DLN: 93493195003060 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable CAMPAIGN FOR GREAT PUBLIC SCHOOLS ☑ Address change 82-5515918 ☐ Name change Doing business as ☑ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 6312 SEVEN CORNERS CENTER NO 354 ☐ Amended return ☐ Application pending (202) 922-5879 City or town, state or province, country, and ZIP or foreign postal code FALLS CHURCH, VA 22044 G Gross receipts \$ 2,500,000 Name and address of principal officer H(a) Is this a group return for JOHN ARNOLD ☐Yes **☑**No subordinates? 6312 SEVEN CORNERS CENTER NO 354 H(b) Are all subordinates FALLS CHURCH, VA 22044 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (4) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 2018 M State of legal domicile DC K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE LEADERSHIP, EXPERTISE, AND ASSIST CITIES IN THE US TO IMPROVE PUBLIC EDUCATION Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 2 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . 2,500,000 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,500,000 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 432,220 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 450,248 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . b Total fundraising expenses (Part IX, column (D), line 25) ▶18,930 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 246,096 1,128,564 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 1,371,436 Net Assets or Fund Balances Beginning of Current Year End of Year 1,402,663 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 31,227 1,371,436 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here NEERAV KINGSLAND DIRECTOR & MANAGING PARTNER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-07-12 P00639053 Paid self-employed Firm's name ► MARCUM LLP Firm's EIN > 11-1986323 Preparer Use Only Firm's address ► 1899 L STREET NW SUITE 850 Phone no (202) 227-4000 WASHINGTON, DC 20036 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	statement	of Program Service	e Accomplis	hments		
			nse or note to	any line in this Part III		🗹
1	,	rganization's mission				
CITIE	ES ACROSS THE UNITE	D STATES IN IMPROVINE SUREST WAYS TO PRO	IG PUBLIČ EDL	ICATION THE CAMPAIC	IVIDE LEADERSHIP, CAPITAL AND E GN OPERATES WITH THE BELIEF TH (PERTISE TO ASSIST CITIES ACROS	AT IMPROVING PUBLIC
2	Did the organization	undertake any significai	nt program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	se new services on Sch	edule O			
3	Did the organization	cease conducting, or ma	ake significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule	e O			
4	Section 501(c)(3) and		ns are required	to report the amount	largest program services, as meas of grants and allocations to others,	
4a	(Code) (Expenses \$	453,991	including grants of \$	432,220) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$	272,394	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	181,596	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4d	Other program service	ces (Describe in Schedu	•			
	(Expenses \$	ınclu	iding grants of	\$) (Revenue \$)
4e	Total program serv	ice expenses >	907,9	Q1		

Form 990 (2018) Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Yes 3 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? 4 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? 5 Nο 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? No 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e No Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year?

12b

13

14a

14h

15

16

17

18

19

20a

20b

21

Yes

Yes

Nο

Nο

No

Nο

Nο

No

No

Nο

No

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, No column (A), line 2? If "Yes," complete Schedule I, Parts I and III Form **990** (2018)

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

orm	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11h and 192 Note.			

Yes 38 All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$. Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

7f

7g

7h

8

9a

9h

14a

14b

15

No

No

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a Gross income from members or shareholders . 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

10a

10b

13c

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O 13a Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans

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Part VI Governance, Management, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sci Check if Schedule O contains a response or note to any line in this Part VI	edule O	See instructions	•		lines ✓
Section A. Governing Body and Management					
				Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1 a	;	3		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee similar committee, explain in Schedule O	or				

36	ction 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	1a	3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ss rela	tionship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other			3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	nızatıo	n's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?		bers, stockholders, or	7 b		No
8	$\mbox{\sc Did}$ the organization contemporaneously document the meetings held or written actions the following	under	taken during the year by			
а	The governing body?			8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?			8 b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule C		be reached at the	9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenue	e Code	≘.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the activitie and branches to ensure their operations are consistent with the organization's exempt ${\sf p}$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernın •	g body before filing the	11a	Yes	
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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually into conflicts?	erests	that could give rise to	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done	policy •	? If "Yes," describe in	12c		
13	Did the organization have a written whistleblower policy?			13		No

_				
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

16b

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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

▶BEVERLY FRANCIS-PRYCE 6312 SEVEN CORNERS CENTER NO 354 FALLS CHURCH, VA 22044 (202) 922-5879

Own website Another's website Upon request Other (explain in Schedule O)

status with respect to such arrangements?

