	Form	, 990-T	Ex	cempt Organization						ОМВ	No 1545-0047
	FOITI		Fan anian	(and proxy ta ndar year 2019 or other tax year begin						G	00 1 0
	_		For caler	-					20 1 7	_ <i>\</i>	<u> </u>
	-	tment of the Treasury at Revenue Service	▶ Do	► Go to www.irs.gov/Form990 not enter SSN numbers on this form					c)(3)	Open to	Public Inspection for Organizations Only
	Ā	Check box if				me changed and			D Empl	oyer identif	fication number
•	_	address changed							(Empt	oyees' trust, s	see instructions)
	BEX	Exempt under section CHARTER SCHOOL INCUBATOR INITIATIVE									
	Х	501(C)(03.)	Print	Number, street, and room or suite no	If a P O	box, see instruc	tions			116150	
		408(e) 220(e)	or Type							lated busin	ess activity code
		408A530(a)		910 17TH STREET NW.				1100	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101100110110	
		529(a)		City or town, state or province, count	•	ZIP or foreign pos	tal code				
		ok value of all assets and of year		WASHINGTON, DC 2000		,			ŀ		
				up exemption number (See instruc			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		1 4044 3		1 011 1 1
	ш Б	atar the acceptant		ck organization type X 50° nization's unrelated trades or busine			501(c		401(a)		Other trust
		ade or business her		mization's unrelated trades or busine			If only one	complete Parts I		y (or first) u re than one	
				end of the previous sentence, co			•	•			e, describe trie
		ade or business, the		•		T GRO T GRO II,	oomplote a c	01100010 111 101 00	5,,, 000,,,,0		
				corporation a subsidiary in an affil	iated g	roup or a paren	t-subsidiary of	controlled group?			Yes X No
		-		identifying number of the parent co	_		_				
	J TI	ne books are in care	of ▶ OR	NELLA NAPOLITANO			Telephon	e number 🕨 20	2-251	-5210	
	Par	t I Unrelated	Trade c	or Business Income		(A) Inc	ome	(B) Expen	ses		(C) Net
	1 a	Gross receipts or s	sales					1	.!	1	
	<u>ත</u> p	Less returns and allowa		c Balance				11 1	1	 	
				ule A, line 7)	2			' '	- 1	1	
	⊝ 3			2 from line 1c	3			'	1:	+	
	Б В ф			ttach Schedule D)	4a 4b			1			
	SE'		gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)					11 1	1 '	+	
	5	•	(loss) from a partnership or an S corporation (attach statement)					41.1	1	+	
ع	€ 6				-						
8	Veriching Ogden			come (Schedule E)	7					1	
흊	₹8	Interest, annuities, roya	ilties, and rer	nts from a controlled organization (Schedule F	8						_
.	්සි ₉	Investment income of a	section 501	(c)(7), (9), or (17) organization (Schedule G)	9			REC	FIVE		1
=	≊ ₁₀ S ₁₁			ncome (Schedule I)	10			1120	- I V L	Bar.	
•	- 11			ule J)	11			0022			
	12			tions, attach schedule)	12		0.		3 202		
	13 Par	t II Deduction	nes 3 thro	ough 12	ructio	ne for limits	tions on d	eductions \.(1	Tail i a fi	ne mus	t he directly
	rai	connected	d with th	ough 12	raciio ie.)	אווא וטו ווווונפ	idons on d	educinalis).(t	seducii		st be directly
	14			directors, and trustees (Schedule K)							
9	15									1	
.02	16										
2	17	Bad debts							17		
_	18	Interest (attach so	chedule) (see instructions)					18		
>	19						l 1		19		
2	20			4562)							
	21			on Schedule A and elsewhere on re						 	
Щ	22		n							+	
. E	23 24	Contributions to deferred compensation plans								-	
SCANNED NOV	25			Schedule I)						 	
%	26			chedule J)						†	
34.7.	27			chedule)						1	
	28			s 14 through 27							
	29			e income before net operating							
	30	Deduction for net	operating	loss arising in tax years beginnii	ng on o	r after January	1, 2018 (see	instructions)	30		
	31			e income Subtract line 30 from line	29 .	<u></u>		<u> </u>	31		
	For P	aperwork Reducti	on Act N	otice, see instructions.						Fc	om 990-T (2019)

