).

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	328,090.	275,312.	45,510.	7,268
•	trustees, and key employees	320,090.	2/3,312.	43,310.	7,200
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4,116,129.	2 /52 001	570 051	01 107
7	Other salaries and wages	4,110,149.	3,453,991.	570,951.	91,187
8	Pension plan accruals and contributions (include	55 117	16 520	7 601	1 220
_	section 401(k) and 403(b) employer contributions)	55,447. 303,312.	46,528. 254,520.	7,691.	1,228 6,719
9	Other employee benefits	335,412.	281,457.	46,524.	7,431
10	Payroll taxes	333,414.	201,437.	40,524.	7,431
11	Fees for services (non-employees):				
a		14,006.	7 002	7 002	
b	Legal		7,003.	7,003.	
С	•	138,124.		138,124.	
d	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	•	01 770	022	00 025	2.2
	column (A) amount, list line 11g expenses on Sch O.)	81,779.	832.	80,925.	22
12	Advertising and promotion	77 700	6F 200	10 770	1 701
13	Office expenses	77,709.	65,209.	10,779.	1,721
14	Information technology				
15	Royalties	1 565 227	1 450 005	106 202	
16	Occupancy	1,565,227.	1,459,025.	106,202.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	E 02E	2 222	1 700	0.5
20	Interest	5,035.	3,222.	1,728.	85
21	Payments to affiliates	0F 204	67 701	15 016	1 707
22	Depreciation, depletion, and amortization	85,324.	67,721. 26,215.	15,816.	1,787 692
23	Insurance	31,240.	∠0,∠⊥5.	4,333.	692
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) DIRECT STUDENT COSTS	1,006,574.	1,006,574.		
a	PROFESSIONAL DEVELOPMEN	27,150.	27,150.		
D	OTHER STAFF RELATED EXP	25,409.	21,322.	3,524.	563
C	FEES AND LICENSES	14,762.	2,900.	11,862.	503
d		5,621.	4,300.	269.	5,352
	All other expenses	8,216,350.	6,998,981.	1,093,314.	124,055
25	Total functional expenses. Add lines 1 through 24e	0,410,330.	0,330,301.	1,033,314.	144,000
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)				Eorm 990 (2019

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	50,000.	1	50,085
2	Savings and temporary cash investments	3,486,033.	2	4,531,006
3	Pledges and grants receivable, net	21,507.	3	22,507
4	Accounts receivable, net	17,692.	4	55,249
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ស្ន	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
ž 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	49,316.	9	48,393
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 568,181.			
b		190,246.	10c	242,266
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	9,141.	12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	12,588.	15	5,000
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,836,523.	16	4,954,506
17	Accounts payable and accrued expenses	315,292.	17	452,776
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
<u> </u>	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	74,429.	25	354,854
26	Total liabilities. Add lines 17 through 25	389,721.	26	807,630
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S G	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29	Unrestricted net assets	3,429,688.	27	4,129,762
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	17,114.	29	17,114
2	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ရို 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
Z 33	Total net assets or fund balances	3,446,802.	33	4,146,876
34	Total liabilities and net assets/fund balances	3,836,523.	34	4,954,506

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		9,12				
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,44	6,8	02.		
5	Net unrealized gains (losses) on investments	5	-20	7,8	00.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	4,14	6,8	76.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INSPIRED TEACHING DEMONSTRATION Name of the organization PUBLIC CHARTER SCHOOL 27-2618506 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2018 PUBLIC CHARTER SCHOOL

Part II | Support Schedule for Organizations Described in So. 27-2618506 Page 2

Г	(Complete only if you checked fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I	or if the organization			•
Se	ction A. Public Support		рете т а				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(4) 2311	(2) 2010	(6) 2313	(4) 23 17	(6) 2010	(i) rotal
	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						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					1	
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	· ·	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
Se	organization, check this box and stop ction C. Computation of Publ		rcentage				P
	Public support percentage for 2018 (I			oolumn (fl)		14	%
	Public support percentage from 2017						
	a 33 1/3% support test - 2018. If the c						
100	stop here. The organization qualifies	-					
,	33 1/3% support test - 2017. If the o						
•	and stop here. The organization qual						
17:	a 10% -facts-and-circumstances tes						
.,,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					~	
	10% -facts-and-circumstances tes						
•	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						

Schedule A (Form 990 or 990-EZ) 2018

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

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.)

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2011	(2) 2010	(0) 2010	(4) 25 11	(6) 2010	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
_	or loss from the sale of capital						
12	assets (Explain in Part VI.)	-					_
	Total support. (Add lines 9, 10c, 11, and 12.)					[F04/-\/0\	
14	First five years. If the Form 990 is for	· ·			•	. , . ,	zation,
<u>S</u>	check this box and stop here						P
	<u> </u>			l (f)		145	0/
	Public support percentage for 2018 (lin						<u>%</u>
	Public support percentage from 2017 etion D. Computation of Inves					16	<u>%</u>
	· · · · · · · · · · · · · · · · · · ·					147	0/
	Investment income percentage for 201						<u>%</u>
18	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2018. If the c	-					1 / is not
	more than 33 1/3%, check this box an						P
b	33 1/3% support tests - 2017. If the c	· ·			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ı did not check a	box on line 14, 19	a. or 19b. check t	his box and see ii	nstructions	▶∟

INSPIRED TEACHING DEMONSTRATION Schedule A (Form 990 or 990-EZ) 2018 PUBLIC CHARTER SCHOOL

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

_	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
,		
8		
00		
9a		
9b		
9c		
10a		
10b		
n 990 or 99	90-EZ	2018

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
360	tion 6. Type it Supporting Organizations		V	N.
_	Managements of the companiestical editor to an inches of the discount of the d		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>C</u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
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.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on l	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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	ly integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	e	
		de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10		B amount divided by line 9 amount			
		,	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2018, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2018. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	ss from 2015			
С	Exces	ss from 2016			
d	Exces	ss from 2017			
_		on from 2010			

