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CHANGE OF ACCOUNTING PERIOD

Form **990**

Return of Organization Exempt From Income Tax

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

2016 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending JUN 30, 2017 For the 2016 calendar year, or tax year beginning JAN 1, 2017 D Employer identification number C Name of organization Check d Address CITYBRIDGE EDUCATION Name change 81-3516887 Doing business as Instal Inturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 600 NEW HAMPSHIRE AVENUE, NW Final 266-7707 (202) 4,584,114. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Ameno WASHINGTON, DC 20037 H(a) Is this a group return Applica-F Name and address of principal officer MIEKA WICK Yes X No for subordinates? SAME AS C ABOVE Yes No H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or L If "No," attach a list (see instructions) J Website: ► WWW.CITYBRIDGE.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2016 M State of legal domicile; DC Part I Summary TO IMPROVE THE QUALITY OF LOCAL Briefly describe the organization's mission or most significant activities PUBLIC EDUCATION. 2 Check this box In the organization discontinued its operations of disposed of 3 Number of voting members of the governing body (Part VI, line 1a 4 Number of independent voting members of the governing body (P **18** 2017 0 5 Total number of individuals employed in calendar year 2016 (Part VIII) 5 6 Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a OGDEN. UT Ö. b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 4,584,009. 100,000 8 Contributions and grants (Part VIII, line 1h) Ō. Ο. 9 Program service revenue (Part VIII, line 2g) 105. Ø. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. Ō. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 100,000 4,584,114. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 459,000. n 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) $\overline{\mathbf{0}}$ 0. 1,161,275. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) a 2,800. 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 180,606. b Total fundraising expenses (Part IX, column (D), line 25) 0 328,608. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,951,683. 0 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 100,000. 1,632,431. 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year Assets Baland 20 Total assets (Part X, line 16) 100,000. 2,479,193. 748,066. 21 Total liabilities (Part X, line 26) ο. 100,000. 731,127. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaratiop of preparer (other than officer) is based on all information of which preparer has any knowledge Sign MIEKA WICK, CHIEF EXECUTIVE OFFICER Here Type or print name and title Print/Type preparer's name Preparer's signature ₽00639053 Paid FRANK H. SMITH Firm's name RAFFA, Firm's EIN Preparer 52-1511275 Firm's address 1899 L STREET, Use Only NW. SUITE 850 Phone no. (202) 822-5000 WASHINGTON, DC 20036 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2016) CITYBRIDGE EDUCATION
Part IV Checklist of Required Schedules

			res	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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	ļ	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, VIII, IX, or X			
	as applicable		 	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	}	l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ļ
	Schedule D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	١		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10,000			
	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	. 70		
. •	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			-
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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	أحسا	X
		Form	990 ((2016)

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Part IV Checklist of Required Schedules (continued)

			162	l MO
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		·
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	
	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	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			v
242		23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	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		
c	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)
ď	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			<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? /f "Yes,"	1		37
	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	1		
	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)	1 1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		İ	v
20	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	\dashv	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	j	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ĺ	
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_	- {	77
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	↓	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		x	
	Note: All Form 550 mens are required to complete ochequie o	Form		2016
		i Omi		_U (U)

Pai	t 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									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	}	ŀ						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1						
	(gambling) winnings to prize winners?									
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 0		}	l						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ĺ						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			·						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a) }	Х						
b	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			Į						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
þ	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 organization 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 contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under secțion 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		1							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h		7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2	ļ							
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.		}							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:	, 1	1							
a	Initiation fees and capital contributions included on Part VIII, line 12	. [- 1							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		·]							
11	Section 501(c)(12) organizations. Enter.	.]								
a	Gross income from members or shareholders Cross income from other sources (Do not not amounts due or paid to other sources against	ı İ	1							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	. [
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	İ							
	Is the organization licensed to issue qualified health plans in more than one state?	13a	+							
a	Note. See the instructions for additional information the organization must report on Schedule O	100	\rightarrow							
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	, [ļ							
c	Enter the amount of reserves on hand		- 1							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u></u>						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-+							

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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						
<u>Sec</u>	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	3								
	If there are material differences in voting rights among members of the governing body, or, if the governing	1								
	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]]							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7	1							
	officer, director, trustee, or key employee?	2		X						
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?									
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6	X							
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	X	_						
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		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a								
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		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
ь	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	1	1							
	ın Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	1	1							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
þ	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).	1	. }							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	t i	. 1							
	taxable entity during the year?	16a		<u> </u>						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ļ								
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►NY, CT, FL, CA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le							
	for public inspection Indicate how you made these available. Check all that apply									
	Own website Another's website Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial							
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	BEVERLY PRYCE - (202) 266-7707									
	600 NEW HAMPSHIRE AVENUE, NW, WASHINGTON, DC 20037		000							