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

Section C. Disclosure

17

19

20

(F)

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or 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 nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (E)

Name and Title	Average hours per week (list any hours	Position than on its b	ne bo	ox, ι n of or/t	t ch unle: ficer	ss pers and a ee)	son	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) JOHN ARNOLD	1 00	х		x				0	0	0
CHAIR	1 00									
(2) REED HASTINGS TREASURER	1 00	×		x				0	0	0
(3) NEERAV KINGSLAND DIRECTOR & PARTNER	2 00	х		х				63,936	312,537	19,287
(4) ETHAN GRAY PARTNER & COO	2 00			х				12,561	166,426	20,027
(5) CHRISTOPHER BARBIC	38 00 2 00									
PARTNER	38 00					X		8,301	280,681	23,579
(6) DAVID HARRIS	2 00					×		17,197	269,083	15,887
PARTNER	38 00							17,137	207,003	
(7) KEVIN HUFFMAN PARTNER	2 00 38 00					х		2,804	176,107	10,817
(8) KAMEELAH SHAHEED-DIALLO	2 00					Х		16,314	145,143	16,625
PARTNER	38 00 2 00									
(9) KENNETH BUBP PARTNER	38 00					×		6,354	143,135	18,133
	30 00									
										Form 990 (2018)

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Part VII Sect	tion A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	ligh	nest Compensate	d Employees (cor	ntinued)
Nan	(A) ne and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

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1b Sub-Total				>		
c Total from continuation sheets to Pa	art VII , Section	Α		▶		

С	iotal from continuation sneets to Part VII, Section A			
d ·	Total (add lines 1b and 1c)	12		124,355
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	maiviauai	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule 1 for such person			

5 | Nο

(C) Compensation

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(B)

Description of services

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

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

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

(A) Name and business address

compensation from the organization ▶ 0

		(2018)							Page 9
Part	VIII								
		Check if Schedul	e O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campaig	ns	1a			revenue		312 - 314
nts ints		• Membership dues		1b					
3ra nou	١,	: Fundraising events		1c					
IS, (An		d Related organizatio		1d					
탈탈		Government grants (co		1e					
ns,	f	All other contributions	, gıfts, grants,						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts n above	ot included	1f	2,500,000				
듇툍	ç	Noncash contribution	ons included						
ont nd	١.	in lines 1a - 1f \$ h Total. Add lines 1a	16		_				
<u> </u>		II IOtal. Add lilles 1a	-11	•		2,500,000			
돌	2a				Business	Code			
24	2a _			_					
Service Revenue	b			_					
ı, v	C								
<i>∞</i> =	d e								
Program	f	All other program se	rvice revenue	<u>:</u>					
Ě	g.	Total. Add lines 2a-2	2f		>				
		Investment income (i			nterest, and other	1			
	s	ımılar amounts) .			•				
		Income from investm Royalties							
	٠,	Toyaldes	(ı) Rea		(II) Personal				
	6a	Gross rents	(1)		(,				
	L	Less rental expenses				_			
	D	Less Tental expenses							
	C	Rental income or (loss)							
	d	Net rental income o	r (loss)			4			
			(ı) Securi		(II) Other				
	7a	Gross amount from sales of							
		assets other than inventory							
		Less cost or							
	b	other basis and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss) .			>]			
	8a	Gross income from f (not including \$		ents of					
ğ		contributions reporte	ed on line 1c)						
eve		See Part IV, line 18				_			
<u>ہ</u>		Less direct expense Net income or (loss)		b sina eve	ents				
Other Revenue		Gross income from g			ents •	1		+	
0		See Part IV, line 19							
	h	Less direct expense		a b		_			
		Net income or (loss)		ı	es •	J			
	10a	Gross sales of invent	tory, less						
		returns and allowand	ces	a					
	ь	Less cost of goods s	sold	b		_			
		Net income or (loss)		I	ory >	_			
		Miscellaneous			Business Code				
	11	а							
	_								
	Ь	1							
	c								
	C								
	d	All other revenue .							+
		Total. Add lines 11a			•				1
	12	Total revenue. See	Instructions		🛌		_		1
						2,500,00	0	0	0 0 0