Schedule A (Form 990 or 990-EZ) 2018

INSPIRED TEACHING DEMONSTRATION

Schedule A (Form 990 or 990-EZ) 2018 PUBLIC CHARTER SCHOOL 27-2618506 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

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

Employer identification number Name of the organization INSPIRED TEACHING DEMONSTRATION 27-2618506 PUBLIC CHARTER SCHOOL

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					
		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 F	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special R	lules						
8	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.						
t 7	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
i ,	vear, contributions of schecked, enter he ourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
but it mus	st answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be 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) (2018)

Name of organization
INSPIRED TEACHING DEMONSTRATION
PUBLIC CHARTER SCHOOL

Employer identification number

27-2618506

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No.	Name, address, and ZIP + 4	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
	,,	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
INSPIRED TEACHING DEMONSTRATION
PUBLIC CHARTER SCHOOL

Employer identification number

27-2618506

	ash Property (see instructions). Use duplicate copies of P		1
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
_			
		\$	
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	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.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) **Employer identification number** Name of organization INSPIRED TEACHING DEMONSTRATION 27-2618506 PUBLIC CHARTER SCHOOL Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

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

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INSPIRED TEACHING DEMONSTRATION PUBLIC CHARTER SCHOOL

Employer identification number 27-2618506

Schedule D (Form 990) 2018

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tree	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		¢

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

	t III Organizations Maintaining Co	ollections of A		orical Tr	easures, c	or Othe	r Simila	r Asse	ts/continu	rage z ied)
3	Using the organization's acquisition, accession				-				•	
Ü	(check all that apply):	in, and other record	3, 011001	Carry or the	ioliowing tha	t are a sig	jiiiioani u	30 01 113	CONCOLION	items
а	Public exhibition	d		oan or ove	hange progra	me				
b	Scholarly research	u e		Other	riarige progra	11115				
		е	ш,	Other						
C	Preservation for future generations							Da	L VIII	
4	Provide a description of the organization's co							se in Par	t XIII.	
5	During the year, did the organization solicit or								٦,,	
Dai	to be sold to raise funds rather than to be ma								Yes	└── No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete ir tne	organizatio	n answered "	Yes" on I	-orm 990,	Part IV,	line 9, or	
12	Is the organization an agent, trustee, custodia		liany for	contribution	ne or other as	eate not i	ncluded			
ıa	on Form 990, Part X?		-						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a								J 163	
b	ii res, explain the arrangement in Fait Alli a	ind complete the lo	ilowing t	abi c .					Amount	
^	Reginning halance						1c		Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on Fo						•		Yes	No
_	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if						<u></u>			
rai	Lindowinient i dinds. Complete ii						d) Three ye	ara baak	1-1 Four	ears back
4.	Paninning of year balance	(a) Current year	(D) P	rior year	(c) Two year	S DACK (a) Tillee ye	ars back	(e) Four y	rears back
	Beginning of year balance				+					
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	and administe	red for th	e organiza	tion	_	
	by:								\	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment 1	funds.						
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated	1	(d) Book	value
		basis (investn	nent)	basis	(other)	depi	reciation			
1a	Land									
	Buildings									
	Leasehold improvements			9	3,018.		93,01	8.		0.
	Equipment				5,085.		16,61		118	,466.
	Other				0,078.		16,27			,800.
	. Add lines 1a through 1e. (Column (d) must ed		X colun				<u> </u>			,266.

Schedule D (Form 990) 2018

Dart VIII	Investments -	Other Securit	ioc		
chedule D ((Form 990) 2018	PORFIC	CHARTER	SCHOOL	

(a) Description of security or category (including name of security)	(b) Book value	ne 11b. See Form 990, Pa (c) Method of valua		d-of-year market value
1) Financial derivatives	. ,			
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of value	ation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
	Faure 000 David IV I	11d Coo Forms 000 Do	.+ V line 45	
Complete if the organization answered "Yes" (on Form 990, Part IV, I Description	ne 11d. See Form 990, Pa	π λ, line το.	
(a) i				(b) Rook value
,				(b) Book value
(1)				(b) Book value
(2)				(b) Book value
. ,				(b) Book value
(2)				(b) Book value
(2)				(b) Book value
(2) (3) (4)				(b) Book value
(2) (3) (4) (5)				(b) Book value
(2) (3) (4) (5) (6)				(b) Book value
(2) (3) (4) (5) (6) (7)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line			>	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	÷ 15.)	ne 11e or 11f. See Form 9	90. Part X. line 25	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Proposition of liability.	÷ 15.)			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	÷ 15.)	ne 11e or 11f. See Form 9t	▶ 90, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes	÷ 15.)	(b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION	÷ 15.)	(b) Book value 156,195.		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) EQUITY INVESTMENT	÷ 15.)	(b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) EQUITY INVESTMENT (4)	÷ 15.)	(b) Book value 156,195.		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) EQUITY INVESTMENT (4) (5)	÷ 15.)	(b) Book value 156,195.		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) EQUITY INVESTMENT (4)	÷ 15.)	(b) Book value 156,195.		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) EQUITY INVESTMENT (4) (5)	÷ 15.)	(b) Book value 156,195.		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) EQUITY INVESTMENT (4) (5) (6)	÷ 15.)	(b) Book value 156,195.		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) EQUITY INVESTMENT (4) (5) (6) (7)	÷ 15.)	(b) Book value 156,195.		