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 employees."
- 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 organization n	1	orga	nıza			npe	nsat			
(A) Name and Title	(B) Average			Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hours per	box,	unle	ss pe	rson	than is bot	han	compensation	compensation	amount of
	week	—	er an	dad	recto	or/trus	tee)	from	from related	other
	(list any	recto			l	'		the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee		ł	Safed		organization (W-2/1099-MISC)	(W-2/1099-W15C)	organization
	organizations	truste	al frus		ag.	ub du		(** 27 : 300 ::::100)		and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	je			organizations
	line)	μg	ınstı	Officer	ě.	돌흡	Former	-	<u> </u>	
(1) KATHERINE BRADLEY	10.00	_			ĺ			0	_	
PRESIDENT & CHAIR	10.00	Х		X	<u> </u>	├-	<u> </u>	0.	0.	0.
(2) DAVID SUTPHIN	2.00	х		x				0.	0.	0.
SECRETARY/TREASURER	2.00	^	 	_	⊢	₩			· · · · · · · · · · · · · · · · · · ·	<u> </u>
(3) STEVE BUMBAUGH SECRETARY/TREASURER - UNTIL 04/2017	2.00	X		x	ļ			0.	0.	0.
(4) MIEKA WICK	40.00	Λ	├		┢	╁╌	-		ļ	
CHIEF EXECUTIVE OFFICER	10.00	1		X	ļ	1		0.	0.	0.
(5) AMANDA SIMS NICHOLS	40.00	\vdash	\vdash	Ť	\vdash	\dagger				
CHIEF OPERATING OFFICER		1		X	ļ	}		0.	0.	0.
(6) BEVERLY PRYCE	40.00									
DIRECTOR OF FINANCE - AS OF 03/2017		L	_	X				0.	0.	0.
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632007 11-11-16

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(A)
Name and business address
NONE
Description of services
Compensation

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

O

632008 11-11-16

	Check if Schedule O	contains a room-				81-351	6887 Pa
	Check if Schedule O	ormans a respon	ise or note to any	line in this Part VIII			
र र				Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excl from tax un sections 512 - 514
ran	1 a Federated campaigns	1a			revenue	revenue	sections
, E	b Membership dues	1b		4	1		012-514
Other Revenue	c Fundraising events	1c		1	1		1
	d Related organizations	1d]	,662,175]]		1
Š	e Government grants (contri			4	1		}
E E	f All other contributions, gifts, g			1	1		j
E0	similar amounts not included a	bove 1f 2	,921,834.	1			1
3 5	Noncash contributions included in li	nes 1a-1f \$	295,302.	1			1
	h Total. Add lines 1a-1f			4,584,009.			
9	2 a		Business Code	70017003.			
اره ڲ	b						
8 3	C					·	~ -
e all	d						
₽ <u>~</u>	e						
<u>a</u>	f All other program service rev						
	g Total. Add lines 2a-2f	/enue					
	3 Investment income (include		▶]				
	3 Investment income (including other similar amounts)	g dividends, inter	est, and				
	4 Income from investment of ta	•••	▶ [105.	,	ŀ	
	5 Royalties	ax-exempt bond p	roceeds 🕨				105
- 1		() 5	•				
- -	6 a Gross rents	(ı) Real	(II) Personal				
- 1	b Less. rental expenses	ļ			Ì	1	
-	c Rental income or (loss)			j		1	
- 1	d Net rental income or (loss)	l				1	
7	7 a Gross amount from sales of	(i) Securities					
- 1	assets other than inventory	19 Securities	(II) Other				
-	b Less cost or other basis			1		1	
	and sales expenses	1	1		1	1	
- 1	c Gain or (loss)					į	
	d Net gain or (loss)	<u> </u>				1	
8	a Gross income from fundraising	events (not				. 1	-
1	modeling \$	i		1			
1	contributions reported on line	Ic) See	1	1			
-	Part IV, line 18	a∫	-			1	
1	b Less direct expenses				1	1	
9	c Net income or (loss) from fundr	aising events		1	{		
"	a Gross income from gaming acti Part IV, line 19	vities. See					
١,	h Less direct	a	· ·		1		
] ;	b Less direct expenses	b [1	1	1	
10 a	c Net income or (loss) from gamin a Gross sales of inventory, less re	g activities			1	1	
	and allowances	turns					
Ь	b Less: cost of goods sold	a				T	
c	Net income or (loss) from sales of	b [1	1	
	Miscellaneous Revenue				1	1	
11 a	I Revenue	Bu:	siness Code				
b				1			
		<u> </u>					,
C		ſ			ı	,	
	All other revenue	·					
d	All other revenue Total. Add lines 11a-11d						

