Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

OMB No. 1545-0047

| Α | For the 2 | 2017 calendar year, or tax year beginning $$ JUL 1 , $$ 2017 $$ and ending | JUN 30, 2018 | | | | | | |
|-------------------------|----------------------------|--|-------------------------------|---|--|--|--|--|--|
| В | Check if applicable: | C Name of organization DISTRICT OF COLUMBIA INTERNATIONAL | D Employer identifi | cation number | | | | | |
| | Address | SCHOOL | | | | | | | |
| | change Name | | 16-1 | 143189 | | | | | |
| | change Initial | Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/s | | | | | | | |
| | return Final return/ | Number and street (or P.O. box if mail is not delivered to street address) 1400 MAIN DRIVE, NW | | 808-9033 | | | | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 16,599,073. | | | | | |
| | Amende return | WASHINGTON, DC 20012 | H(a) Is this a group r | | | | | | |
| | Applica- tion | F Name and address of principal officer: MARY SHAFFNER | for subordinates? Yes X N | | | | | | |
| | pending | 1400 MAIN DRIVE, NW, WASHINGTON, DC 20012 | H(b) Are all subordinates i | ncluded? Yes No | | | | | |
| | | | 527 If "No," attach a | list. (see instructions) | | | | | |
| _ | | :▶ WWW.DCINTERNATIONALSCHOOL.ORG | H(c) Group exemption | | | | | | |
| | | | /ear of formation: 2012 ı | M State of legal domicile: ${ m DC}$ | | | | | |
| Р | | Summary | | TITAD TD = 4 | | | | | |
| q. | 1 B | riefly describe the organization's mission or most significant activities: DC INTER | | | | | | | |
| and | | NQUIRING, ENGAGED, KNOWLEDGEABLE AND CARING | | | | | | | |
| ern | 2 C | heck this box if the organization discontinued its operations or disposed of m | | sets. 12 | | | | | |
| ò | 3 N | | 3 | 12 | | | | | |
| æ | ' 4 N | umber of independent voting members of the governing body (Part VI, line 1b) | | 159 | | | | | |
| jes | 5 T | otal number of individuals employed in calendar year 2017 (Part V, line 2a) | | 159 | | | | | |
| Activities & Governance | 6 T | otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12 | | | | | | | |
| Ą | l /all | et unrelated business taxable income from Form 990-T, line 34 | | | | | | | |
| _ | B IV | et differated business taxable filcome from 1 om 330-1, fille 54 | Prior Year | Current Year | | | | | |
| | 8 C | ontributions and grants (Part VIII, line 1h) | 2,275,511. | | | | | | |
| Jie Jie | 9 P | rogram service revenue (Part VIII, line 2g) | 9,179,513. | 14,778,521. | | | | | |
| Revenue | 10 In | vestment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,548. | 0. | | | | | |
| ä | 11 0 | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 657,954. | | | | | |
| | 1 | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,461,572. | 16,599,073. | | | | | |
| | | rants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. | | | | | |
| | | enefits paid to or for members (Part IX, column (A), line 4) | 0. | | | | | | |
| y. | 15 S | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 5,293,022. | | | | | | |
| Expenses | 16a P | rofessional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | | | | | |
| x De | b To | otal fundraising expenses (Part IX, column (D), line 25) 181,929. | | | | | | | |
| Ú | " | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,117,164. | | | | | | |
| | 1 | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 8,410,186. | 15,081,978. | | | | | |
| _ | 19 R | evenue less expenses. Subtract line 18 from line 12 | 3,051,386. | 1,517,095. | | | | | |
| s or | | | Beginning of Current Year | End of Year | | | | | |
| sset | 20 To | otal assets (Part X, line 16) | 46,326,519. | 67,161,899. | | | | | |
| Net Assets or | 21 To | otal liabilities (Part X, line 26) | 38,718,782. 7,607,737. | 56,314,802. 10,847,097. | | | | | |
| | art II | et assets or fund balances. Subtract line 21 from line 20 | 1,001,131. | 10,047,037. | | | | | |
| | | es of perjury, I declare that I have examined this return, including accompanying schedules and sta | tements, and to the hest of m | v knowledge and helief it is | | | | | |
| | - | and complete. Declaration of preparer (other than officer) is based on all information of which prep | | y Kilowiougo alia bolloi, it lo | | | | | |
| | 1 | Composition Decimalism of propagative (entre trial entre propagative propagati | arer mas any mismisager | | | | | | |
| Sig | _{ın} | Signature of officer | Date | | | | | | |
| He | | MARY SHAFFNER, EXECUTIVE DIRECTOR | | | | | | | |
| | | Type or print name and title | | | | | | | |
| | F | Print/Type preparer's name Preparer's signature | Date Check | PTIN | | | | | |
| Pai | | RANK H. SMITH rank H. muth | - 02/11/19 self-emplo | | | | | | |
| | _ | irm's name MARCUM LLP | Firm's EIN ▶ | 11-1986323 | | | | | |
| Use | Only F | Firm's address 1899 L STREET, NW, SUITE 850 | | 00\ 005 4000 | | | | | |
| _ | | WASHINGTON, DC 20036 | Phone no. (2 | | | | | | |
| Ма | y the IRS | 6 discuss this return with the preparer shown above? (see instructions) | | X Yes No | | | | | |