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PUBLIC CHARTER SCHOOL

Par	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				0.040.400
1	Total revenue, gains, and other support per audited financial statements			1	8,949,100.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		-207,800.		
b	Donated services and use of facilities	2b	22,103.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	10,573.		
е	Add lines 2a through 2d			2e	-175,124.
3	Subtract line 2e from line 1			3	9,124,224.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,124,224.
Pai	t XII Reconciliation of Expenses per Audited Financial Stat		ı Expenses per	Ketu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				0 040 006
1	Total expenses and losses per audited financial statements			1	8,249,026.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	22 102		
а	Donated services and use of facilities		22,103.		
b	Prior year adjustments				
С	Other losses		10 573		
d	Other (Describe in Part XIII.)	2d	10,573.		22 676
_	Add lines 2a through 2d			2e	32,676. 8,216,350.
3	Subtract line 2e from line 1			3	8,210,350.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	·			0.
_	Add lines 4a and 4b			4c	8,216,350.
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	0,210,330.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h	and 2h: Part V. line	1. Dart	V line 2: Part VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			+, rait	A, IIIIe Z, Fait Ai,
PAF	RT X, LINE 2:				
	NATARA MANAGARAN AND MANAGARAN	aa			
TNS	SPIRED TEACHING DEMONSTRATION PUBLIC CHA	RTER SCH	OOL BELIEV	ES '	THAT IT HAS
ΔDI	PROPRIATE SUPPORT FOR ANY TAX POSITIONS	πακένι α	ND AS SIICH	D	OES NOT
	ROTRINIE BOTTONT FOR TMI TIME TODITIONS	111111111, 11	ND 110 DOC11	, ,	OLD NOT
/AH	YE ANY UNCERTAIN TAX POSITIONS THAT ARE	MATERIAL	TO THE FI	NAN	CIAL
-					
STA	ATEMENTS OR THAT WOULD HAVE AN EFFECT ON	ITS TAX	-EXEMPT ST	ATU	S. THERE
ARI	E NO UNRECOGNIZED TAX BENEFITS OR LIABIL	ITIES TH	AT NEED TO	BE	RECORDED.
D 3 T	OM VI I INE OD OMIJED AD IJIGMVENIMG				
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
CDI	CIAL FUNDRAISING EVENT EXPENSES				10,573.
DEI	CITIL I ONDIGITOTING EVENT EARLEIGED				10,313.
-					
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	.				
SPI	CIAL FUNDRAISING EVENT EXPENSES				10,573.

INSPIRED TEACHING DEMONSTRATION

Shedule D (Form 990) 2018 PUBLIC CHARTER SCHOOL 27-2618506 Page 5 Part XIII Supplemental Information (continued)	Schedule D (Form 990) 2018 PUBI	LIC CHARTER	SCHOOL	27-2618506 Page 5
	Part XIII Supplemental Information	(continued)		
		, ,		

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INSPIRED TEACHING DEMONSTRATION PUBLIC CHARTER SCHOOL

Employer identification number 27-2618506

FORDIC CI	ARTER SCHOOL	27-2010	3300	'
Part I			IVEO.	
			YES	N
	ondiscriminatory policy toward students by statement in its charter, bylaws,		\ v	
	olution of its governing body?		X	
<u> </u>	ent of its racially nondiscriminatory policy toward students in all its brochure		x	
	ications with the public dealing with student admissions, programs, and sch	•	1	
	ally nondiscriminatory policy through newspaper or broadcast media during			
	uring the registration period if it has no solicitation program, in a way that ma	kes		
	eral community it serves? If "Yes," please describe. If "No," please explain.		x	
SEE PART II		3	21	
Does the organization maintain the follo	owing? on of the student body, faculty, and administrative staff?	 4a	X	
	s and other financial assistance are awarded on a racially nondiscriminatory		X	T
	nouncements, and other written communications to the public dealing with		1	T
•	os?	I	X	
	nization or on its behalf to solicit contributions?		X	T
	ve, please explain. If you need more space, use Part II.			
5 Does the organization discriminate by r.	race in any way with respect to:	_		
-	ase in any way wan respect to:	5a		2
				1
	e staff?			1
	ice?			7
				2
				7
				2
				2
	ove, please explain. If you need more space, use Part II.			
	ncial aid or assistance from a governmental agency?		Х	
	ever been revoked or suspended?	6b	_	
If you answered "Yes" on either line 6a				
Does the organization certify that it has	complied with the applicable requirements of sections 4.01 through 4.05 of	f T		
		7		2

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

Schedule E (Form 990 or 990-EZ) 2018

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY: THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT WITH THE PUBLIC CHARTER SCHOOL BOARD. REVENUE PROCEDURE 75-50 DOES NOT APPLY TO CHARTER SCHOOLS. ALL MATERIALS INCLUDE A STATEMENT OF NONDISCRIMINATORY PRACTICES AND ALL PRESENTATIONS ANNOUNCEMENTS, IN WRITING OR BROADCAST INCLUDE THE STATEMENT OF NONDISCRIMINATORY PRACTICES IN ORDER TO MAKE SUCH KNOWN TO THE GENERAL COMMUNITY. LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: THE INSPIRED TEACHING DEMONSTRATION PUBLIC CHARTER SCHOOL RECEIVES PUBLIC FUNDS FROM THE D.C.GOVERNMENT BASED ON THE NUMBER OF STUDENTS THEY ENROLL ACCORDING TO THE UNIFORM PER STUDENT FUNDING FORMULA DEVELOPED BY THE MAYOR AND CITY COUNCIL. THIS PER PUPIL ALLOCATION IS SUPPLEMENTED WITH ADDITIONAL FUNDS FOR STUDENTS WITH SPECIAL NEEDS. LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE: AS A PUBLIC CHARTER SCHOOL, INSPIRED TEACHING DEMONSTRATION PUBLIC CHARTER SCHOOL IS EXEMPT FROM THE REQUIREMENTS OF REV. PROC. 75-50.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

INSPIRED TEACHING DEMONSTRATION PUBLIC CHARTER SCHOOL

Employer identification number 27-2618506

	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	Ifilers are not
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2018