Forr	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must comp	lete column (A)	
500	Check if Schedule O contains a response or note to any	-	·	, ,	🗹
	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) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	432,220	432,220	general enpeneer	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	120,053	99,756	14,294	6,003
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	276,464	224,225	42,983	9,256
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,520	5,345	955	220
9	Other employee benefits	23,389	19,085	3,478	826
	Payroll taxes	23,822	19,395	3,683	744
	Fees for services (non-employees)				
ā	Management				
	Legal	29,861	9,621	20,240	
	Accounting	1,544	497	1,047	
	Lobbying	=,-			
	Professional fundraising services See Part IV, line 17				
	Investment management fees JOther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	127,407	41,052	86,355	
12	Advertising and promotion				
	Office expenses	122		122	
	Information technology	25,856		25,856	
	Royalties	23,030		23,030	
	· · ·				
	Occupancy	40,350	35,995	2,474	1,881
	Payments of travel or entertainment expenses for any federal, state, or local public officials	40,330	33,993	2,474	1,001
19	Conferences, conventions, and meetings	20,790	20,790		
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
23	Insurance				
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 O)				
	a LICENSES & REGISTRATION	166		166	
	b				
	с				
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,128,564	907,981	201,653	18,930
	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)				
1		-			Form 990 (2018)

1

30

31

32

33

34

Net

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

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing		1	1,235,298
Savings and temporary cash investments		2	

Page **11**

2 3 Pledges and grants receivable, net . . . 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5

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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . 8 Inventories for sale or use . Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D Less accumulated depreciation 10b 10c

11 11 Investments—publicly traded securities . 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 0 15 Other assets See Part IV, line 11 . . . 0 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16

17 17 Accounts payable and accrued expenses 18 18 Grants payable . . 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees,

167.365 1.402.663 31.227 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties

25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)

Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 0 26 31.227

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. 27

1.371.436 27 Unrestricted net assets 28 28 Temporarily restricted net assets .

Fund Balance 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34. Assets or

30

31 32

34

1,371,436

1,402,663

Form **990** (2018)

0 33

0

Capital stock or trust principal, or current funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			500,000
2	Total expenses (must equal Part IX, column (A), line 25)	2			128,564
3	Revenue less expenses Subtract line 2 from line 1	3		1	371,436
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	371,436
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Additional Data

Software ID: Software Version:

EIN: 82-5515918

Name: CAMPAIGN FOR GREAT PUBLIC SCHOOLS

Form 990 (2018) Form 990, Part III, Line 4a:

WHERE ITS STAFF ENGAGE ON PROPOSED LEGISLATION WITH STATE FLECTED OFFICIALS FOR MATTERS RELATED TO PUBLIC SCHOOL EDUCATION

IMPROVED PUBLIC EDUCATION OPPORTUNITIES - TO SUPPORT AND IMPROVE PUBLIC SCHOOLS PROVIDING MEANINGFUL EDUCATIONAL OPPORTUNITIES. THE CAMPAIGN ALSO ENGAGES IN ADVOCACY AND LOBBYING ACTIVITIES. THE CAMPAIGN EXPECTS TO DEVOTE APPROXIMATELY HALF OF ITS TIME AND RESOURCES ON SUCH ACTIVITIES THE CAMPAIGN'S ADVOCACY AND LOBBYING ACTIVITIES WILL FOCUS ON ACTIVITIES THAT ENHANCE THE OPPORTUNITY FOR SCHOOLS TO PROVIDE EDUCATIONAL ACCESS TO ALL CHILDREN THE CAMPAIGN WILL MAKE GRANTS TO TAX-EXEMPT ORGANIZATIONS THAT ARE ENGAGED IN ADVOCACY AND LOBBYING ACTIVITIES AT THE LOCAL AND STATE LEVEL. THE CAMPAIGN GRANTS WILL SUPPORT ORGANIZATIONS THAT ARE ROOTED IN LOCAL COMMUNITIES AND FOCUSED ON PUBLIC EDUCATION MATTERS THE CAMPAIGN WILL ALSO COLLABORATE WITH TAX-EXEMPT ORGANIZATIONS THROUGH ITS GRANT MAKING AND ALSO THROUGH KNOWLEDGE DISSEMINATION AND DEVELOPMENT ACROSS ITS NETWORK IN THE FUTURE. THE CAMPAIGN MAY ALSO ENGAGE IN LIMITED AMOUNT OF DIRECT LOBBYING