| Pa | rt III Statement of Program S | Service Accomplishments | | |
|----|---|--|--|------------------|
| | Check if Schedule O contains a | a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mis | | | |
| | | CHOOL (DCI) INSPIRES INQU | | |
| | | CARING SECONDARY STUDENTS | | |
| | | • | CTIVELY CREATING A SOCIALI | Ϋ́ |
| | JUST AND SUSTAINABL | JE WORLD. | | |
| 2 | Did the organization undertake any si | ignificant program services during the year which | were not listed on the | |
| | prior Form 990 or 990-EZ? | | Yes | X No |
| | If "Yes," describe these new services | on Schedule O. | | |
| 3 | Did the organization cease conductin | ng, or make significant changes in how it conducts | s, any program services? Yes | X No |
| | If "Yes," describe these changes on S | | | |
| 4 | Describe the organization's program | service accomplishments for each of its three larg | gest program services, as measured by expenses. | |
| | | | ts and allocations to others, the total expenses, an | d |
| | revenue, if any, for each program serv | vice reported. | | |
| 4a | (Code:) (Expenses \$ 1.3 | 3,897,061. including grants of \$ |) (Revenue \$ 14,775,5 | 521 .) |
| | | CED LANGUAGE LEARNING IN (| CHINESE, FRENCH, AND | |
| | SPANISH, AND THE IN | TERNATIONAL BACCALAUREAT | E MIDDLE YEARS AND DIPLOMA | <u> </u> |
| | PROGRAMS IN A 1:1 T | ECHNOLOGY ENVIRONMENT TO | DC PUBLIC MIDDLE AND HIGH | I |
| | SCHOOL STUDENTS. TF | IE CHARTER SCHOOL WAS FOU | NDED BY THE ELEMENTARY | |
| | | | A PATHWAY FOR THEIR PRE-F | ζ – |
| | | | ENGAGED, KNOWLEDGEABLE AN | |
| | | | GUAL, CULTURALLY COMPETENT | |
| | | | IALLY JUST AND SUSTAINABLE | |
| | | | TERNATIONAL BACCALAUREATE | |
| | | | HINESE, SPANISH, OR FRENCH | ī. |
| | | | | |
| | | | | |
| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| |) (Expenses # | morading grants or \$\psi | | —— <i>'</i> |
| | _ | | | |
| | | | | |
| | - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4d | Other program services (Describe in S | Schedule O.) | | |
| | (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| 4e | Total program service expenses | 13,897,061. | | |
| | | | Form 99 | 90 (2017) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | 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 | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | X | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | _X_ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 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 | | X |
| 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 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G. Part III | 19 | 000 | X |

Form 990 (2017) SCHOOL
Part IV Checklist of Required Schedules (continued)

| | · | | Yes | No |
|-----|---|-----|-----|--------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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 | | X |
| 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 | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | х |
| 31 | contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | | |
| σı | | 31 | | x |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | _X_ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | l . |
| | 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? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | (0017) |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> . | ······ | <u></u> | | | | | | |
|--|---|-----------|-----------------------|----------|-----|----------|--|--|--|--|
| | | | | | Yes | No | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 25 | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | le gaming | | | | | | | |
| | (gambling) winnings to prize winners? | ······ | | 1c | Х | | | | | |
| 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 | 159 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | Х | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | За | X | | | | | |
| b | b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | | | | | | | | |
| 4a | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | | |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | | | |
| 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 Art | ccount | s (FBAR). | | | | | | | |
| 5а | 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 transaction | | | 5b | | X | | | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e orga | nization solicit | | | | | | | |
| | 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 contribution | ons or | gifts | | | | | | | |
| | were not tax deductible? | | | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices p | rovided to the payor? | 7a 7b | | X | | | | |
| | b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | | |
| | to file Form 8282? | i i | | 7c | | Х | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | 7e | | Х | | | | |
| e | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | | | | | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | | | | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are strictly and provided funds. Did a deeper advised funds are provided funds. | | | 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | 0 | | | | | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9a 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | JU | | | | | | |
| | 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: | | | | | | | | | |
| | Gross income from members or shareholders | 11a | | | | | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | | |
| | amounts due or received from them.) | 11b | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | , | 12a | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | | | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | | | | | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | | | |
| | Enter the amount of reserves on hand | 13c | | | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | <u>X</u> | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | e O | | 14b | 200 | | | | | |
| | | | | Form | 990 | (2017) | | | | |

SCHOOL 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 | | | | | | |
| 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 | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | |
| | more members of the governing body? | 7a | | Х | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | |
| | persons other than the governing body? | 7b | Х | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | |
| а | The governing body? | 8a | X | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | |
| 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 | | X | | | |
| | 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 | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 12a | 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | | | | |
| 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 | X | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | | | | |
| b | Other officers or key employees of the organization | 15b | X | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | 77 | | | |
| | 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 | 401 | | | | | |
| 800 | exempt status with respect to such arrangements? tion C. Disclosure | 16b | | | | | |
| | | | | | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | railable | | | | | |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | ranable | , | | | | |
| | | | | | | | |
| 10 | Own website Another's websiteX Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | al | | | | |
| 19 | | manc | aı | | | | |
| 20 | statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: | | | | | | |
| 20 | MARY SHAFFNER - 202-808-9033 | | | | | | |
| | 1400 MAIN DRIVE, NW, WASHINGTON, DC 20012 | | | | | | |
| | | | | | | | |

Form 990 (2017) 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.

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

| Check this box if neither the organiza | tion nor any related | orga | niza | tion | con | npen | sate | ed any current officer, d | rector, or trustee. | |
|--|------------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|---------------------------|----------------------------------|-----------------------|
| (A) | (B) | (C) | | | | (D) | (E) | (F) | | |
| Name and Title | Average | (do | | Pos heck | | l than d | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week | _ | T an | | | 174140 | loo, | from | from related | other |
| | (list any hours for | directo | | | | _ | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | 9e or | stee | | | nsateo | | (W-2/1099-MISC) | (** 2/ 1000 141100) | organization |
| | organizations | Individual trustee or director | Institutional trustee | | oyee | Highest compensated employee | | (** =: **== ****= = *) | | and related |
| | below | ridual | tutior | ie. | Key employee | est co | Jer. | | | organizations |
| | line) | Indi | Insti | Officer | Key | High | Former | | | |
| (1) ANDREA LACHENMAYR | 2.00 | | | | | | | | | |
| BOARD CHAIR | | Х | | X | | | | 0. | 0. | 0. |
| (2) DAVID CARL | 2.00 | | | | | | | | | |
| VICE CHAIR | | Х | | X | | | | 0. | 0. | 0. |
| (3) JAMILA FRONE | 2.00 | | | | | | | | | |
| SECRETARY | | Х | | X | | | | 0. | 0. | 0. |
| (4) LEROY CLAY III | 2.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) LISE CLAVEL | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (6) YUANXIA DING | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (7) MELISSA KIM | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (8) EVELYN LEE | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (9) SANDRA LICON | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (11) ASHEESH MISRA | 1.00 | | | | | | | | | |
| TRUSTEE - UNTIL 02/2018 | | Х | | | | | | 0. | 0. | 0. |
| (12) CLINTON RANDOLPH | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (14) SARAH SNYDER | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (15) DEANNA TROUST | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (16) MARY SHAFFNER | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | L | Х | | | | 123,000. | 0. | 11,111. |
| (17) SIMON RODBERG | 40.00 | | | | | | | | | |
| PRINCIPAL | | | | | | Х | | 107,875. | 0. | 9,302. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| - | · | | | | | | | | | Form 990 (2017) |