Form 990 (2016) CITYBRIDGE EDUCATION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
_	Check if Schedule O contains a respon			761	
	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	1,456,000.	1,456,000.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	3,000.	3,000.		_
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	293,810.	175,292.	75,025.	43,493
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	741,572.	594,109.	45,826.	101,637
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	16,671.	14,062.	182.	2,427
9	Other employee benefits	7,311.	5,679.	611.	2,427 1,021
10	Payroll taxes	101,911.	72,548.	15,114.	14,249
11	Fees for services (non-employees).				· · · · · · · · · · · · · · · · · · ·
а	Management	•			
b	Legal	28,476.		28,476.	
С	Accounting	4,680.		4,680.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	2,800.			2,800
f	Investment management fees				<u></u>
g	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	70,497.	29,100.	41,397.	
12	Advertising and promotion			· · · · · · · · · · · · · · · · · · ·	
13	Office expenses	13,629.	1,837.	11,581.	211
14	Information technology	31,786.	24,061.	5,900.	1,825
15	Royalties			··· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
16	Occupancy	77,998.		77,998.	
17	Travel	27,831.	16,839.	2,354.	8,638
18	Payments of travel or entertainment expenses		· · · · · · · · · · · · · · · · · · ·		
	for any federal, state, or local public officials			•	
19	Conferences, conventions, and meetings	38,775.	35,881.	715.	2,179
20	Interest	i			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,747.		7,747.	
23	Insurance	4,298.		4,298.	
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	PRINTING & PUBLICATIONS	15,189.	11,327.	3,862.	
b	MISCELLANEOUS	5,031.	2,583.	1,692.	756
С	MEMBERSHIP	2,085.	· · · · · · · · · · · · · · · · · · ·	715.	1,370
d	DISPOSAL OF EQUIP.	586.	**	586.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,951,683.	2,442,318.	328,759.	180,606
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)		İ	1	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 1,328,979. 0. 2 Savings and temporary cash investments 2 100,000. 576,306. Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 ō. 26,120. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 75,586. basis Complete Part VI of Schedule D 10a 7,747. 67,839. b Less accumulated depreciation 10b 10c <u>o.</u> 479,949. 11 Investments · publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 100,000. 2,479,193. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 0. 196,066. Accounts payable and accrued expenses 17 17 200,000. $\overline{0}$. 18 Grants payable 18 19 Deferred revenúe 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 0. 352,000. Schedule D 25 0. 748,066. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 0. 1,088,566. Unrestricted net assets 100,000. 642,561. Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 100,000. 1,731,127. 33 Total net assets or fund balances

Form 990 (2016)

2,479,193.

100,000.

Total liabilities and net assets/fund balances

Form	990 (2016) CITYBRIDGE EDUCATION	81-	3516	887	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
		i i				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,58		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 95		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,63		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				00.
5	Net unrealized gains (losses) on investments	5		_ <	1, 3	04.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				<u>0.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		_			
	column (B))	10	1	,73	1,1	<u>27.</u>
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
	ر است است ،				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			ll		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		-		37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		, ,		
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				π,	-
þ	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis	1			
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis				i	'
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit)	_	х	-
	review, or compilation of its financial statements and selection of an independent accountant?		_	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			χĺ
	Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au	tit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	000	
				Form	9 9 0 (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2016