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List		ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			ANNUAL GALA			col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue						
Şe ve	1	Gross receipts	42,012.			42,012.
ш						
	2	Less: Contributions	32,886.			32,886.
	3	Gross income (line 1 minus line 2)	9,126.			9,126.
	4	Cash prizes				
'n	5	Noncash prizes				
Se						
per	6	Rent/facility costs				
Direct Expenses	_		150.			150.
irec	7	Food and beverages	150.			150.
		Entertainment Other direct consenses	10,423.			10,423.
	9	Other direct expenses	<u> </u>			10,573.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-1,447.
Pa	rt I			990 Part IV line 19 or		1/11/0
		\$15,000 on Form 990-EZ, line 6a.		1000,1 41111, 1110 10, 01	roportou moro trium	
		¥ ,	() 5:	(b) Pull tabs/instant	() 011	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ď	1	Gross revenue				
Ś	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
H H						
ji	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
					_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		_	
_						
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	-	states?		Yes No
		NI - II I - Sec				. Lifes Linu
IJ	"	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	vear?	Yes No
		Yes," explain:		_	•	
	•	, == 4				
						_

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Schedule G (Form 990 or 990-EZ) 2018

INSPIRED TEACHING DEMONSTRATION

Sch	edule G (Form 990 or 990-EZ) 2018 PUBLIC CHARTER SCHOOL 27-2	618506	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	□ No
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	res	
		13a	0.4
	The organization's facility		<u>%</u> %
	An outside facility	130	90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
Ł	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\		
	If "Yes," enter name and address of the third party:		
	у.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Description of services provided P		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

INSPIRED TEACHING DEMONSTRATION

Schedule G	(Form 990 or 990-EZ)	PUBLIC CHARTER	SCHOOL	27-2618506	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
	•••	,			

SCHEDULE J (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

INSPIRED TEACHING DEMONSTRATION PUBLIC CHARTER SCHOOL

Employer identification number 27-2618506

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

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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

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

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

Ila I (Earm 000) 2018	Schodulo						
							(ii)
							(i)
							(ii)
							(i)
							(ii)
							(i)
							(ii)
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							(ii)
							(i)
							(ii)
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							(ii)
							(i)
							(ii)
							(3)
							(ii)
							(i)
0.	0.	0.	0.	0.	0.	0.	LOWER SCHOOL PRINCIPAL (ii)
0.	153,665.	4,794.	4,361.	0.	0.	144,510.	(2) SURIYA DOUGLAS WILLIAMS (i)
0.	0.	0.	0.	0.	0.	0.	HEAD OF SCHOOL (ii)
0.	174,429.	12,913.	0.	0.	0.	161,516.	(1) DEBORAH WILLIAMS (i)
reported as deferred on prior Form 990		50.00	compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation	(E) Total of columns	ble	(C) Retirement and	SC compensation	(B) Breakdown of W- 2 and/or 1099-MISC compensation	(B) Breakdown of	

INSPIRED TEACHING DEMONSTRATION PUBLIC CHARTER SCHOOL 27-2618506

0) 2018	Schedule J (Form 990) 2018	
	this part for any additional 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.
rage o		Part III Supplemental Information
2	27-2618506	Schedule 1 (Form 990) 2018 PUBLIC CHARTER SCHOOL

SCHEDULE L

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

Name of the organization

Department of the Treasury Internal Revenue Service

INSPIRED TEACHING DEMONSTRATION

Inspection **Employer identification number**

	JBLIC CH	ARTER SC	HOC)L				27	-26	185	06		
Part I Excess Benef	it Transacti	ons (section 50	01(c)(3	3), secti	ion 501(c)(4), and 50)1(c)	(29) organization	ns only	/).				
Complete if the org	ganization ansv	wered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, P	art V,	line 40	Db.			
1	(b) F	Relationship betv	ween o	disqual	ified						(d)	Corre	cted?
(a) Name of disqualified pe	erson	person and or	ganiza	ation	(0	;) De	escription of tran	sactio	n		Y	es	No
2 Enter the amount of tax inc	curred by the o	rganization man	agers	or disc	qualified persons du	ring	the year under						
section 4958									▶ \$				
3 Enter the amount of tax, if	any, on line 2,	above, reimburs	ed by	the or	ganization				▶ \$				
Part II Loans to and/	or From Int	erested Per	sons	·-									
Complete if the org	ganization ansv	wered "Yes" on I	Form 9	990-EZ	, Part V, line 38a or I	orn	n 990, Part IV, lin	e 26;	or if th	ne orga	ınizati	on	
reported an amour	nt on Form 990	, Part X, line 5, 6	3, or 2	2.									
	(b) Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due	(g)		(h) App by boa	oroved ard or	(i) W	ritten
interested person	with organization	of loan		ization?	principal amount			defa	ult?	cómm	ittee?	agree	ment?
			То	From				Yes	No	Yes	No	Yes	No
Total		····	<u></u>	<u>.</u>	> \$								
Part III Grants or Ass		•											
Complete if the org		vered "Yes" on I	Form 9	990, Pa			1						
(a) Name of interested pe	erson	(b) Relationship			(c) Amount of		(d) Type					ose o	
		interested pers		id	assistance		assistan	ce		ć	assista	ance	
		- the organiza	2011						\perp				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

INSPIRED TEACHING DEMONSTRATION Schedule L (Form 990 or 990-EZ) 2018 PUBLIC CHARTER SCHOOL 27-2618506 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person òrganization's person and the organization transaction transaction revenues? Yes No ALETA MARGOLIS BOARD MEMBER 245,000.ALETA MARGO X Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: ALETA MARGOLIS DESCRIPTION OF TRANSACTION: ALETA MARGOLIS, BOARD MEMBER, IS ALSO ON THE BOARD OF CENTER FOR INSPIRED TEACHINGF. FEES PAID TO CENTER FOR INSPIRED TEACHING WAS FOR FOR TEACHING RESIDENTS AND FOR PROFESSIONAL DEVELOPMENT.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