Form 990, Part III, Line 4b: DEVELOPMENT OF AND SUPPORT FOR SCHOOL BOARD AND OTHER CANDIDATES. THE CAMPAIGN WILL SUPPORT QUALIFIED CANDIDATES RUNNING FOR SCHOOL BOARD AND OTHER ELECTED OFFICES THAT WILL HAVE A DIRECT IMPACT ON IMPROVING PUBLIC EDUCATION BY INVESTING IN THE LEADERS WHO ARE PLACE-BASED AND COMMITTED TO IMPROVING PUBLIC SCHOOLS. THE CAMPAIGN HOPES TO HELP JUMP START THE GROWTH OF HIGH OUALITY PUBLIC SCHOOLS AN AFFILIATED

EDUCATIONAL PROGRAMMING IN CITIES ACROSS THE COUNTRY

COMMUNITY EDUCATION REGARDING EDUCATION POLICY- THE CAMPAIGN WILL COLLABORATE WITH LOCAL PARTNER ORGANIZATIONS TO SUPPORT AND DEVELOP EDUCATIONAL PUBLIC POLICY MATERIALS THAT ARE DISTRIBUTED TO THE PUBLIC AND POTENTIAL SCHOOL BOARD CANDIDATES THE MATERIALS WILL FOCUS ON KEY POLICY ISSUES RELATED TO EDUCATIONAL OUTCOMES FOR CHILDREN IN THE NATION'S PUBLIC SCHOOLS THE CAMPAIGN WILL WORK TO IMPROVE SOCIAL WELFARE FOR COMMUNITIES NATION-WIDE ABOUT EDUCATION POLICIES AND SYSTEMS WHICH CAN IMPACT STUDENT AND SCHOOL PERFORMANCE IN MEASURABLE WAYS THE

Form 990, Part III, Line 4c:

CAMPAIGN WILL ALSO PROVIDE RESOURCES, TRAINING, AND FEEDBACK TO COMMUNITY PARTNER ORGANIZATIONS TO SUPPORT THEM IN ENSURING THAT CHILDREN HAVE ACCESS TO MEANINGFUL EDUCATIONAL OPPORTUNITIES LOCAL PARTNER ORGANIZATIONS WILL BE COMMUNITY-DRIVEN INITIATIVES THAT ARE THEMSELVES GENERALLY INCORPORATED AS NONPROFIT CORPORATIONS AND RECOGNIZED AS TAX-EXEMPT UNDER INTERNAL REVENUE CODE SECTION 50L(C)(3) OR 501(C)(4) BY WORKING WITH LOCAL PARTNERS. THE CAMPAIGN WILL SCALE THE IMPACT OF DATA-DRIVEN SOLUTIONS TO SEEMINGLY INTRACTABLE PROBLEMS IN THE DELIVERY OF EDUCATION NATIONWIDE IN ITS EFFORT TO PROMOTE SOCIAL WELFARE, THE CAMPAIGN WILL ENGAGE WITH COMMUNITY STAKEHOLDERS AND EDUCATORS TO EDUCATE THE PUBLIC ON EDUCATION POLICY IMPACT. THE CAMPAIGN WILL DO SO THROUGH CONVENINGS WITH LOCAL PARTNERS, ENGAGING WITH STAKEHOLDERS. AND INDIVIDUALS WHO ARE WORKING TO SUPPORT PUBLIC SCHOOL IMPROVEMENT, AND BY DEVELOPING AND DISTRIBUTING EDUCATIONAL PROGRAMS AND MATERIALS THROUGH A VARIETY OF DISTRIBUTION CHANNELS.