Form **990** (2017

| Part VII Section A. Officers, Directors, Tru | stees, Key Em | oloy | ees, | and | Hig | ghes | st C | ompensated Employee | s (continued) | | | | |
|---|--|-----------------|-----------------------|-----------------------|----------------|---|------|--|---|------------|--------------|--------------------------------|----------------|
| (A) Name and title | (B) Average hours per | box | not c | Pos heck ss per | more rson i | than is both | h an | (D) Reportable compensation | (E) Reportable compensation | | | (F) timate nount | |
| | week (list any hours for related organizations below line) | tee or director | Institutional trustee | Officer Department | Key employee | Highest compensated //xx/xx/xx/xx/xx/xx/xx/xx/xx/xx/xx/xx/x | | from the organization (W-2/1099-MISC) | from relate organizatior (W-2/1099-MI | ns compens | | om the anizat d relat | e ion ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | + | | | | | | | | | -+ | | | |
| | | | | | | | | | | | | | |
| | | _ | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | 000 000 | | | | | 1.0 |
| 1b Sub-total | | | | | | | | 230,875. | | 0. | | 0,4 | 13. 0. |
| c Total from continuation sheets to Part \ d Total (add lines 1b and 1c) | | | | | | | | 230,875. | | 0. | 2 | 0,4 | |
| 2 Total number of individuals (including but | | | | | | | o re | | 000 of reportabl | e | | | |
| compensation from the organization | | | | | | | | | | | | V | 2 |
| 3 Did the organization list any former office | r director or tri | ısta | s ke | w en | nnlo | N/AA | or | highest compensated er | mnlovee on | Г | | Yes | No |
| line 1a? If "Yes," complete Schedule J for | | | • | • | • | • | | | | [| 3 | | Х |
| 4 For any individual listed on line 1a, is the | sum of reportab | le cc | mpe | ensa | tion | and | oth | ner compensation from t | | | | | |
| and related organizations greater than \$1 | | | | | | | | | | | 4 | | Х |
| 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." co | • | | | | • | | | • | dual for services | | 5 | | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest o | | | | | | | | | | pensat | ion fro | om | |
| the organization. Report compensation fo | r the calendar y | ear e | endir | ng w | ith c | or wi | thin | the organization's tax y | ear. | | (C | :) | |
| Name and busines | s address | | | | | | | Description of s | services | C | omper | | n |
| MCN BUILD LLC | ~ | | -~ | _ | ۰. | ۰. | | ~ ^ · · · · · · · · · · · · · · · · · · | | 1- | 0.0 | 1 0 | 4.1 |
| 1214 28TH STREET, NW, WA | | | | | υÜ | U 7 | - | CONSTRUCTION | | 15 | <u>,</u> 83: | Ι,8 | <u> </u> |
| GENESYS IMPACT LLC, 1003 K STREET, NW, SUITE 600, WASHINGTON, DC 20001 CONSTRUCTION | | | | | | | | | 73 | 5,4 | 31. | | |
| | ERKINS EASTMAN DC PLLC, ONE THOMAS CIR, | | | | | | | ARCHITECTURE | | | | | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form **990** (2017)

391,536.

264,951.

SERVICES

PROJECT MANAGEMENT

NW, SUITE 270, WASHINGTON, DC 20005 BUILDING HOPE, 910 17TH STREET, NW,

1100, WASHINGTON, DC 20006

Form 990 (2017)

Part VIII Statement of Revenue

| | | Check if Schedule O conta | ains a response | or note to any line | e in this Part VIII | | | |
|--|-----|--|-----------------|----------------------|-----------------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| s s | 1 a | Federated campaigns | 1a | | | | | |
| ran | | Membership dues | | | | | | |
| G G | | Fundraising events | | | | | | |
| iifts ar A | | d Related organizations | | | | | | |
| s, G mila | | Government grants (contributi | | 953,368. | | | | |
| igi | | All other contributions, gifts, gran | | | | | | |
| but | | similar amounts not included above | | 209,230. | | | | |
| ÖĖ | ç | Noncash contributions included in lines | 1a-1f: \$ | 592. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ł | Total. Add lines 1a-1f | | | 1,162,598. | | | |
| | | | | Business Code | | | | |
| e l | 2 8 | PER-PUPIL FUNDING ALLOC | CATION | 900099 | 11,875,661. | | | 11,875,661. |
| Program Service Revenue | k | PER-PUPIL FACILITIES AL | LOWANCE | 900099 | 2,566,953. | | | 2,566,953. |
| Se | c | STUDENT ACTIVITY FEES | | 900099 | 335,907. | | | 335,907. |
| am | C | d | | | | | | |
| <u>Б</u> О. | e | • | | | | | | |
| <u> </u> | f | All other program service reve | nue | | | | | |
| | Ç | Total. Add lines 2a-2f | | | 14,778,521. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | | | | | |
| | 4 | Income from investment of tax | c-exempt bond p | oroceeds > | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | | Gross rents | | | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) | | | | | | |
| | 7 8 | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | _ | assets other than inventory | | 1 | | | | |
| | t | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | ······· | | | | |
| ne | 8 6 | Gross income from fundraising including \$ | • | | | | | |
| Other Reven | | | | | | | | |
| Re | | contributions reported on line Part IV, line 18 | - | | | | | |
| her | ŀ | Less: direct expenses | | | | | | |
| ŏ | | Net income or (loss) from fund | | | | | | |
| | | Gross income from gaming ac | - | | | | | |
| | | Part IV, line 19 | | 1 | | | | |
| | k | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | | | | | |
| | | Gross sales of inventory, less | | | | | | |
| | | and allowances | | . | | | | |
| | k | Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sales | | > | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | | SUBLEASE INCOME | | 531390 | 610,356. | | | 610,356. |
| | k | OTHER | | 900099 | 45,364. | | | 45,364. |
| | c | REFUNDS | | 900099 | 2,234. | | | 2,234. |
| | | d All other revenue | | | | | | |
| | • | Total. Add lines 11a-11d | | > | 657,954. | | | |
| | 12 | Total revenue. See instructions. | | | 16,599,073. | 0. | 0. | 15,436,475. |