Open to Public Inspection

Name of the organization Employer identification number CITYBRIDGE EDUCATION 81-3516887 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (i) Name of supported (II) EIN (III) Type of organization (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and			,,,			
	membership fees received (Do not	1		1	İ		
	include any "unusual grants ")	,		[100,000.	4584009.	4684009.
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	}		<u> </u>			
	the organization without charge			<u> </u>			
4	Total. Add lines 1 through 3				100,000.	4584009.	4684009.
5	The portion of total contributions			1			
	by each person (other than a						
	governmental unit or publicly	}		i		•	
	supported organization) included						
	on line 1 that exceeds 2% of the	}		ł		}	
	amount shown on line 11,						
	column (f)			ł			2998443.
6	Public support. Subtract line 5 from line 4						1685566.
$\overline{}$	ction B. Total Support			<u> </u>		 -	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	, , , , , , , , , , , , , , , , , , , ,		[100,000.	4584009.	4684009.
8	Gross income from interest,						
	dividends, payments received on			Į			
	securities loans, rents, royalties						
	and income from similar sources	,			1	105.	105.
9	Net income from unrelated business			1			
	activities, whether or not the				İ		
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)			<u> </u>			
11	Total support. Add lines 7 through 10						4684114.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	n 501(c)(3)	
	organization, check this box and stop	here					▶ X
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	a 33 1/3% support test - 2016. If the o	organization did no	ot check the box o	n line 13, and line	e 14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ו	•	•	
t	o 33 1/3% support test - 2015. If the o	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qual	•					>
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t VI how the organ	ızatıon
	meets the "facts-and-circumstances"	=			_		▶∟⅃
t	10% -facts-and-circumstances tes	-				•	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶∟
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2016 CITYBRIDGE EDUCATION 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	s to
gualify under the tests listed below, please complete Part II.)	

Sec	ction A. Public Support	elow, please comp	piete Part II)						
			0.5040		T	1			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	 	(e) 2016	(f) Tota	<u>al</u>
1	Gifts, grants, contributions, and		})		}	
	membership fees received (Do not include any "unusual grants")					<u> </u>		1	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513						- -		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities					ļ			
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and		[
	3 received from disqualified persons			L		<u>. </u>			
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b					<u> </u>			
8	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015		e) 2016	(f) Tota	<u>1</u>
9	Amounts from line 6			<u> </u>	<u> </u>	L			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			3					
b	Unrelated business taxable income				1	}			
	(less section 511 taxes) from businesses				}	}			
	acquired after June 30, 1975			<u> </u>	<u> </u>				
c	Add lines 10a and 10b				<u> </u>				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					 		i I	
12	Other income Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)			1					
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501	(c)(3) organiz	ation,	
_	check this box and stop here		· · · ·	<u>.</u>				`	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2016 (I	ine 8, column (f) d	ıvıded by line 13,	column (f))		15			_ %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16			%
_	ction D. Computation of Inves			·					
17	Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17			%
18	Investment income percentage from	•	• • • • • • • • • • • • • • • • • • • •	."		18			%
19a	33 1/3% support tests - 2016. If the			on line 14, and line	e 15 is more than 3	33 1/3	%, and line 1	7 is not	
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation		>	
b	33 1/3% support tests - 2015. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore tha	an 33 1/3%, a	and	
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualıfıes	as a publicly supp	orted	organization	•	
20	Private foundation. If the organization	<u>in did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structi	ons		
6200	23 .09-21-16				Cob	ماريام	A /Form 000	000 EZ	2046

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.)

Sec	tion A. All Supporting Organizations			•
			Yes	No
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		1	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below	3a		
L	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	 		
U	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		ĺ	
	organization made the determination	3b] '	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	<u> </u>		
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	`	
	Was any supported organization not organized in the United States ("foreign supported organization")? If		-	
4a		4a		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	140		
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	46		
	despite being controlled or supervised by or in connection with its supported organizations	4b	 	<u> </u>
С	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)	1	-	
	purposes 0.4 IIV-s II	4c	├	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	Ì	Ì	1
	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,		ĺ	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	1 _		
	was accomplished (such as by amendment to the organizing document)	5a		
b		ļ <u>.</u> .		
	designated in the organization's organizing document?	5b	 -	<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	l	ļ	
	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		1	
	Part VI.	6	 -	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1]	
	(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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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	į.		
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	ļ	ļ	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	
С	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.	9c		
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	Ì] '	
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ŀ	1	ł
	determine whether the organization had excess business holdings)	10b	1	I

Га	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sec	tion 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	<u> </u>	
_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		
Sec	cion 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		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		· · · · · · · · · · · · · · · · · · ·
е	Discount claimed for blockage or other	7	· · · · · · · · · · · · · · · · · · ·	
	factors (explain in detail in Part VI)	Ī		
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,			<u> </u>
	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		
Sec	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 integra	ted Type III supporting orga	anization (see
	instructions).			`

Schedule A (Form 990 or 990-EZ) 2016

Part	Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations (continued)	
	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 organization	s	
4	Amounts paid to acquire exempt-use assets			 -
5	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·		<u></u>
6	Other distributions (describe in Part VI). See instructions		 	
	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			
	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			· · · · · · · · · · · · · · · · · · ·
3	Excess distributions carryover, if any, to 2016		<u> </u>	
a				
b				
С	From 2013			
d	From 2014			
е	From 2015	<u> </u>		
	Total of lines 3a through e	<u> </u>		
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
<u>_</u> i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
_	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c		·	
8	Breakdown of line 7			
a	5			
	Excess from 2013		<u> </u>	
	Excess from 2014			
	Excess from 2015		 	