SCHEDULE C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493195003060

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	l						
• S	ection 501(c)(3) organizations Cor Section 501(c) (other than section 5 Section 527 organizations Complet		e Part I-C s I-A and C below	Do not com	plete Part I-B	3	en
		n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s					В
• 9	Section 501(c)(3) organizations that	t have NOT filed Form 5768 (election u	nder section 501(h)) Complete	e Part II-B Do	not complete F	art II-A
	e organization answered - Yes - oi xy Tax) (see separate instruction	n Form 990, Part IV, Line 5 (Proxy Ta s), then	x) (see separate i	nstructions) or Form 99	0-EZ, Part V , III	ie 350
	Section 501(c)(4), (5), or (6) organiz	zations Complete Part III					
	ne of the organization IPAIGN FOR GREAT PUBLIC SCHOOLS			E	Employer ide	entification nui	nber
Do.	T. Complete if the even		F01/c) or ic		32-5515918	ination	
		nization is exempt under section					
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political cai	mpaign activities ir	n Part IV (se	e instructions	for definition of	
2	Political campaign activity expend	litures (see instructions)			•	\$	1,000
3	Volunteer hours for political camp	-					
Par	t I-B Complete if the orga	nization is exempt under section	on 501(c)(3).				
1	Enter the amount of any excise to	ax incurred by the organization under s	ection 4955		>	\$	
2	Enter the amount of any excise to	ax incurred by organization managers i	ınder section 4955		•	\$	
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the orga	nization is exempt under section	on 501(c), exce	ept sectio	n 501(c)(3	3).	
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	s 🕨	\$	
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	organizations for se	ection 527 e	xempt ▶	\$	
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	lıne 17b	>	\$	
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) or each organization listed, enter the am that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the red to a separate p	filing organ olitical orgai	iization's fund nization, such	ls Also enter the	
	(a) Name	(b) Address	(c) EIN		unt paid from ganization's	(e) Amount	
				funds If	none, enter -0-	and prom directly deli separate	ptly and vered to a
						organizatio enter	
1							
2							
3							
4							
5							
						_	

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493195003060 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** CAMPAIGN FOR GREAT PUBLIC SCHOOLS 82-5515918 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2018

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Par	t III	Organizations Mai	ntaining Col	lections c	of Art, F	listori	cal Tr	eası	ıres, or	Other	Similar A	ssets (continued)	
3		g the organization's acquis s (check all that apply)	sition, accessior	n, and other	records,	check	any of	the fo	llowing t	hat are a	sıgnıfıcant	use of it	s collection	
а		Public exhibition				d		Loan	or excha	inge prog	ırams			
b		Scholarly research				e		Othe	r					
c		Preservation for future g	generations											
4	Provi Part	ide a description of the or XIII	ganızatıon's coll	ections and	explain l	how the	ey furth	er the	e organız	atıon's ex	empt purp	ose in		
5		ng the year, did the organ ts to be sold to raise funds									ular	□ Y €	es 🗆 No	
Pa	rt IV	Escrow and Custoo Complete if the orga X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on	Form 990, Part	
1a														
b	If "Y	es," explain the arrangem	nent in Part XIII	and comple	ete the fo	llowing	table		ſ			Amount		
c	Begır	nning balance							Ī	1c				
d	Addıt	tions during the year							[1d				
е	Dıstr	butions during the year							[1e				
f	Endır	ng balance								1f				
2a	Did t	he organization include ar	n amount on Fo	rm 990, Par	t X, line	21, for	escrow	or cu	stodial a	ccount lia	bility?	. 🗆 Y	es 🗌 No	
b	If "Ye	es," explain the arrangem	ent ın Part XIII	Check here	e if the ex	xplanatı	on has	been	provided	in Part)	KIII	. 🗆		
Pa	rt V	Endowment Funds	. Complete ıf	the organ	ızatıon a	answer	ed "Ye							
				(a)Currer	nt year	(b) P	rıor yeaı	_	(c)Two ye	ars back	(d)Three ye	ears back	(e)Four years back	-
	-	ning of year balance .						_						-
		butions						_						-
		vestment earnings, gains,												_
d	Grants	s or scholarships	•					_						_
е		expenditures for facilities rograms												_
f	Admın	istrative expenses												_
g	End of	f year balance												_
2		ide the estimated percenta		nt year end	l balance	(line 1	g, colur	nn (a)) held as	5				
а	Boar	d designated or quasi-end	lowment 🟲											
b	Perm	nanent endowment 🟲												
c	Temp	porarily restricted endown	nent 🟲											
	The p	percentages on lines 2a, 2	2b, and 2c shou	ld equal 100	0%									
3а		:here endowment funds no nızatıon by	ot in the posses	sion of the	organızat	on that	t are he	eld an	d admini	stered fo	r the		Yes No	
	(i) u	nrelated organizations .					•					<u> </u>	a(i)	
b		related organizations . es" on 3a(ii), are the relat		 s listed as r	equired o	 on Sche	 dule R	· .					a(ii) 3b	
4	Desc	ribe in Part XIII the intend	ded uses of the	organızatıo	n's endov	wment f	funds							
Pa	rt VI						_							
	Dess	Complete If the orga	nization answ (a) Cost or oth		" on For (b) Cost						rm 990, Pa lepreciation		ne 10. (d) Book value	_
	Descr	iption of property	(investme		(B) Cost	or other	Dasis (C	iciei)	(C) Acci	amulated d	ергестацоп		(u) book value	
1a	Land													
b	Buildir	ngs												
c	Leasel	hold improvements												_
d	Equipr	ment												
е	Other													
Tota	I. Add	lines 1a through 1e (Colu	ımn (d) must ed	jual Form 9	90. Part	X colur	mn (B)	line	10(c)) -		>			n