INSPIRED TEACHING DEMONSTRATION PUBLIC CHARTER SCHOOL

Employer identification number 27-2618506

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other $_{\dots}$						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	X	85	33,036.	EMT7		
25	Other (MULTIPLE AUCT)		63	33,030.	LMV		
26	Other ()						
27	Other ()						
<u>28</u> 29	Other () Number of Forms 8283 received by the organi	ization durin	a the tex year for	ontributions			
29	for which the organization completed Form 82						
	for which the organization completed form 62	.00, Fait IV,	Donee Acknowled	gement 23		Yes	No
30a	During the year, did the organization receive b	v contributio	on any property re	norted in Part I lines 1 throu	nh 28 that it	163	140
ooa	must hold for at least three years from the dat	•		•	• •		
	exempt purposes for the entire holding period					30a	х
b	If "Yes," describe the arrangement in Part II.	•				504	
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	ıtions?	31	х
	Does the organization hire or use third parties					-	
			_			32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.			· · · · · · · · · · · · · · · · · · ·			

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

Schedule M (Form 990) 2018

INSPIRED TEACHING DEMONSTRATION

PUBLIC CHARTER SCHOOL 27-2618506 Schedule M (Form 990) 2018 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

INSPIRED TEACHING DEMONSTRATION PUBLIC CHARTER SCHOOL

Employer identification number 27-2618506

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACHIEVE THEIR POTENTIAL AS ACCOMPLISHED LEARNERS, THOUGHTFUL CITIZENS, AND IMAGINATIVE AND INQUISITIVE PROBLEM-SOLVERS THROUGH A DEMANDING, INQUIRY-BASED CURRICULUM. THE GOALS FOR OUR STUDENTS ARE CENTERED INTELLECT, AROUND FOUR PRINCIPLES: INQUIRY, IMAGINATION AND INTEGRITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRINCIPLES: INTELLECT, INQUIRY, IMAGINATION AND INTEGRITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LEADERS. THE SCHOOL IMPLEMENTS THE PHILOSOPHY AND INSTRUCTIONAL METHODOLOGY OF CENTER FOR INSPIRED TEACHING. CENTER FOR INSPIRED TEACHING IS A DISTRICT OF COLUMBIA BASED EDUCATIONAL ORGANIZATION THAT HAS SERVED DC'S TEACHERS AND STUDENTS SINCE 1995, WITH THE GOAL OF ENSURING THAT TEACHERS MAKE THE MOST OF CHILDREN'S INNATE DESIRE TO THE SCHOOL IS A LEADER IN IMPROVING THE WAY TEACHERS ARE TRAINED AND STUDENTS ARE EDUCATED IN DC AND BEYOND. AS A DEMONSTRATION SCHOOL, THE SCHOOL INVITES AND RECEIVES VISITORS FROM AROUND THE GLOBE. ANNUALLY, THE SCHOOL WELCOMES DOZENS OF VISITORS FROM THE DC EDUCATION COMMUNITY, AS WELL AS THOSE INFLUENTIAL IN EDUCATION POLICY NATIONWIDE. DOMINANT METHODS OF INSTRUCTION INCLUDE INQUIRY-BASED METHODS AND ACTIVE LEARNING APPROACHES, WHERE THE TEACHER SERVES AS FACILITATOR AND COACH TO SUPPORT STUDENT LEARNING. INSTRUCTION INCLUDES AN EMPHASIS ON SOCIAL-EMOTIONAL LEARNING, AND CLASSROOMS ARE CHARACTERIZED BY STUDENT-CENTERED ORGANIZATIONAL STYLES SUCH AS DIFFERENTIATED INSTRUCTION, COLLABORATIVE GROUPS, AND CHILD-INITIATED PLAY.

832211 10-10-18

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization INSPIRED TEACHING DEMONSTRATION PUBLIC CHARTER SCHOOL

Employer identification number 27 – 2618506

STANDARDS-BASED CURRICULUM AND STUDENT GOALS ARE CENTERED ON THE 4 I'S:

INTELLECT, INQUIRY, IMAGINATION, AND INTEGRITY.

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

THE FORM 990 NOT-FOR-PROFIT INFORMATION TAX RETURN IS PROCESSED BY AN

OUTSOURCED CONSULTANT. ONCE PREPARED, A DRAFT OF THE TAX RETURN IS

PROVIDED TO THE CHIEF OPERATING OFFICER OF THE PUBLIC CHARTER SCHOOL AS

WELL AS THE OUTSOURCED BOOKKEEPER. ANY ITEMS WHICH REQUIRE FURTHER

DISCUSSION ARE ADDRESSED IN THIS DRAFT PHASE. ONCE ALL ITEMS HAVE BEEN

ADEQUATELY ADDRESSED BY THE CHIEF OPERATING OFFICER, THE DRAFT IS THEN

FORWARDED ONTO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. ANY

CONCERNS FROM THE FINANCE COMMITTEE ARE ADDRESSED AND THEN THE CHIEF

OPERATING OFFICER AUTHORIZES THE FILING WITH THE INTERNAL REVENUE SERVICE.

ONCE FILED, A COPY OF THE 990 TAX RETURN IS PROVIDED TO THE FULL BOARD AT

WHICH TIME IT IS APPROVED AT THE NEXT REGULARLY SCHEDULED MEETING.

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

ANNUALLY, BOARD MEMBERS AND KEY STAFF COMPLETE A CONFLICT OF INTEREST

DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS OR CIRCUMSTANCES WHICH THE

BOARD OR KEY STAFF BELIEVE COULD CONTRIBUTE TO A CONFLICT OF INTEREST.