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section D, lines 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)
SCHEDULE A, PART II, COLUMN (E):
AS CITYBRIDGE WAS INCORPORATED ON MARCH 16, 2016, ITS INITIAL FEDERAL
FORM 990 FOR THE PERIOD ENDED DECEMBER 31, 2016 IS A SHORT YEAR RETURN.
ALSO, CITYBRIDGE CHANGED ITS FISCAL YEAR END TO JUNE 30 FROM DECEMBER
31. THEREFORE, THE FEDERAL FORM 990 FOR THE PERIOD ENDED JUNE 30, 2017
IS ALSO A SHORT YEAR RETURN.
•
· · · · · · · · · · · · · · · · · · ·

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.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 16 Open to Public

Name of the organization CITYBRIDGE EDUCATION **Employer identification number** 81-3516887

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			·
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	•		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	used only	
	for charitable purposes and not for the benefit of the donor of	5 5	•	
	impermissible private benefit?			Yes No
Pa		ganization answered "Yes" on Form 990, I	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert	ified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	vation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ure	ĺ
	listed in the National Register		2d	<u> </u>
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation eas	sements during the year
	———			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			L Yes L No
9	In Part XIII, describe how the organization reports conservati	•		•
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organiza	tion's accounting for
D	conservation easements	f Art Historical Transcures or O	Abor Circl	lar Acceta
Pai	t III Organizations Maintaining Collections o Complete if the organization answered "Yes" on Form		ther Sillin	di Assets.
				and about walks of ask
ıa	If the organization elected, as permitted under SFAS 116 (AS	•		· · · · · · · · · · · · · · · · · · ·
	historical treasures, or other similar assets held for public ext		nce or public	service, provide, in Part XIII,
_	the text of the footnote to its financial statements that describes a representation along the company of the c		, and balance	
b	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, elected to the similar assets held for public exhibition, elected to the similar assets held for public exhibition, elected to the similar assets held for public exhibition, elected to the similar assets held for public exhibition, elected to the similar assets held for public exhibition as the similar assets held for public exhibition and the similar assets held for public exhibition as the similar assets held for public exhibition and the similar assets held for public exhibition as the similar assets held for public exhibition and the similar assets held for public exhibition as the similar assets held for public exhibition and the similar assets held for public exhibition as the similar assets held for public exhibition as the similar assets held for public exhibition and the similar assets held for public exhibition and the similar assets held for public exhibition as the similar assets held for public exhibition as the similar assets held for public exhibition as the similar assets held for public exhibition as the similar assets held for the similar assets held for public exhibition as the similar assets held for the similar as the			
	•	odcation, or research in furtherance of pul	olic service,	provide the following amounts
	relating to these items.			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1			\$ \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	inclures or other cimilar coasts for financial	Laon ===:	φ
2	the following amounts required to be reported under SFAS 1		ı gam, provid	ie –
9	Revenue included on Form 990, Part VIII, line 1	10 (100 300) relating to triese items	_	¢
a h	Assets included in Form 990, Part X			ψ
	7.000to moradou in ricini 990, riale A			Ψ

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

632051 08-29-16

Schedule D (Form 990) 2016

		DGE EDUCAT					81-3	516887 Page 2
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Other	Similar Ass	ets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at are a sig	nificant use of i	ts collection items
	(check all that apply).							
а	Public exhibition	d		Loan or excl	hange progr	ams		
b	Scholarly research	е		Other				
С	Preservation for future generations						•	
4	Provide a description of the organization's co	ollections and explai	n how ti	ney further tl	he organizat	ion's exem	pt purpose in P	art XIII
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	ier similar a	ıssets	
	to be sold to raise funds rather than to be m							Yes No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other as	ssets not in	ncluded	
	on Form 990, Part X?						L	Yes L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table				
							}	Amount
	Beginning balance						1c	
ď	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	-1. · · · · · · · · · · · · · · · · · · ·
	Did the organization include an amount on F					_	/? L	Yes No
	If "Yes," explain the arrangement in Part XIII						 -	
Par	t V Endowment Funds. Complete							(1 () (2) (2)
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance				 			
Ь	Contributions							
C	Net investment earnings, gains, and losses	· · · · ·					 	
	Grants or scholarships							
е	Other expenditures for facilities				ļ			1
	and programs				ļ		 	
	Administrative expenses				 -			+
g	End of year balance Provide the estimated percentage of the cur	ront year and haland	e (line 1	a column (s	l hold as			
2	Board designated or quasi-endowment	rent year end balanc	ر النازات ا م	rg, column (a	iji Heid as			
a b	Permanent endowment	%	- ′°					
	Temporarily restricted endowment	^°						
·	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	•	ation th	at are held a	nd administe	ered for the	organization	
-	by.	or and or game						Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
ь	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?				3b
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990), Part I	V, line 11a S	See Form 990), Part X, Iır	ne 10	
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Book value
		basis (investr	nent)	basis	(other)	depre	eciation	
1a	Land							
b	Buildings					· — - 		
С	Leasehold improvements							······
d	Equipment		<u>. </u>		9,591.		2,394.	27,197.
	Other				5,995.		5,353.	40,642.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	(Oc)	.=	<u> </u>	67,839.