Part VII Investments—Other Securities. Complete if the organ	nization answ	ered "Yes" on Form	Page 3 990, 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) Me Cost or end	thod of valuation -of-year market value
(1) Financial derivatives	·		
(A)	_		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 99			
(a) Description of investment (I) Book value		thod of valuation -of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on	Form 990, Par	t IV, line 11d See Fori	
(1) DUE FROM AFFILIATE			(b) Book value 167,365
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
			▶ 167,365
Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.			
1. (a) Description of liability	(b) Bo	ok value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	<u> </u> ▶		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foor organization's liability for uncertain tax positions under FIN 48 (ASC 740). Che	tnote to the org		
organization's hability for uncertain tax positions under FIN 48 (ASC 740). (he	ck here it the t	ext of the footnote has	veen provided in Part XIII 💌

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Reve zation answered 'Yes' on Form 990, Part IV, line 12a.	nue per Return	
1		upport per audited financial statements	. 1	
2		ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i	nvestments 2a		
b	Donated services and use of facil	ties		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line 1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) .	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	. 5	
Par		penses per Audited Financial Statements With Expersation answered 'Yes' on Form 990, Part IV, line 12a.	enses per Return	
1	Total expenses and losses per au	dited financial statements	. 1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		
а	Donated services and use of facil	ties		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII) $\ .$	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		. 3	
4	Amounts included on Form 990, I	Part IX, line 25, but not on line 1:		_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) $\ .$	4b		
С	Add lines 4a and 4b		. 4с	
5	Total expenses Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	ormation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b 2 2d and 4b Also complete this part to provide any additional info		4, Part X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 82-5515918

Name: CAMPAIGN FOR GREAT PUBLIC SCHOOLS

Supplemental Information

Return Reference PART X, LINE 2

US

Explanation

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION I N THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STAT

DLN: 93493195003060 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number CAMPAIGN FOR GREAT PUBLIC SCHOOLS 82-5515918 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Page **2**

(2) (3)

(4) (5)

Schedule I (Form 990) 2018

- (6)

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Explanation Return Reference

THE CAMPAIGN EXECUTES A GRANT AGREEMENT WITH EACH GRANTEE AND MAINTAINS RECORDS TO SUBSTANTIATE THE GRANTS, GRANTEE ELIGIBILITY, AND PART I, LINE 2 SELECTION CRITERIA THE MONITORING PROCESS REQUIRES GRANTEE PROVIDES DETAIL OF EXPENSES INCURRED DURING GRANT TERM ADDITIONALLY, RECORDS

Additional Data

INDIANAPOLIS, IN 46208

Software ID: Software Version: EIN: Name:

EIN: 82-5515918 ame: CAMPAIGN F

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Name: CAMPAIGN FOR GREAT PUBLIC SCHOOLS

· ····· · · · · · · · · · · · · · · ·	ar, cranco ana	Ctilci Abbibtanico te	Donnestie Organiza	ciono ana pomost			
(a) Name and address of organization or government	(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
50CAN ACTION FUND INC 1625 K STREET NW SUITE 400 WASHINGTON, DC 20006	45-4698768	501(C)(4)	15,220				CAPACITY GRANTS
GREAT PUBLIC SCHOOLS FOR INDY INC 1100 W 42ND STREET SUITE		501(C)(4)	250,000				CAPACITY GRANTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SHOW ME SUCCESS MISSOURI GOV'T 71.000 CAPACITY GRANTS 205 JEFFERSON STREET CAPACITY GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PORTLAND, OR 97201