- A. PRIOR TO BOARD ACTION ON A CONTRACT OR OTHER TRANSACTION INVOLVING A

 CONFLICT OF INTEREST, A BOARD MEMBER HAVING A CONFLICT OF INTEREST SHALL

 DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE

 SHALL BE REFLECTED IN THE MINUTES.
- B. A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE DECISION EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS.
- C. A PERSON WHO HAS A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization INSPIRED TEACHING DEMONSTRATION **Employer identification number** PUBLIC CHARTER SCHOOL 27-2618506 KEY STAFF MEMBERS WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD ACTION SHALL DISCLOSE TO THE HEAD OF SCHOOL ANY SUCH CONFLICT OF INTEREST. THAT STAFF MEMBER SHALL REFRAIN FROM ANY ACTION THAT MAY AFFECT THE CHARTER SCHOOL'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15: HEAD OF SCHOOL: THE FOUNDING BOARD OF DIRECTORS REVIEWED SALARIES OF EXECUTIVE DIRECTORS AND/OR THE HEAD OF SCHOOL OF OTHER PUBLIC CHARTER SCHOOLS BASED IN THE DISTRICT OF COLUMBIA AS WELL AS BENCHMARKS PUBLISHED BY THE ASSOCIATION OF CHARTER SCHOOLS. THE BOARD OF DIRECTORS APPROVED THE HEAD OF SCHOOL'S ANNUAL COMPENSATION PRIOR TO EMPLOYMENT AT A SCHEDULED BOARD MEETING. OTHER OFFICERS: THE HEAD OF SCHOOL, ACTING UNDER COMPENSATION GUIDELINES ESTABLISHED BY THE BOARD OF DIRECTORS, EVALUATES POSITIONS AND PERFORMANCES OF THE STAFF. SALARIES ARE SET BASED ON COMPARISONS FROM SIMILAR ORGANIZATIONS. THE LAST COMPENSATION REVIEW WAS IN JUNE 2019.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 PART XII, LINE 2C

THESE PROCESSES HAVE NOT CHANGED FROM THE PRIOR YEAR.

Form	990-T	l E	xempt Orgai	nization Bus	ine	ss Incom	e Tax	Returr	ı L	OMB No. 1545-0687
			. (ar	nd proxy tax unde	er se	ction 6033(e))			0040
		For ca	lendar year 2018 or other tax yea					0, 201	<u>.9</u> .	2018
	rtment of the Treasury al Revenue Service	•	► Go to www. Do not enter SSN number	irs.gov/Form990T for in s on this form as it may				s a 501(c)(3)	- 5	Open to Public Inspection for 01(c)(3) Organizations Only
Α	Check box if address changed		Name of organization (LINSPIRED TE		-		ns.)		(Emplo	yer identification number byees' trust, see ctions.)
	xempt under section	Print	PUBLIC CHAR							7-2618506
X	501(c)(3)	or Type	Number, street, and room		k, see in	structions.				ited business activity code istructions.)
Ļ	408(e)	l iypc	200 DOUGLAS							
	408A		City or town, state or prov WASHINGTON,	DC 20002	r foreigr	n postal code			9000	099
C Bo	ok value of all assets end of year		F Group exemption number		<u> </u>					
	4,954,5		G Check organization type		_			401(a)		Other trust
			tion's unrelated trades or b		1		scribe the onl	,		
			EE STATEMENT				y one, comple			
			ce at the end of the previou	s sentence, complete Pa	rts I and	d II, complete a Sc	hedule M for	each addition	ıal trade	or
	siness, then complete								1,,	77
			oration a subsidiary in an a		ıt-subsi	diary controlled gr	oup?	► L	Yes	s X No
			tifying number of the paren FHE ORGANIZA '				Talanhana nu	mhar N	<u>02</u>	248-6825
_			de or Business Inc		I	(A) Income		(B) Expenses		(C) Net
			de or business inc	Oille		(A) IIICOIIIC		(D) Expenses	,	(O) NCI
	Gross receipts or sale Less returns and alloy			c Balance	1c					
2			A, line 7)		2					
3	Gross profit. Subtract				3					
4 a			h Schedule D)		4a					
	Net gain (loss) (Form	4797. P	art II, line 17) (attach Form	4797)	4b					
C			sts		4c					
5			ship or an S corporation (at		5					
6	Rent income (Schedu			·	6					
7	•		ne (Schedule E)		7					
8			and rents from a controlled		8					
9	Investment income of	f a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9					
10	Exploited exempt activ	vity inco	me (Schedule I)		10					
11	Advertising income (S	Schedule	e J)		11					
12	Other income (See ins	structior	ns; attach schedule)		12					
			gh 12				0.			
Pa			ot Taken Elsewher							
	` .		utions, deductions must	•				•		
14			rectors, and trustees (Sche						14	
15									15	
16									16	
17									17	
18			ee instructions)						18	
19	Charitable contribution	(Co	instructions for limitation	ruloo)					19	
20 21			e instructions for limitation 562)						20	
22									22b	
23			n Schedule A and elsewher						23	
24			mpensation plans						24	
25			pensation plans						25	
26	Excess exempt expe	nses (S	chedule I)						26	
27	Excess readership of	osts (Sc	hedule J)						27	
28	Other deductions (at	tach sch	nedule)						28	
29	Total deductions. A	dd lines	14 through 28						29	0.
30			ncome before net operating						30	0.
31			loss arising in tax years beg				ıs)		31	

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Form **990-T** (2018)