Schedule D (Form 990) 2016

Tart VIII III VOStilicità - Ottici decartics.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities.

Complete if the organization answered "Yes" 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)	DEFERRED RENT	52,000.
(3)	FUNDS HELD FOR OTHERS	300,000.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 352,000.

^{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) 2016

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047	2016

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	THINDING.	on about ochledule i j	O III 220 MIN III	TO CHOMON BOIL			
Name of the organization CITYBRIDGE EDUCATION	E EDUCATI	NO					Employer identification number $81-3516887$
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance? 9 Describe in Dark IV the properties for monthing the use of grant funds in the United States.	stance?	torion the use of grant.	funds in the United	States			X Yes No
1 %	Domestic Organi	izations and Domestic	: Governments. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II car	be duplicated if additi	onal space is need	ed	(A Mothod of		
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ORR ELEMENTARY		i					IN SUPPORT OF
2200 MINNESOTA AVENUE, SE WASHINGTON, DC 20020	46-0776963	501(C)(3)	150,000	0.			BREAKTHROUGH SCHOOLS - DC WORK
							ao maodana ma
CAPITAL CITY PUBLIC CHARTER SCHOOL 100 PEABODY STREET, NW		(() () ()	000	c			IN SUFFORT OF BREAKTHROUGH SCHOOLS - DC WORK
WASHINGTON, DC 20011	C//OT77-7C	- 1	000,001	;			
DC PUBLIC EDUCATION FUND 3407 14TH STREET, NW	76.1607055	501(7)(7)	000	C			IN SUPPORT OF BREAKTHROUGH SCHOOLS - DC MORK
WASHINGTON, DC 20010	CC6/09T-97	- 1	000,000	;			
DISTRICT OF COLUMBIA PUBLIC SCHOOLS - 1200 FIRST STREET, NE,	2 62 63	. 67.07.03	250 000	c			IN SUPPORT OF BREAKTHROUGH SCHOOLS - DC MORK
IZTH FLOOR - WASHINGTON, DC ZOOUZ	TCTT000-CC	201(5)(3)	.000,002	;			
CAPITAL VILLAGE SCHOOLS 4828 ILLINOIS AVENUE NW							IN SUPPORT OF BREAKTHROUGH SCHOOLS - DC
WASHINGTON, DC 20011	47-1809869	501(C)(3)	200,000.	0			WORK
HOWARD UNIVERSITY MIDDLE SCHOOL							IN SUPPORT OF
405 HOWARD PLACE, NW	6			•			BREAKTHROUGH SCHOOLS - DC
<u> </u>	28-26//214	501(C)(3)	175,000.	0			WORK
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government o	rganizations listed in th	e line 1 table				11.
۳I	s listed in the line	1 table					0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	tions for Form 990.					Schedule 1 (Form 990) (2016)

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Schedule I (Form 990) CITYBRIDGE EDUCATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	E EDUCATION Assistance to Govern	ON wernments and Organ	izations in the U	nited States (Sche	edule I (Form 990), Pa		81-3516887 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAYC CAREER ACADEMY 3047 15TH STREET, NW WASHINGTON, DC 20009	45-4928100	501(C)(3)	.000,05	.0			IN SUPPORT OF BREAKTHROUGH SCHOOLS - DC WORK
THE NEXT STEP PUBLIC CHARTER 3047 15TH STREET, NW WASHINGTON, DC 20009	52-2103442	\$01(C)(3)	75,000.	0.			IN SUPPORT OF BREAKTHROUGH SCHOOLS - DC WORK
WASHINGTON REGIONAL ASSOCIATION OF GRANTMAKERS - 1400 16TH STREET, NW, SUITE 740 - WASHINGTON, DC 20036	52-1756853	501(C)(3)	.000,05	0.			IN SUPPORT OF BREAKTHROUGH SCHOOLS - DC WORK
EDUCATION FORWARD DC 1805 7TH STEET, NW, 6TH FLOOR WASHINGTON, DC 20001	81-1823628	501(C)(3)	200,000.	0			IN SUPPORT OF BREAKTHROUGH SCHOOLS - DC WORK
FOCUS 1426 U STREET, NW WASHINGTON, DC 20009	52-2035104	501(C)(3)	6,000.	0			FOCUS GALA SPONSORSHIP
	:						Schedule I (Form 990)