raye 4

Par	t III	Total Unrelated Business Taxable Income				
32	·Total c	f unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructi	ons)	32			
33		s paid for disallowed fringes	33			
34		ole contributions (see instructions for limitation rules)	34			
35		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line			_	
33		the sum of lines 32 and 33	35			0.
			33			
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see			•	
		ons)				
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			
38	•	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		Ι,	000.
39	Unrelate	d business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,				
	enter th	smaller of zero or line 37	39			0.
Par		Tax Computation			_	
40	Organiz	ations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
41	Trusts	Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amo	unt on line 39 from	41			
42	Proxy ta	x. See instructions				
43	_	ve minimum tax (trusts only),				
44		Noncompliant Facility Income. See instructions	 			
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies				
Par		Tax and Payments	1 40 1.			
46a			1 1			
b			ł			
C			1 Form 1118, trusts attach Form 1116)			
d			1			
е						
47	Subtrac	Inne 46e from line 45	47			
48		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	t I			
49		c. Add lines 47 and 48 (see instructions) ,	49			0.
50	2019 ne	t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Paymen	ts A 2018 overpayment credited to 2019]			
b	2019 es	timated tax payments				
C	Tax dep	osited with Form 8868	}			
		organizations Tax paid or withheld at source (see instructions) 51d				
		withholding (see instructions)				
f		or small employer health insurance premiums (attach Form 8941) 51f				
		edits, adjustments, and payments Form 2439				
9		orm 4136 Other Total ▶ 51g				
52		yments. Add lines 51a through 51g	52		4,3	100.
53	•	ad tax penalty (see instructions) Check if Form 2220 is attached	53			
54		If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55		ment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		4.	100.
56		amount of line 55 you want Credited to 2020 estimated tax ▶ Refunded ▶				100.
		Statements Regarding Certain Activities and Other Information (see instruction				
		time during the 2019 calendar year, did the organization have an interest in or a signature or		ithority	Yes	No
57						
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may be a security of Ferraga Accounts If "Yes," extens the page of the				ı İ
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign (Jountry		X
	here >					
58	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?			X
	If "Yes,"	see instructions for other forms the organization may have to file				, ,
59		eyamount of tax/exempt interest received or accrued during the tax year 🕨 \$			لـبـــا	لـــا
	Ug	der behalties of perjury of declare that I have exammed this return, including accompanying schedules and statements and to the be, correct/and opposite perjaration of preparer (other than taxpayer) is balge on all information of which preparer has any knowledge	est of my h	nowledge	and beli	ef, it is
Sign	າ ⊾ ″//	/ V / (V///) L4	y the IRS	discuss	this r	etum
Her	1 - 14		th the pr			
	, -	gnature of officer Date Title (se	e instructions) ² X Y	es	No
	•	Print/Type preparer's name Preparer's signature Date Checi	k I if	PTIN		
Paid			mployed	P012	4045	5
	arer		EIN ► 1	3-538	1590	
Use	Only		eno 703			

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Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

%

%

%

Enter here and on page 1,

Part I, line 7, column (A)

▶

Schedule F – Interest, Ann	uities, Royaltie			ntrolled Or			Zauc	ns (se	e instructi	ons)	
Name of controlled organization	2 Employer identification numb	, in	I. Net unreli (loss) (see ii	ated income instructions)	4 Total	of spec	4-	ıncluded	f column 4 ti in the contro on's gross in	olling	6. Deductions directly connected with income in column 5
(1)											
(2)					<u> </u>						
(3)					ļ						
(4)					<u>.</u>						
Nonexempt Controlled Organiz	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc		1	Total of specifi ayments made		inc	cluded	of column in the col ion's gross	ntrolling		I Deductions directly inected with income in column 10
(1)											
(2)											<u>-</u>
(3)											
(4)											
Totals				(9), or (17	<u> </u>	Er P	iter hei art I, lu	umns 5 a re and on ne 8, colur see inst	page 1, nn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1. Description of income	2 Amount of	Income		3 Deduction directly contact (attach sci	nnected				-asides schedule) 		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)										-	
(4)	Enter here and	1								-+	Enter here and on page 1
Totals ▶	Part I, line 9, c	olumn (A)	!			•	;			"	Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity In	come, C	Other Th	an Advert	ising Ir	com	e (se	e instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produc unre	penses ectly ted with ction of elated s income	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thre	ted trade (column lumn 3) ompute	fron is r	ot unr	ty that	6 Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											1
(2)								_			
(3)											
(4)		•									-
Totals	Enter here and on page 1, Part I, line 10, col (A)		re and on , Part I, col (B)	1	ı	4	·		* '		Enter here and on page 1, Part II, line 25
Schedule J-Advertising In	come (see instr	uctions)									
Part I Income From Peri	iodicals Report	ed on a	Consoli	dated Bas	sis						·
1 Name of periodical	2 Gross advertising income		irect ing costs	4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	5.	Circul		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				1.							
(2)				1					_		
(3)				1 ,							<u> </u>
(4)		_		1							ा के अल्लामिन के
Totals (carry to Part II, line (5))											Form 990-T (2019

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

1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			, 1		ļ.,	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			-	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶			<u> </u>	<u> </u>	1 1	<u> </u>
Schedule K - Compensatio	n of Officers, D	irectors, and Ti	r ustees (see instr	uctions)		

1. Name	2. Title lime devote business	sted to 4 Compensation attributable to
(1)		%
(2)		%
(3)		%
(4)		%
Total. Enter here and on page 1, Part II, line 14.		▶

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