732009 11-28-17

Form **990** (2017)

Form 990 (2017) Part IX | Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor | | | nplete column (A). | |
|------|---|----------------------|------------------------------|-------------------------------------|--------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) 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, | 165 020 | 100 562 | F0 200 | 16 804 |
| | trustees, and key employees | 167,939. | 100,763. | 50,382. | 16,794. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | C 255 522 | F 076 141 | 411 707 | C7 C04 |
| 7 | Other salaries and wages | 6,355,532. | 5,876,141. | 411,787. | 67,604. |
| 8 | Pension plan accruals and contributions (include | E | E1 260 | 2 045 | 716 |
| _ | section 401(k) and 403(b) employer contributions) | 56,030. | 51,369. | 3,945. | 716. 7,014. |
| 9 | Other employee benefits | 634,211. 510,288. | 585,399. 467,842. | 41,798. | 7,014. 6,517. |
| 10 | Payroll taxes | 510,200. | 407,842. | 35,929. | 0,31/. |
| 11 | Fees for services (non-employees): | | | | |
| | Management | 18,217. | 16,701. | 1,283. | 233. |
| b | • | 145,868. | 133,735. | 10,270. | 1,863. |
| _ | Accounting | 143,000. | 133,733. | 10,270. | 1,003. |
| d | , 0 | | | | |
| e | , | | | | |
| f | Investment management fees | | | | |
| g | column (A) amount, list line 11g expenses on Sch 0.) | 515,594. | 491,957. | 20,008. | 3,629. |
| 12 | Advertising and promotion | 456 404 | 1 10 105 | 10.001 | 1 221 |
| 13 | Office expenses | 156,121. | 143,136. | 10,991. | 1,994. |
| 14 | Information technology | 52,675. | 48,293. | 3,709. | 673. |
| 15 | Royalties | 0.040.035 | 0.670.450 | 220 106 | 41 200 |
| 16 | Occupancy | 2,940,035. | 2,670,459. | 228,186. | 41,390. |
| 17 | Travel | 403,784. | 402,826. | 811. | 147. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 72,716. | 67,783. | 4,176. | 757. |
| 20 | Interest | . 2 , . 20 | 01,100. | = / = / 0 • | , , , , |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,995,475. | 1,814,015. | 153,599. | 27,861. |
| 23 | Insurance | 53,761. | 49,289. | 3,785. | 687. |
| 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.) | | | | |
| а | STUDENT MATERIALS | 445,223. | 445,223. | | |
| b | FOOD SERVICES | 199,539. | 199,539. | 12 | |
| С | STAFF DEVELOPMENT | 154,163. | 141,340. | 10,854. | 1,969. |
| d | STAFF RECRUTING | 108,839. | 102,076. | 5,725. | 1,038. |
| е | All other expenses | 95,968. | 89,175. | 5,750. | 1,043. |
| 25 | Total functional expenses. Add lines 1 through 24e | 15,081,978. | 13,897,061. | 1,002,988. | 181,929. |
| 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) | | | | Form 990 (2017) |

11410211 150872 DCIS

| <u>Par</u> | t X | Balance Sheet | | | | | |
|-----------------------------|-----------------|---|-------------|---------------------------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or not | e to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 3,457,183. | 1 | 8,672,181. |
| | 2 | Savings and temporary cash investments | | | 1,284,711. | 2 | 2,241,597. |
| | 3 | Pledges and grants receivable, net | | | 134,586. | 3 | 364,219. |
| | 4 | Accounts receivable, net | 57,135. | 4 | 223,722. | | |
| | 5 | Loans and other receivables from current and fo | | | , | | , |
| | • | trustees, key employees, and highest compensa | | , , , , , , , , , , , , , , , , , , , | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualit | | | | | |
| | Ū | section 4958(f)(1)), persons described in section | | | | | |
| | | employers and sponsoring organizations of sect | | | | | |
| , | | employees' beneficiary organizations (see instr). | | 6 | | | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | | |
| Ass | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | | | | 611,272. | 9 | 682,784 |
| | | Land, buildings, and equipment: cost or other | I I | | 011/2/24 | 3 | 0027701 |
| | iva | hasis Complete Part VI of Schedule D | 102 | 56 516 359 | | | |
| | h | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10a | 2 038 842 | 40,436,106. | 10c | 54,477,517 |
| | 11 | Investments publicly traded securities | | 2,030,042. | 10,130,1000 | 11 | 34,411,311 |
| | 12 | Investments - publicly traded securities Investments - other securities. See Part IV, line 1 | | 12 | | | |
| | 13 | | | 13 | | | |
| | 14 | Investments - program-related. See Part IV, line | | 14 | | | |
| | | Intangible assets | 345,526. | 15 | 499,879 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 46,326,519. | 16 | 67,161,899 |
| | <u>16</u> 17 | Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses | | | 10,983,702. | 17 | 4,382,502 |
| | 18 | | 10/303/7021 | 18 | 1,302,302 | | |
| | 19 | Grants payable | 60,299. | 19 | 232,537 | | |
| | 20 | Deferred revenue Tax-exempt bond liabilities | 00/2331 | 20 | 2327337 | | |
| | 21 | Escrow or custodial account liability. Complete I | | | 21 | | |
| | 22 | Loans and other payables to current and former | | | | | |
| ies | 22 | key employees, highest compensated employee | | | | | |
| Liabilities | | | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrela | | l partice | 27,674,781. | 23 | 51,569,597 |
| | 24 | Unsecured notes and loans payable to unrelated | | | 27707177014 | 24 | 31/303/33/ |
| | 2 5 | Other liabilities (including federal income tax, pa | | | | 24 | |
| | 25 | parties, and other liabilities not included on lines | | | | | |
| | | Outrodule D | | | 0. | 25 | 130.166. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 38,718,782. | 26 | 130,166. 56,314,802. |
| | | Organizations that follow SFAS 117 (ASC 958 | | | | | |
| ,, | | complete lines 27 through 29, and lines 33 an | | | | | |
| Ce | 27 | Unrestricted net assets | | | 7,383,966. | 27 | 9,103,360. |
| alar | 28 | | | | 223,771. | 28 | 1,743,737. |
| B | 29 | Permanently restricted net assets | | 29 | | | |
| Ľ. | | Organizations that do not follow SFAS 117 (A | | | | | |
| 卢 | | and complete lines 30 through 34. | | | | | |
| ts (| 30 | Capital stock or trust principal, or current funds | | 30 | | | |
| sse | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | | | 32 | | |
| ž | 33 | Total net assets or fund balances | | | 7,607,737. | 33 | 10,847,097. |
| | 34 | Total liabilities and net assets/fund balances | | | 46,326,519. | 34 | 67,161,899. |