32

Amounts paid for disallowed fringes 34 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36 37 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 Part IV Tax Computation 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041) 41 Proxy tax. See instructions 42 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility Income. See instructions	Form 990-7	(2018) PUBLIC CHARTER SCH	IOOL			27-26	18506		Page !
34 Announts paid for disableved ringes 35 Deduction for end operating by saiding in tax years beginning before January 1, 2016 (see instructions) 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Unrelated business taxable income. Subtract line 37 from line 36, if line 37 is greater than line 36, enter the related to zero or line subtract line 37 from line 36, if line 37 is greater than line 36, enter the related of zero or line subtract line 37 from line 36, if line 37 is greater than line 36, enter the related of zero or line subtract line 37 from line 36, if line 37 is greater than line 36, enter the related of zero or line subtract line 37 from line 36, if line 37 is greater than line 36, enter the related of zero or line subtract line 37 from line 36, if line 37 is greater than line 36, enter the related 37 is greater than line 36, enter the related 38 is greater than line 36, enter the related 38 is greater than line 36, enter the related 38 is greater than line 36, enter the related 38 is greater than line 36, enter the related 38 is greater than line 36, enter the related 38 is greater than line 36, enter than line 36, enter than line 36, enter than line 38,	Part I	II Total Unrelated Business Taxa	ble Income						
36 Total of unrelated business trauble income before specifie deduction. Subtract line 35 from the sum of lines 33 and 34 37 Specific deduction (cenerally \$1,000, but see line 37 instructions for exceptions) 38 Unrelated business travable income. Subtract line 37 from line 36, if line 37 is greater than line 36, and an accordance of the subtract of the similar of 2 are on line 36 19 Organizations Taxable accordance. Subtract line 37 from line 36, if line 37 is greater than line 36, and an accordance of the subtract of the similar of 2 are on line 36 19 Organizations Taxable accordance. Multiply line 38 by 21% (0.21) 39 Organizations Taxable accordance. Multiply line 38 by 21% (0.21) 40 Trust 15 zabable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 36 from: 1 Tax acts schedule or 1 Schedule 0 (from 1041) 41 Prova tax. See instructions 42 Alternative minimum tax (trusts only) 43 Tax on Necompliant Facility lineone. See instructions 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whitnever applies 45 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 55 Organization Taxable accordance and the form 3000 46 Subtract line 45 from 10 mine 44 47 Other taxes Check if from 3000 48 Total tax. Add lines 46 alt alter lone 30 from 80 from 8	33	Total of unrelated business taxable income comput	ted from all unrelated tra	des or businesse	s (see instrud	ctions)	. 33		0.
35 Debution for net operating loss aising in tax years beginning before January 1, 2016 (see instructions) 36 Total or unrelated besiness taxable income before seguicid deution. Solutatatine 35 norm the sum of lines 33 and 34 37 Sealeric debutions (Generally \$1,000, but see line 37 instructions for exceptions). 38 Unrelated business taxable income. Subtract line 37 instructions for exceptions). 39 Organizations Taxable as Cerporations. Multiply line 38 by 21% (0.21) 39 Organizations Taxable as Cerporations. Multiply line 38 by 21% (0.21) 10 Tax rates schedule or Schedule (Form 1041) 11 Pavor Xax See instructions 12 Abrerathe minimum tx (trusts orbit) 13 Tax on Recomplicat in Facility lineans. See instructions for tax computation. Income tax on the amount on line 38 from: 12 Tax rates schedule or Schedule (Form 1041) 13 Tax on Recomplicat in Facility lineans. See instructions 14 Pavor Xax See instructions 14 Tax on Accomplication facility lineans. See instructions 15 b) Other credits (see instructions) 16 Central tax and Payments 16 b) Other credits (see instructions) 17 central description of the See that the See th	34	Amounts paid for disallowed fringes					34		
Increase 3 and 34 37 1,000.	35								
37	36	Total of unrelated business taxable income before	specific deduction. Subtr	act line 35 from t	he sum of				
37		lines 33 and 34					36		
anter the mailler of zero or time 36	37							1,0	00.
Part V Tax Computation 39 0 0 1 1 1 1 1 1 1 1	38								
Part IV Tax Computation 39 Organizations Taxable as Corporations, Multiply line 38 by 21% (0.21) 39 0.4 17 18 18 18 18 18 18 18		enter the smaller of zero or line 36					. 38		0.
40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule 0 (Form 1041)	Part I	V Tax Computation					•		
Trust Faxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	39	Organizations Taxable as Corporations. Multiply	ine 38 by 21% (0.21)			>	39		0.
Tax rate schedule or Schedule D (Form 1041)	40								
41							4 0		
Allernative minimum tax (trusts only)	41								
43 Tax on Noncompilant Facility Income. See instructions 43	42	Alternative minimum tax (trusts only)					42		
41 Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44 0.	43	Tax on Noncompliant Facility Income. See instruc	ctions				43		
45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		Total. Add lines 41, 42, and 43 to line 39 or 40, wh	ichever applies				44		0.
45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a 5b 5c 6eneral business credit Attach Form 3800 45c 45d	Part \	/ Tax and Payments	.,						
b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 45a through 45d 45 Suthtract line 45e from line 44 d 6			trusts attach Form 1116	5)	45a				
c General business credit. Attach Form 3800 456 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 45a through 450 456 46 Subtract line 45e from line 44 47 47 Other taxes. Check if from:									
d Credit for prior year minimum tax (attach Form 8801 or 8827) 1 Total credits. Add lines 45a through 45d 46 Subtract line 45e from line 44 47 Other taxes. Check if from:	C	General business credit. Attach Form 3800			45c				
e Total credits. Add lines 45a through 45d 46 Subtract line 45e from line 44 70 ther taxes. Check if from:	d	Credit for prior year minimum tax (attach Form 880)1 or 8827)		45d				
46 Subtract line 45e from line 44 47 Other taxes. Check if from:							45e		
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Total tax. Add lines 46 and 47 (see instructions) 48 0.0 departs 2018 net 965 tax liability paid from Form 965-8, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018 50 a Payments: A 2017 overpayment credited to 2018 50 a Double stimated tax payments 50 a Double overpayment credited to 2018 50 a Double overpayment credited to 2018 50 a Double or read tax payments 50 a Double overpayment credited as payments 60 c Double overpayment credited as payments 60 d Double overpayment credited as payments as paid or withheld at source (see instructions) 60 d Double overpayment credits, adjustments, and payments: Form 2439 60 there credits, adjustments, and payments: Form 2439 61 Total payments. Add lines 50a through 50g 51 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 53 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ Refunded ▶ 55 57 Tax due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 60 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If *Yes,* the organization may have to file 61 Fincts Form 114, Report of Foreign Bank and Financial Accounts. If *Yes,* enter the name of the foreign country 62 Here 63 Part VI Diving the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 64 Index penalties of peryur, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true. 65 Signature of officer 65 David Divines MARESCA & MCQUADE PA 66 Firm's name ▶ JONES MAR									
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments:									0.
b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 4136 f Form 4136 f Total payments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Form 4136 f Vergaments Add lines 50a through 50g f Vergaments Add									
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f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total							-		
g Other credits, adjustments, and payments:							-		
Form 4136							_		
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52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶	51	Total navmente Add lines 50a through 50g					- 51	1 5	06
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over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here X								Voo	No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Print/Type preparer's name Preparer's signature Date Check if PTIN self-employed PO1361002 PO1361002 Firm's name JONES MARESCA & MCQUADE PA Firm's EIN 52-1853933 1730 RHODE ISLAND AVE, N.W., SUITE 8	90		=	_		-		168	NO
here ▶ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. HEAD OF SCHOOL May the IRS discuss this return with the preparer shown below (see instructions)? ▼ Yes ■ No Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed PAVID JONES Firm's name ▶ JONES MARESCA & MCQUADE PA Firm's EIN ▶ 52-1853933 1730 RHODE ISLAND AVE, N.W., SUITE 8					-				
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If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. HEAD OF SCHOOL Title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature DAVID JONES Firm's name JONES MARESCA & MCQUADE PA Firm's name JONES MARESCA & MCQUADE PA Firm's name Firm's EIN Firm's EIN 52-1853933			Patrik attack for an account	table on the second	t f	t f		— —	
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. HEAD OF SCHOOL	E0	,	,	voor 🕨 ¢					
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. HEAD OF SCHOOL May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No		_			and statements	and to the best of my k	nowledge and he	lief it is true	
HEAD OF SCHOOL May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No Paid Preparer Use Only DAVID JONES Preparer Signature Date Check if self- employed Prim's name	Sian						nowledge and be	iei, it is true,	
Signature of officer Date Title Date Title Date Check if self- employed Preparer Use Only Paid Preparer's name Preparer's signature Preparer's signature Date Check if self- employed PO 1361002 Po 1361002 Firm's name ▶ JONES MARESCA & MCQUADE PA Firm's name ▶ JONES MARESCA & MCQUADE PA Title Signature of officer Date No Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Po 1361002 PO 1361002 PO 1361002 Firm's EIN ▶ 52-1853933			1	N HEAD		1001			with
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	Use C				CITTO		> 54	102233	<u> </u>
				., M.M.,	DOT.		202 20	6 2206	