81-3516887 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed CITYBRIDGE EDUCATION Schedule I (Form 990) (2016) Part III

Page 2.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) ADDITIONALLY, RECORDS ARE REVIEWED BY STAFF AND MANAGEMENT TO ENSURE THAT Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information AND SELECTION CRITERIA. THE MONITORING PROCESS REQUIRES CITYBRIDGE MAINTAINS RECORDS TO SUBSTANTIATE THE GRANTS, GRANTEE GRANTEE PROVIDES DETAIL OF EXPENSES INCURRED DURING GRANT TERM. (d) Amount of non-cash assistance ONLY PERMISSIBLE ACTIVITY IS PAID FOR UNDER GRANT TERMS. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: ELIGIBILITY,

Schedule I (Form 990) (2016)

632102 11-01-16

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number 81-3516887

	CITYBRIDGE E	DUCATI	ON			81-35168	87	
Par								
	i	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) thod of determinin th contribution amo		:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes		[
8	Intellectual property							
9	Securities - Publicly traded	X	2	233,127.	FMV			
10	Securities - Closely held stock							
11	Securities · Partnership, LLC, or		1					
	trust interests							
12	Securities - Miscellaneous		_					
13	Qualified conservation contribution -							
	Historic structures			Ĺ				
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	<u></u>						
23	Scientific specimens		<u> </u>					
24	Archeological artifacts	<u></u>						
25	Other ► (FURN. & EQUIP)	Х	1	62,175.				
26	Other ()							
27	Other ()							
28	Other ()	<u> </u>	<u> </u>	<u> </u>				
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							es	No
30a	During the year, did the organization receive b					t	1	
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for		- 1	
	exempt purposes for the entire holding period	?				30a	_	<u>X</u>
b	If "Yes," describe the arrangement in Part II					[]	-	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	itions?	31	4	<u> </u>
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncash		{	- }	
	contributions?					32a		<u>X</u>
b	If "Yes," describe in Part II						-	
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,)]	
	describe in Part II							
ΙЦΔ	For Danarwork Paduation Act Natice see	the instruc	tions for Form OC	NO.	9~1	adula M (Form 00	M (0	2016L

632141 08-23-16

Schedule M (Form 990) (2016) CITYBRIDGE EDUCATION	81-351688/	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution and information	3, and whether the organiz nbination of both Also con	ation iplete
SCHEDULE M, PART I, COLUMN (B):		
CITYBRIDGE REPORTED THE NUMBER OF CONTRIBUTIONS IN PART	I, COLUMN (B)	
FOR THE YEAR ENDED JUNE 30, 2017.		
		
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Schedule M (Form 990) (2016)

632142 08-23-16

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.

Aftach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2016
Open to Public

Open to Public Inspection

Name of the organization

Employer identification number 81-3516887

CITYBRIDGE EDUCATION FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN WASHINGTON, D.C. FORM 990, PART VI, SECTION A, LINE 6: THE CITYBRIDGE SHALL HAVE ONE MEMBER, WHICH SHALL BE THE CITYBRIDGE FOUNDATION. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBER SHALL HAVE THE RIGHT TO VOTE AND ELECT THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: CITY BRIDGE HIRES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FEDERAL UPON SUBMISSION OF THE DRAFT, THE FORM 990 IS REVIEWED BY THE FORM 990. DIRECTOR OF FINANCE, EXECUTIVE DIRECTOR & CEO, AND BOARD OF DIRECTORS BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBER THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING BODY MAKE DETERMINATIONS OF WHETHER A CONFICT EXISTS AND REVIEW ACTUAL CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELEBRATIONS AND DECISIONS IN THE TRANSACTION.