Form **990** (2017)

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|--------|---------|-----|-----|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,59 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15 | ,08 | 1,9 | 78 . |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1 | ,51 | 7,0 | 95. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 7 | ,60 | 7,7 | 37. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | 1 | ,69 | 9,3 | 10. |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 2 | 2,9 | 55. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | 10 | ,84 | 7,0 | 97. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | | |
| 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 | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | | | | | |
| | Act and OMB Circular A-133? | - | | За | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | lit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | <u></u> | 3b | Х | |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. DISTRICT OF COLUMBIA INTERNATIONAL

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SCHOOL 46-1143189 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 SCHOOL 46-1143189 Page 2

| Part II | Support Sched | ule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) | • |
|---------|---------------|---|---|

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

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|---------------------|------------------------|---------------------|---------------------------------------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | ction B. Total Support | | | | | • | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 4 | | . , | . , | . , | | ,, |
| 8 | Gross income from interest, | | | | | | |
| _ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| - | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | | etc. (see instruction | nns) | | | 12 | |
| | First five years. If the Form 990 is for | • | | d. fourth, or fifth ta | x vear as a section | | |
| | organization, check this box and stop | _ | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2017 (I | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | % |
| | Public support percentage from 2016 | | | | | 15 | % |
| | 33 1/3% support test - 2017. If the | | | | | ore, check this box | and |
| | stop here. The organization qualifies | | | | | , , , , , , , , , , , , , , , , , , , | |
| b | 33 1/3% support test - 2016. If the | | • | | | | |
| | and stop here. The organization qual | | | | | , , , , , , , , , , , , , , , , , , , | . — |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | = | | | ▶ □ |
| h | 10% -facts-and-circumstances test | ŭ | • | | • | | |
| ~ | more, and if the organization meets the | - | | | | | |
| | organization meets the "facts-and-circ | | | | | | ▶ □ |
| 18 | Private foundation. If the organization | | - | • | | | |
| | | | | , , , | | dule A (Form 990 | |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

| Se | ction A. Public Support | | | | | | |
|-----------|--|---------------------------|----------------------------|----------------------|----------------------|---------------------|--------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| ı | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| • | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) ction B. Total Support | | | | | | L |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 6 | | | | | | |
| ŀ | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | 1 | | <u> </u> |
| 14 | First five years. If the Form 990 is for | • | | * | • | | |
| <u>C-</u> | check this box and stop here | | | | | | > |
| | ction C. Computation of Publi | | | | | | |
| 15 | Public support percentage for 2017 (I | | | olumn (f)) | | 15 | <u>%</u> |
| 16 | Public support percentage from 2016 | | | | | 16 | % |
| _ | ction D. Computation of Inves | | | 40 | | 14-1 | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| | Investment income percentage from | | | | | 18 | 7: |
| 19 | a 33 1/3% support tests - 2017. If the | | | | | | . — |
| ı | more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the | organization did r | not check a box on | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | nization qualifies a | as a publicly suppo | orted organization | |
| 20 | Drivate foundation If the organization | n did not chack a | box on line 14, 10 | or 10h chock th | nic boy and soo in | etructions | ▶ 7 |

732023 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 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")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----------|-------|------|
| | | |
| 1 | | |
| • | | |
| | | |
| 2 | | |
| | | |
| 3a | | |
| | | |
| 3b | | |
| | | |
| 3c | | |
| _ | | |
| 4a | | |
| | | |
| 4b | | |
| | | |
| | | |
| | | |
| 4c | | |
| | | |
| | | |
| | | |
| 5a | | |
| | | |
| 5b | | |
| 5c | | |
| | | |
| | | |
| | | |
| 6 | | |
| | | |
| 7 | | |
| | | |
| 8 | | |
| | | |
| | | |
| 9a | | |
| 9b | | |
| = 12 | | |
| 9с | | |
| | | |
| 46 | | |
| 10a | | |
| 10b | | |
| 990 or 99 | 00-F7 | 2017 |

| Pa | rt IV | Supporting Organizations (continued) | | | |
|----------|--------|--|----------|-----|----|
| | | | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| а | A pers | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | | , the governing body of a supported organization? | 11a | | |
| b | A fam | ily member of a person described in (a) above? | 11b | | |
| С | A 35% | 6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regula | arly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax ye | ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | contro | olled the organization's activities. If the organization had more than one supported organization, | | | |
| | descri | ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organi | izations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did th | e organization operate for the benefit of any supported organization other than the supported | | | |
| | organ | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part \ | 1 how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | super | vised, or controlled the supporting organization. | 2 | | |
| Sec | tion (| C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| <u>S</u> | the su | pported organization(s). D. All Type III Supporting Organizations | 1 | | |
| 360 | tion L | 5. All Type III Supporting Organizations | | Vaa | Na |
| | Did +h | organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | No |
| 1 | | le organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | - | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | • | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | - | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | • | | |
| _ | | ization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how | | | |
| | | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | | ason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | - | cant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | - | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | orted organizations played in this regard. | 3 | | |
| Sec | tion E | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | Щ | 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 instr | uctions) | | |
| 2 | | ties Test. Answer (a) and (b) below. | | Yes | No |
| а | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | he organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| L | | nese activities constituted substantially all of its activities. | 2a | | |
| b | | e activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | | organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | | ns for the organization's position that its supported organization(s) would have engaged in these | 2b | | |
| 3 | | ies but for the organization's involvement. t of Supported Organizations. Answer (a) and (b) below. | _, | | |
| а | | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| _ | | es of each of the supported organizations? <i>Provide details in Part VI</i> . | За | | |
| b | | e organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | | supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

| 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 F | Part VI.) See instructions. All |
| | 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 | | |
| | 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 orga | anization (see |