823711 01-09-19

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation ► N/A					
1 Inventory at beginning of year			 	Inventory at end of yea	r		6		
2 Purchases			_	Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8		263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	d for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued				3(a) Deductions directl	v oonn	acted with the income i	in
(a) From personal property (if the perent for personal property is more 10% but not more than 50%)	e than -	of rent for	persona	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age) (attach schedule)	П
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	(b) Tabal dadaadaa			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er n (A)	nter 			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del			instru	uctions)					
			;	2. Gross income from or allocable to debt-		3. Deductions directly conto debt-finan		operty	
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	IS
(1)							+		
(2)							1		
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to anced property h schedule)	(6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%			1		
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column (
Totals				•		0			0.
Total dividends-received deductions in						•	\Box		0.

INSPIRED TEACHING DEMONSTRATION 27-2618506 Form 990-T (2018) PUBLIC CHARTER SCHOOL Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 that is included in the controlling 2. Employer 3. Net unrelated income 4. Total of specified 6. Deductions directly 1. Name of controlled organization identification (loss) (see instructions) payments made connected with income in column 5 number organization's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 7. Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments Part of column 9 that is included 11. Deductions directly connected (see instructions) made with income in column 10 (1) (2)(3) (4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A), line 8, column (B), 0. 0 Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5. Total deductions Set-asides 1. Description of income 2. Amount of income directly connected and set-asides (attach schedule) (col. 3 plus col. 4) (1) (2)(3) (4)Enter here and on page Part I. line 9. column (B). Part I. line 9. column (A). 0. 0 Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2. Gross from unrelated trade or 5. Gross income 6. Expenses directly connected with production expenses (column 1. Description of exploited activity unrelated business income from from activity that is not unrelated business (column 2 6 minus column 5, minus column 3). If a of unrelated column 5 but not more than gain, compute cols. 5 through 7. trade or business business income business income column 4). (1) (2)(3) (4)Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 10, col. (A). line 10, col. (B). Part II. line 26. 0. 0 0 Totals Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Form 990-T (2018) PUBLIC CHARTER SCHOOL

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.	I Tours I am a feat a			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT

BUSINESS ACTIVITY

EMPLOYEE NON-TAXABLE TRANSIT BENEFITS

TO FORM 990-T, PAGE 1

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Form 4720 (individual)

Form 990-T (sec. 401(a) or 408(a) trust)

Form 990-PF

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. 1545-1709

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11

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 filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed) All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Type or

Employer identification number (EIN) or INSPIRED TEACHING DEMONSTRATION print 27-2618506 PUBLIC CHARTER SCHOOL File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 200 DOUGLAS ST. NE instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 80

Form 4720 (other than individual)

03

04

05

Form 5227

Form 6069

Forr	m 990-T (trust other than above)	06 Form 8870	12
	THE ORGANIZATIO	ON	
	The books are in the care of \triangleright 200 DOUGLAS ST.	• NE - WASHINGTON, DC 20002	
Т	Telephone No. ► 202-248-6825	Fax No. ▶	
•	f the organization does not have an office or place of business	ss in the United States, check this box	
• I	f this <u>is fo</u> r a Group Return, enter the organization's four d <u>igit G</u>	Group Exemption Number (GEN) If this is for the whole group, chec	k thi
box	. If it is for part of the group, check this box	and attach a list with the names and EINs of all members the extension is for.	
1	I request an automatic 6-month extension of time until	MAY 15, 2020 , to file the exempt organization return f	or
	the organization named above. The extension is for the organization	ganization's return for:	
	calendar year or tax year beginningJUL_1, 2018	, and ending JUN 30, 2019	
2	If the tax year entered in line 1 is for less than 12 months, ch Change in accounting period	check reason: Initial return Final return	

За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$ 1,296
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 1,506
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$ 0 .

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2019)