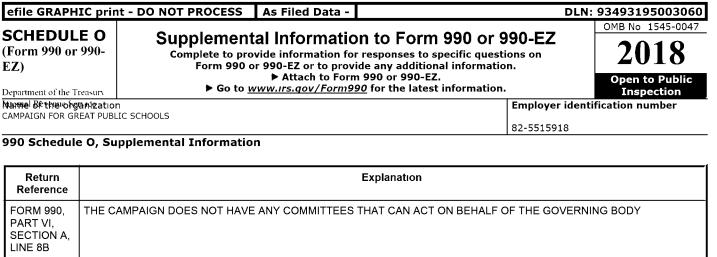
efil	e GRAPHIC pr	int - DO NOT PROCESS As Fil	ed Dat	a -	DLN: 934	19319	5003	060
Sch	edule J	Compe	nsat	ion Information	OM	1B No	1545-0	0047
(For	n 990)	For certain Officers, Dire	ctors, 1	rustees, Key Employees, and Hig	hest			
		Co Complete if the organization	mpenson answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	18	ζ .
_	a	•	Attach	to Form 990.			to Pul	
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/rorm</u>	990 tor	instructions and the latest inforn	nation.		ectio	
	ne of the organiza				Employer identificat	ion nu	ımber	
CAI	IPAIGN FOR GREAT	OBLIC SCHOOLS			82-5515918			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		piate box(es) if the organization provide ection A, line 1a Complete Part III to pr						
		or charter travel		Housing allowance or residence for j				
	_	companions		Payments for business use of person				
		ification and gross-up payments	片	Health or social club dues or initiation				
	□ Discretion	ary spending account		Personal services (e g , maid, chauf	reur, cner)			
b		es in line 1a are checked, did the organ			ent or reimbursement	1b		
2		tion require substantiation prior to reimes, officers, including the CEO/Executive			1-2	2		
	directors, truste	es, officers, including the CEO/Executive	Directo	r, regarding the items checked in line	lar			
3		f any, of the following the filing organiza			ie			
	_	EO/Executive Director Check all that ap d organization to establish compensation	. ,	•	n Part III			
	П с	the management of		Months and a second as the second as a sec				
	· ·	ition committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensa:	tion committee			
4		did any person listed on Form 990, Par	t VII. Se					
	related organiza		,		5			
а	Receive a sever	ance payment or change-of-control payr	nent?			4a		No
b	Participate in, o	receive payment from, a supplemental	nonqual	Ified retirement plan?		4b		No
c		receive payment from, an equity-based		-		4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and provide	the app	olicable amounts for each item in Part	111			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organi	zations	must complete lines 5-9.				
5	For persons liste	d on Form 990, Part VII, Section A, line						
	compensation co	ontingent on the revenues of						
а	The organization					5a		No
b	Any related orga	inization? 5a or 5b, describe in Part III				5b		No
_	•	·	4 - 4.4	No.				
6		d on Form 990, Part VII, Section A, line ontingent on the net earnings of	ia, did	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga					6b		No
7	•	6a or 6b, describe in Part III	المالم الما	the eventuation provide and acceptance	1			
7		d on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," descr			1	7		No
8	subject to the in	nts reported on Form 990, Part VII, paid itial contract exception described in Reg			escribe			
	ın Part III					8		No
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow the re	buttable	presumption procedure described in	Regulations section	9		
For E		ction Act Notice, see the Instruction	s for F	orm 990 Cat No. 5	0053T Schedule 1		2 990)	2018

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 NEERAV KINGSLAND DIRECTOR & PARTNER	(i)	63,936	0	0	2,284	991	67,211	0
	(ii)	312,537	0	0	11,167	4,845	328,549	0
ETHAN GRAY PARTNER & COO	(i)	12,561	0	0	506	899	13,966	0
	(ii)	166,426	0	0	6,710	11,912	185,048	0
CHRISTOPHER BARBIC PARTNER	(i)	8,301	0	0	271	406	8,978	0
7.IIII	(ii)	280,681	0	0	9,169	13,733	303,583	0
4 DAVID HARRIS PARTNER	(i)	17,197	0	0	0	954	18,151	0
	(ii)	269,083	0	0	0	14,933	284,016	0
5 KEVIN HUFFMAN PARTNER	(i)	2,804	0	0	71	99	2,974	0
······	(ii)	176,107	0	0	4,429	6,218	186,754	0
6 KAMEELAH SHAHEED-	(i)	16,314	0	0	323	1,356	17,993	0
DIALLO PARTNER	(ii)	145,143	0	0	2,877	12,069	160,089	0
7 KENNETH BUBP PARTNER	(i)	6,354	0	0	241	530	7,125	0
	(ii)	143,135	0	0	5,427	11,935	160,497	0
	+							