Schedule A (Form 990 or 990-EZ) 2017

instructions).

| ı aı | Type in Non-Functionally integrated 509(| a)(3) Supporting Orga | (continued) | |
|----------|---|-------------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | . | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| _1_ | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| с | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i_ | Carryover from 2012 not applied (see instructions) | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| <u>b</u> | Applied to 2017 distributable amount | | | |
| с | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2013 | | | |
| <u>b</u> | Excess from 2014 | | | |
| С | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| • | Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

DISTRICT OF COLUMBIA INTERNATIONAL

| Schedule A | (Form 990 or 990-EZ) 2017 SCHOOL | 46-1143189 Page 8 |
|------------|---|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this | 0; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, |
| | (See instructions.) | s part for any additional information. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

2017

OMB No. 1545-0047

Name of the organization

DISTRICT OF COLUMBIA INTERNATIONAL SCHOOL

Employer identification number

46-1143189

| Organization type (check one): | | | | | | | |
|--|---|---|--|--|--|--|--|
| Filers of | : | Section: | | | | | |
| Form 990 | 0 or 990-EZ | $\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | | 527 political organization | | | | | |
| Form 990 | 0-PF | 501(c)(3) exempt private foundation | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | |
| Note: Or | nly a section 501(c)(7 | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General | Rule | | | | | | |
| X | | 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 | Rules | | | | | | |
| | sections 509(a)(1) a any one contributor | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 f, 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; line 1. Complete Parts I and II. | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to | | | | | | | |

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) (2017)

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

Name of organization DISTRICT OF COLUMBIA INTERNATIONAL SCHOOL

Employer identification number

46-1143189

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | Name, audress, and ZIF + 4 | \$659,974. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 2 | | \$ <u>163,679</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | | \$ <u>128,250.</u> | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 4 | | \$110,931 . | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5 | | \$17,784. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | |

Name of organization DISTRICT OF COLUMBIA INTERNATIONAL SCHOOL

Employer identification number

46-1143189

| Part II | II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | |
|------------------------------|--|---|------------------------------|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| 4 | COMMODITIES | | | | |
| | | \$592. | 06/30/18 | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |
| | | | 000 000 E7 or 000 DE\ (2017\ | | |

Name of organization Employer identification number DISTRICT OF COLUMBIA INTERNATIONAL SCHOOL 46-1143189 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DISTRICT OF COLUMBIA INTERNATIONAL SCHOOL

Employer identification number 46-1143189

| Par | t I Organizations Maintaining Donor Advised | Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|--|---|--|
| | organization answered "Yes" on Form 990, Part IV, line | 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 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 w | _ | |
| | are the organization's property, subject to the organization's ex | | |
| 6 | Did the organization inform all grantees, donors, and donor ad | visors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | |
| Day | | | |
| Par | | | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or ed | . — | torically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | | | |
| b | , | | |
| С | Number of conservation easements on a certified historic structure | | |
| d | Number of conservation easements included in (c) acquired af | • | |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or terminated by the | e organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation ease | · · · · · · · · · · · · · · · · · · · | |
| 5 | Does the organization have a written policy regarding the period | | |
| _ | violations, and enforcement of the conservation easements it h | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | andling of violations, and enforcing con- | servation easements during the year |
| _ | Assemble from the form of the control of the contro | | Non-control design the control |
| 7 | Amount of expenses incurred in monitoring, inspecting, handli | ing of violations, and enforcing conserva | ition easements during the year |
| | ▶ \$ Does each conservation easement reported on line 2(d) above | action the manifestate of action 170 | /L\/ 4\/D\/:\ |
| 8 | | | |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | · | |
| | include, if applicable, the text of the footnote to the organization | on's illianciai statements that describes | the organization's accounting for |
| Par | conservation easements. t III Organizations Maintaining Collections of A | Art. Historical Treasures. or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form S | | |
| | If the organization elected, as permitted under SFAS 116 (ASC | | nent and halance sheet works of art |
| ·u | historical treasures, or other similar assets held for public exhil | • | · · |
| | the text of the footnote to its financial statements that describe | | ince of public sorvice, provide, in rate xiii, |
| b | If the organization elected, as permitted under SFAS 116 (ASC | | t and halance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, edu | | |
| | relating to these items: | doublett, or research in farther ance of pa | bile service, provide the reliewing amounts |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • \$ |
| | | | L . |
| 2 | If the organization received or held works of art, historical treas | | |
| - | the following amounts required to be reported under SFAS 116 | | |
| а | Revenue included on Form 990, Part VIII, line 1 | - | > \$ |
| | Assets included in Form 990, Part X | | |

Schedule D (Form 990) 2017

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|--|
| 1a Land | | | | | |
| b Buildings | | | | | |
| c Leasehold improvements | | 52,895,461. | 1,519,426. | 51,376,035. | |
| d Equipment | | 1,325,141. | 455,405. | 869,736. | |
| e Other | | 2,295,757. | 64,011. | 2,231,746. | |
| Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part V. column (R), line 10c.) | | | | | |

Schedule D (Form 990) 2017

| | COLUMBIA INT | | 5-1143189 _{Page} |
|---|----------------------------|---------------------------------------|---------------------------|
| Schedule D (Form 990) 2017 SCHOOL Part VII Investments - Other Securities. | | 40 | 0-1143189 Page |
| Complete if the organization answered "Yes" of | on Form 000 Part IV line | o 11h Soo Form 000 Part V line 12 | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | d-of-vear market value |
| | (b) Book value | (c) mounds of valuations over or or | a or your market value |
| (1) Financial derivatives (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | 1 | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | e 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | | e 11d. See Form 990, Part X, line 15. | _ |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | <u>15.)</u> | > | • |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value | |
|--------|---|----------------|--|
| (1) | Federal income taxes | | |
| (2) | SUBLEASE DEPOSIT | 130,166. | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 130,166. | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