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

THE COMPENSATION OF CITYBRIDGE'S OFFICERS AND KEY EMPLOYEES ARE DETERMINED

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization CITYBRIDGE EDUCATION	Employer identification number 81-3516887
BY THE MEMBERS OF THE GOVERNING BODY USING COMPARABLE DAT	A ON COMPENSATION
FROM ORGANIZATIONS OF A SIMILAR SIZE WITH THE SAME POSITI	ONS. THE
DISCUSSION ON THE COMPENSATION IS DOCUMENTED IN THE MINUT	ES. THE LAST
COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR & CEO WAS	CONDUCTED IN APRIL
2017.	
FORM 990, PART VI, SECTION C, LINE 19:	
CITYBRIDGE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INT	EREST POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	•
	<u>.</u>
	<u> </u>
1	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

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

▶ Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

CITYBRIDGE EDUCATION

OMB No 1545-0047

2016 Open to Public Inspection

Employer identification number 81-3516887

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	ations. Complete if the organization a	inswered "Yes" on Form 990,	Part IV, line 34 be	cause it had one	or more related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled /?
FOUNDATION - 52-1870074 PSHIRE AVENUE, NW				(CVC) to		Yes	2
WASHINGTON, DC 20037	PRIVATE FOUNDATION	DISTRICT OF COLUMBIA 5	501(C)(3)	N/A	N/A		×
							-
							}
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2016	Form 990)) 2016

Schedule R (Form 990) 2016 CITYBRIDGE EDUCATION

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

(a)	(q)	(၁)	(p)	(e)	(£)	(6)	E	0	s	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General c managing partner?	General or Percentage managing ownership
		foreign country)		sections 512-514)		assets	Yes No	K-1 (Form 1065)	Yes No	
								_		
	T								_	
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	-T									
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	-						- -			
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	rganizations Taxable	as a Corpo	oration or Trust. Co	mplete if the organizati	on answered "Yes	" on Form 990, P	art IV, line 3	4 because it had o	ne or m	ore related
organizations treated as a corporation or trust during the tax year	orporation or trust durif	ig the tax	year							

1		_		ı		ı		1			ı	
 =	Section 512(b)(13) controlled entity?	Ŷ.	 	 _		L	 _	L		_	L	
-	512 E	Yes										
(H)	Percentage ownership											
(6)	Share of end-of-year				1							
()	Share of total											
(e)	ξğ.	Or mast)	_						-			
(9)	Direct controlling entity								_			
(2)	rcile	country)										
(q)	ctivity											
(a)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2016

632162 09-06-16

Page 3.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			!	Yes No
During the tax year, did the organization engage in any of the follor	s with one or more r	elated organizations listec	I in Parts II-IV?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
				1
b Giff, grant, or capital contribution to related organization(s)				;
c Gift, grant, or capital contribution from related organization(s)				1c 4
d Loans or loan guarantees to or for related organization(s)				td X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g X
				1h X
				_
j Lease of facilities, equipment, or other assets to related organization(s)				1,
				×
	(5)00(1010			
	riization(s)			# X
	nzauon(s) oo(s)			
	(s)			
 Sharing of paid employees with related organization(s) 				10
 P Reimbursement paid to related organization(s) for expenses 				Tp X
				1q X
				÷
 other transfer of cash or property from related organization(s) S Other transfer of cash or property from related organization(s)				-
ı	ho must complete t	his line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction	(c) Amount topolyed	(d) Method of defermining amount transfer	pevlovni
	type (a-s)		אפנווסם סו מפנפוווווווון מווסמונ	
(1)				
(2)				
(3)				
(4)				
(5)				
(0)	39		Produce	School of Course 5000 5045

Schedule R (Form 990) 2016 CITYBRIDGE EDUCATION

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Name, address, and EIN Primary activity (state or foreign excluded from tax under contract (classed, unrelated	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income par (related, unrelated, 5 excluded from tax under	(e) Are all partners sec 501(c)(3) er ongs?	(f) Share of total	(g) Share of end-of-year	(h) Disproportionate allocations?	(h) (i) (k) Dispropor- Code V-UBI General or Percentage tonal allocatons ² of Schedule K-1 partner ² of Schedule K-1 partner ² of Schedule K-1 partner ² of Schedule K-1 partner ²	(j) General o managin partner?	(k) "Percentage ownership
			Sections 512-514)	Yes		Coode	Yes No	(FORM 1063)	Yes	
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Schedule	R (Form 990) 2016	CITYBRIDGE EDUCATION	81-3516887 Page 5
Part VI	R (Form 990) 2016 Supplemental Info	ormation.	
L		mation for responses to questions on Schedule R See instructions	
	Flovide additional into	mation for responses to questions on scriedule A. See instructions	
			
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