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018



Return Explanation

FORM 990, THE CAMPAIGN HIRES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FEDERAL FORM 990 UPON SU PART VI, BMISSION OF THE DRAFT, THE FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE, MANAGING PARTN SECTION B, ER, AND BOARD OF DIRECTORS BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	TO ENSURE THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH SOCIAL WELFARE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIE WS SHALL BE CONDUCTED THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUB JECTS - WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING, - WHETHER PARTNERSHIPS, JOI NT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE CORPORATION'S W RITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOOD S AND SERVICES, FURTHER SOCIAL WELFARE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSI BLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

FORM 990,	CONSULTING FEES PROGRAM SERVICE EXPENSES 41,052 MANAGEMENT AND GENERAL EXPENSES 86,355
PART IX.	FUNDRAISING EXPENSES 0 TOTAL EXPENSES 127.407

LINE 11G

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE R
(Form 990) Related

Complete if the org

Department of the Treasury

Name of the organization CAMPAIGN FOR GREAT PUBLIC SCHOOLS

Internal Revenue Service

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.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2018

DLN: 93493195003060OMB No 1545-0047

Open to Public Inspection

Employer identification number

							82-5	515918				
Part I Identification of Disregarded Entities Complete if	f the organ	ızatıon answer	ed "Yes	on Form 9	990, Part	IV, lıne 3	3.					
(a) Name, address, and EIN (ıf applicable) of disregarded entity		(b) Primary activit		(c) Legal domicil or foreign co		(d) Total ind	ome	(e) End-of-year as	ssets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization	ns Comple	ete if the orgar	nization	answered "	Yes" on F	orm 990,	Part I	/, line 34 be	cause	it had one or	more	
related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal do	(c) micile (state gn country)	Exempt Co	i) ode section	Public (if sect	(e) charity status ion 501(c)(3))	Dı	(f) rect controlling entity	Section (13) cc en	g) n 512(b) ontrolled
(1)THE CITY FUND 6312 SEVEN CORNERS CENTER 354 FALLS CHURCH, VA 22044 82-4938743	EDUCATION	IAL		DC	501(C)(3)		LINE 7		N/A		Yes	No No
02 1330713												
											_	
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 50135	Υ				Sche	edule R (Form	990) 2	υ18

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	total income		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managin partner?		(k) Percent owners
					314)			Yes	No		Yes	No	
					1								
Identification of Related Organiz because it had one or more related of	ations Taxable as a (Corporation s a corporation	or Trus	t Complete st during th	ıf the organ	ızatıon ansv	wered "Yes	" on Fo	orm 99	90, Part IV	, lıne	34	
Identification of Related Organiz because it had one or more related of (a) Name, address, and EIN of related organization	ations Taxable as a Gorganizations treated as (b) Primary activity	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e)	vered "Yes (f) Share of total income	Share	(g) of end- year assets	of- Perce	, line h) intage	Se (1	(I) ection 51 .3) contr entity
because it had one or more related ((a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 .3) contr
because it had one or more related ((a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity
because it had one or more related ((a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity
because it had one or more related ((a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity
because it had one or more related ((a) Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or	or 36.									
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No						
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a		No						
b Gift, grant, or capital contribution to related organization(s)		1b		No						
c Gift, grant, or capital contribution from related organization(s)		1c		No						
d Loans or loan guarantees to or for related organization(s)		1d		No						
e Loans or loan guarantees by related organization(s)		1e		No						
f Dividends from related organization(s)		1 f		No						
g Sale of assets to related organization(s)		1 g		No						
h Purchase of assets from related organization(s)		1h		No						
i Exchange of assets with related organization(s)	•	1i		No						
j Lease of facilities, equipment, or other assets to related organization(s)		1j		No						
k Lease of facilities, equipment, or other assets from related organization(s)		1k		No						
l Performance of services or membership or fundraising solicitations for related organization(s)		11		No						
m Performance of services or membership or fundraising solicitations by related organization(s)		1m		No						
Charge of facilities agreement regular lasts on other passes with related agreement and		10	Vac	t						

j Lease of facilities, equipment, or other assets to related organization(s)		1)	No
k Lease of facilities, equipment, or other assets from related organization(s)	<u>.</u>	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	• }	1 1m	No No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ŀ	1n Y	res es
o Sharing of paid employees with related organization(s)		10 Y	res
p Reimbursement paid to related organization(s) for expenses		1p Y	res es
q Reimbursement paid by related organization(s) for expenses		1q Y	res es

No 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction (d) Method of determining amount involved (c) Amount involved type (a-s)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
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