| | DISTRICT OF COLUMBIA IN | TERNATIONA: | | 16 | 1112100 | _ / |
|----------|--|-----------------------|----------------|----------|---------------------|-------------|
| | edule D (Form 990) 2017 SCHOOL rt XI Reconciliation of Revenue per Audited Financial Stat | tomonto With D | | | 1143189 | Page 4 |
| Pai | | | evenue per Rei | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | ne 12a. | | | 10 250 | 072 |
| 1 | | | | 1 | 18,359, | 0/3. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 - 1 | | | | |
| _ | Net unrealized gains (losses) on investments | | 760 000 | | | |
| b | | | ,760,000. | | | |
| С | 1 7 3 | | | | | |
| d | , | 2d | | | 1 760 | 000 |
| е | Add lines 2a through 2d | | | 2e | 1,760, | |
| 3 | Subtract line 2e from line 1 | | | 3 | 16,599, | 073. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | | | |
| а | , | | | | | |
| 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 | 16,599, | <u>073.</u> |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta | | xpenses per R | letur | n. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | ne 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 15,142, | 668. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | | 2a | 60,690. | | | |
| b | | | | | | |
| С | . | | | | | |
| d | /- /- /- /- /- /- /- /- /- /- /- /- | | | | | |
| | Add lines 2a through 2d | | | 2e | 60. | 690. |
| 3 | Subtract line 2e from line 1 | | | 3 | 15,081, | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| - | | 4a | | | | |
| | | | | | | |
| | Other (Describe in Part XIII.) | | | 4- | | 0. |
| | Add lines 4a and 4b | | | 4c | 15,081, | |
| Dai | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. | 8.) | | 5 | 15,001, | 9/0. |
| | | | | | | |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | | | ; Part) | X, line 2; Part XI, | |
| ines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an | ny additional informa | tion. | | | |
| | | | | | | |
| | | | | | | |
| PAF | RT X, LINE 2: | | | | | |
| | | | | | | |
| FOE | R THE YEARS ENDED JUNE 30, 2018 AND 2017 | 7, MANAGEME | ENT DID NO | T I | DENTIFY | |
| | | | | | | |
| <u> </u> | Y UNCERTAINTY IN INCOME TAXES REQUIRING | RECOGNITIO | ON OR DISC | LOS | URE IN | |
| | | | | | | |
| ГНІ | ESE FINANCIAL STATEMENTS. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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 DISTRICT OF COLUMBIA INTERNATIONAL SCHOOL

Employer identification number 46-1143189

| _ | | | | |
|---|--|--|-----|---|
| Pa | art I | | | |
| | | | YES | NC |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | | |
| | other governing instrument, or in a resolution of its governing body? | 1 | X | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | | |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | Х | |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the | | | |
| | period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes | | | |
| | the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. | | | |
| | If you need more space, use Part II | 3 | Х | |
| | DCI 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 THE | | | |
| | NON-DISCRIMINATORY POLICY IS STATED IN THE REGISTRATION | | | |
| | APPLICATION. | | | |
| ļ | Does the organization maintain the following? | | | |
| | | 4a | х | |
| 2 | | 4b | X | |
| t | | 40 | -25 | |
| C | | | Х | |
| | admissions, programs, and scholarships? | 4c 4d | X | \vdash |
| | | | | |
| (| I Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. | 40 | | |
| (| | 74 | | |
| 5 | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: | | | v |
| 5 | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? | 5a | | X |
| i a | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? | 5a 5b | | X |
| i k | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? | 5a 5b 5c | | X |
| s k | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? | 5a 5b 5c 5d | | X |
| i k | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? | 5a 5b 5c 5d 5e | | X X X |
| 5 6 c c c f | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? | 5a 5b 5c 5d 5e 5f | | X X X X |
| 5 6 c c c f g | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? | 5a 5b 5c 5d 5e 5f 5g | | X X X X |
| 5 a b c c e f c | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? | 5a 5b 5c 5d 5e 5f | | X X X X X |
| 5 6 c c c f g | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? | 5a 5b 5c 5d 5e 5f 5g | | \(\frac{\fin}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac |
| 2 to 0 co 1 | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? | 5a 5b 5c 5d 5e 5f 5g | | 2 2 2 2 2 |
| ; a b c c e f g h | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5a 5b 5c 5d 5e 5f 5g | X | \(\frac{\fin}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac |
| a b c c c c c c c c c c c c c c c c c c | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? JAthletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5a 5b 5c 5d 5e 5f 5g 5h | | X X X X X |
| i a a a a a a a a a a a a a a a a a a a | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? | 5a 5b 5c 5d 5e 5f 5g 5h | | X X X X |
| i a a a a a a a a a a a a a a a a a a a | If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? JAthletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5a 5b 5c 5d 5e 5f 5g 5h | | X X X X X |

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

Schedule E (Form 990 or 990-EZ) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DISTRICT OF COLUMBIA INTERNATIONAL SCHOOL

Employer identification number 46-1143189

LINE 1, FORM 990, PART I, DESCRIPTION OF ORGANIZATION MISSION: WHO ARE MULTI-LINGUAL, CULTURALLY COMPETENT, AND COMMITTED TO PROACTIVELY CREATING A SOCIALLY JUST AND SUSTAINABLE WORLD. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE GREATEST ACCOMPLISHMENT THIS YEAR WAS THE CONTINUED SATISFACTION OF STUDENTS, FAMILIES, ANDSTAFF MEMBERS. EXTERNALLY, WE RECEIVED RECOGNITION AS TIER 1 SCHOOL FOR THE SECOND YEAR IN A ROW. WE EARNED MIDDLE STATES ASSOCIATION ACCREDITATION. WE WERE ALSO THRILLED TO RECEIVE OUR INTERNATIONAL BACCALAUREATE DIPLOMA AND CAREER PROGRAMMED AUTHORIZATION, AS THIS WAS AN IMPORTANT STEP IN DCI'S HISTORY ENSURING THAT WE CAN OFFER THE FULL CONTINUUM 6-12TH WE WERE VOTED BEST MIDDLE AND HIGH SCHOOL IN THE WASHINGTON CITY GRADE. PAPER. WE PROMOTED OUR THIRD CLASS OF 8TH GRADERS, WITH FANTASTIC COMMUNITY PROJECTS TO CAP THEIR YEAR. WE HAD OUR FIRST STUDENTS COMPLETE THE MIDDLE YEARS PROGRAMMED IN 10TH GRADE, WITH INDEPENDENT, PASSION-FILLED PERSONAL PROJECTS. WE SENT OUR SECOND ROUND OF STUDENTS FOR OUR INTERNATIONAL STUDY PROGRAM, WITH GREAT PARENT AND COMMUNITY SUPPORT AND SENEGAL. WE FIELDED A HUGE NUMBER OF MS AND TO CHINA, COSTA RICA,

PERHAPS MOST NOTABLY, WE MOVED INTO OUR BEAUTIFUL PERMANENT HOME, WHILE Schedule O (Form 990 or 990-EZ) (2017) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

HS SPORTS TEAMS AND WON CHAMPIONSHIPS IN SOCCER AND VOLLEYBALL.

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization DISTRICT OF COLUMBIA INTERNATIONAL **Employer identification number** SCHOOL 46-1143189 STILL UNDERGOING CONSTRUCTION, AND BUILT A STRONG, MISSION-ALIGNED, POSITIVE CULTURE WITH A MORE-THAN-50% INCREASE IN OUR STUDENT AND STAFF POPULATION. THE SCIENCE, GYM AND ART WING OPENED IN THE SPRING. AS WE GROW TO 1500 STUDENTS AND GRADUATE OUR FIRST CLASS IN 2020, THIS BRIGHT, STATE OF THE ART FACILITY WILL ENABLE US TO DELIVER DCI'S 21ST CENTURY EDUCATION. AND MOST IMPORTANTLY INSPIRE OUR STUDENTS TO DISCOVER AND FOLLOW THEIR DREAMS. FORM 990, PART VI, SECTION A, LINE 6: DCI HAS MEMBERS, EACH OF WHOM IS A DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL. FORM 990, PART VI, SECTION A, LINE 7B: UNLESS APPROVED BY A VOTE OF THE MEMBER SCHOOLS, THE DCI SHALL NOT TAKE ANY ACTION ON A CHARTER AMENDMENT, INCLUDING AN AMENDMENT TO ITS DIRECT AGREEMENT WITH THE PUBLIC CHARTER SCHOOL BOARD, WHICH WOULD: A. DISCONTINUE INSTRUCTION IN FRENCH, SPANISH OR MANDARIN; B. CHANGE THE CORPORATION'S INSTRUCTIONAL FRAMEWORK (I.E., ABANDONING ITS INTENTION TO SEEK ACCREDITATION FROM THE INTERNATIONAL BACCALAUREATE); OR C. CHANGE ITS MISSION, AS PREVIOUSLY ADOPTED BY THE CORPORATION AND SET FORTH IN ITS AGREEMENT WITH THE PUBLIC CHARTER SCHOOL BOARD; OR D. INCREASE ITS ENROLLMENT FOR ANY ACADEMIC YEAR BY MORE THAN 25% OF THE

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

PUBLIC CHARTER SCHOOL BOARD.

A COPY OF THE FEDERAL FORM 990 IS FORWARDED TO THE BOARD OF DIRECTORS FOR Schedule O (Form 990 or 990-EZ) (2017)

ENROLLMENT PROJECTED AND CAPPED IN THE CORPORATION'S AGREEMENT WITH THE

Name of the organization DISTRICT OF COLUMBIA INTERNATIONAL **Employer identification number** SCHOOL 46-1143189 REVIEW AND APPROVAL BEFORE FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: WHEN A BOARD MEMBER (AND ANY MEMBER OF A COMMITTEE, INCLUDING ADVISORY COMMITTEE, OF THE BOARD), OFFICER, EXECUTIVE OR KEY EMPLOYEE OF DCI BECOMES AWARE OF PENDING PROPOSED COVERED TRANSACTION, HE OR SHE HAS A DUTY TO TAKE THE FOLLOWING ACTIONS: - PROMPTLY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF SUCH COVERED TRANSACTION TO THE BOARD IN WRITING; - REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE DCI TI ENTER INTO THE COVERED TRANSACTION; AND PHYSICALLY EXCUSE HIMSELF OR HERSELF FROM DISCUSSIONS REGARDING THE COVERED TRANSACTION EXCEPT TO ANSWER QUESTIONS, INCLUDING BOARD DISCUSSIONS AND DECISIONS EVALUATING THE EXISTENCE OF AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST IN SUCH CIRCUMSTANCES. ANNUALLY THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH ALL BOARD MEMBERS AND KEY EMPLOYEES. ANY CONFLICT OF INTEREST ISSUES THAT ARISE ARE REQUIRED TO BE DOCUMENTERD AND ADDRESSED ON AN ONGOING BASIS. WE HAVE SELECTED SOME VENDORS WHERE THEY COULD HAVE POSSIBLY BEEN A CONFLICT OF INTEREST. ANY OF THESE POSSIBILITIES ARE DISCLOSED AND DISCUSSED WITH THE BOARD BEFORE MAKING ANY DECISION AND MOVING FORWARD.

FORM 990, PART VI, SECTION B, LINE 15:

| SCHOOL SCHOOL | 46-1143189 | | | | |
|--|------------------|--|--|--|--|
| ALL KEY EMPLOYEE SALARY AMOUNTS ARE REVIEWED AND APPROVED | ANNUALLY BY THE | | | | |
| BOARD OF DIRECTORS. SALARY AMOUNTS ARE CONSIDERED FOR COMPARABILITY TO | | | | | |
| SIMILAR ORGANIZATIONS. WE CHANGE THE SALARY SCALE EVERY TWO YEARS, SO FAR. | | | | | |
| THE LAST COMPENSATION CHANGES WERE MADE 2 YEARS AGO, PRIOR | TO THE 17-18 FY. | | | | |
| WE ARE UNDERGOING THIS REVIEW CURRENTLY FOR FY 19-20. | | | | | |
| | | | | | |
| FORM 990, PART VI, SECTION C, LINE 19: | | | | | |
| THE DOCUMENTS ARE AVAILABLE UPON REQUEST FOR INSPECTION AT | THE SCHOOL AND A | | | | |
| COPY MAY BE OBTAINED AT THE SCHOOL. | | | | | |
| | | | | | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | | | | | |
| CHANGE IN FAIR VALUE OF INTEREST RATE CAP | 22,955. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | _ | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |