| | E | EXTENSIO | N ATTACHED |) | | | | | | | | | |
|--|---|------------------|-----------------------|--|---------------------|--|-----------------|-----------------------|-----------|-----------------|------------|-----------------|--|
| | | | Ret | turn of (| Organiza | ation E | xempt | From I | ncor | ne Tax | | | |
| For | _ g | 90 | Under secti | on 501(c), 5 | 27, or 4947(a)(| 1) of the Int | ternal Reve | enue Code (e | xcept p | rivate founda | tions) | 201 | 9 |
| | _ | | | | | - | | - | | | , | Open to P | ublic |
| | | | | Information | n about Form 9 | 990 and its | instruction | s is at <i>www.ii</i> | rs.gov/fe | orm990. | | Inspectio | on |
| AF | or th | e 2019 calei | ndar year, or ta | ax year beg | jinning | 07/ | 01, 2019 |), and endin | <u> </u> | | | - | |
| Βα | heck if ap | nlianhlau | • | | | | | | | D Employer ic | lentificat | ion number | |
| | _ | EA | | DOLS INC | • | | | | | 12 400 | 1000 | | 19 19 1 1 1 1 1 1 1 2 0 2 0 7 2 0 7 1 1 1 1 1 1 1 1 |
| | chang | je Doing | , | ο box if mail i | is not delivered to | or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2019 Social Security numbers on this form as it may be made public. Dent to Public Inspection bout Form 990 and its instructions is at www.lrs.gow/form990. 06/30.20 20 D Employer identification number 13-4004600 13-4004600 ctill E Telephone number nd ZIP or foreign postal code G Gross receipts \$ 12,920,752. CHTRAG SHAH, CFO H(a) Is this a group return for webordinates rotaces/ nd ZIP or foreign postal code G Gross receipts \$ 12,920,752. CHTRAG SHAH, CFO H(a) Is this a group return for webordinates rotaces/ no discrete to street address) Room/suite RD FLOOR, NEW YORK, NY 10036 H(a) Is this a group return for webordinates rotaces/ is sociation Other ▶ L Year of formation: 1998 M State of legal domicile: NY most significant activities: THE PURPOSE OF THIS ORGANIZATION IS TO NCREASING ACCESS TO ENRICHED EDUCATION scoordinates it column (C), line 12 orm 990-T, line 34 org it, column (C), line 12 org org it, column (A), lines 5-10) it, (A, in | | | | | | | |
| | - | 1 1 | | | | | 5) | Room/Suite | | | | 00 | |
| | - | City | | - | | | ! | | | (010) 21 | | | |
| | Amen | ded NET | V YORK, NY | 10036 | | | | | | G Gross receip | ots \$ | 12,920, | 752. |
| | Applic | cation F Nam | e and address of pr | incipal officer: | CHIRAG | G SHAH, | CFO | | | | | for Yes | X No |
| | | | WEST 42ND | STREET, | 3RD FLOOD | R, NEW | YORK, N | Y 10036 | | | | ded? Yes | No |
| Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial ream 11 WEST 42ND STREET, 3RD FLOOR (646) 943-8700 Terminated NEW YORK, NY 10036 G gross receipts \$ 12,920,75 Appendent F Name and address of principal officion: CHIRAG SHAH, CFO Appendent 11 WEST 42ND STREET, 3RD FLOOR, NEW YORK, NY 10036 Hole is this a proportium for subordinates I Tax-exempt status: X 501(c)(3) 501(c)(-) < (insert no.) | | | | | | | | | | | | | |
| <u>J</u> | | | | Charlenge Control (C) gain (22) (1) of the Internal Revenue Code (except private foundations). 2019 Do not enter Social Security numbers on this form as it may be made public. Control Public. Information about Form 990 and its instructions is at www.irs.gov/form890. 06/30.0, 20 20 DLS INC. 13-4004600 D.b. I mall in on delivered to street address) Room/suite E Telephore number (646) 943-8700 (646) 943-8700 ince. country, and JP LOOR, NEW YORK, NY 10036 G Gross recepts \$ 12,920,752. Impaid officer: CHIRAG SHAH, CPO Yes No STREET, 3RD FLOOR, NEW YORK, NY 10036 G Gross recepts \$ 12,920,752. No Impaid officer: CHIRAG SHAH, CPO Yes No Street 7, 3RD FLOOR, NEW YORK, NY 10036 Us as examinase accounts Yes No Social on Onest significant activities: THE PURPOSE OF THIS ORGANIZATION IS TO No GAP BY INCREASING ACCESS TO ENRICHED EDUCATION 5 73. 12,191,079, 12,312,781. rism ission or most significant activities: THE PURPOSE OF THIS ORGANIZATION IS TO 3 20. GAP BY INCREASING ACCESS TO ENRICHED EDUCATION 5 73. 6 rism and in necessary) COPY FOR 12,191,079, 12,312,781. </td | | | | | | | | | |
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| anci | | | | | | | | | | | | | |
| ern | 2 | Check this bo | x ► if the | organization | discontinued it | ts operation | s or dispose | ed of more the | an 25% o | of its net asse | | | |
| ĝ | 3 | Number of vo | | - | | - | - | | | | 1 1 | | 20. |
| کہ د | | | | | | | | | | | 4 | | 19. |
| /itie | | | | | | | | | | | 5 | | 73. |
| cti | 6 | Total number | of volunteers (es | timate if nece | essary) | | | | | | - | | |
| < | | | | | | | | | | | | | |
| | b | Net unrelated | business taxable | e income fron | n Form 990-1, li | ine 34 🔒 | <u></u> | | <u></u> | | 76 | Current Ve | |
| | 8 | Contributions | and grants (Part | VIII line 1h) | | | | | 1 | | 79. | | |
| nue | 9 | Program serv | ice revenue (Part | VIII. line 2a) | | | | - | | | | - | |
| eve | | | | | | | PUBLIC II | NSPECTION | | 8,4 | 70. | 5 | ,493. |
| £ | 11 | Other revenu | e (Part VIII, colur | mn (A), lines | 5, 6d, 8c, 9c, 10 | Dc, and 11e) | | | | 4,3 | 59. | 4 | ,927. |
| | | | | • | • | | | | 1 | | | | |
| | | | | | | | | | | 4,919,5 | | 4,493 | |
| | | | | | | | | | | 1 100 0' | | 4 502 | |
| ses | 15 | | | | | | | | | 4,400,0 | | 4,592 | |
| ben | h | Total fundrai | ind expenses (Pa | rait IX, column | (D) line 25) | | 467.490 | · · · · · · · | | | | | |
| ш | 17 | | | | | | | | | 2,891,3 | 58. | 2,416 | ,972. |
| | | | | | | | | | 1 | L2,298,9' | 70. | | |
| | 19 | Revenue less | expenses. Subtr | act line 18 fro | om line 12 | | | | | 505,3 | 38. | 1,344 | ,532. |
| Assets or Balances | | _ | | _ | | | _ | | | | | | |
| sset 3alar | 20 | | | | | | | | | | | | |
| | | | , , | | | | | | | | | | |
| | | | | Subtract line 2 | 21 from line 20. | | | <u></u> | | 7,520,0. | L L • | 0,031 | , 540. |
| | | 0 | | ave examined | this return. includ | ding accompa | anving sched | ules and stater | nents. an | d to the best o | f mv kn | owledge and bel | lief. it is |
| tru | e, corre | ect, and complet | e. Declaration of pre | parer (other th | an officer) is base | ed on all inform | mation of wh | ich preparer ha | s any kno | owledge. | | | |
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| не | re | | | | | | | | | | | | |
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| Use | Only | | · · | | | K NV 1 | 0017-25 | 703 | | | | | |
| Mar | / the IF | | | | | | | | | | | | No |
| _ | | | ion Act Notice, s | | | | | | <u></u> | | | Form 990 | |

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or | Name of exempt organization or other filer, see in | nstructions. | - | Taxpayer identification nu | imber (TIN) | , |
|--|---|---|--|----------------------------|---|---------------------------------|
| print | EXPANDED SCHOOLS INC. | | | 13-400460 | 0 | |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. bo 11 WEST 42ND STREET, 3RD FLOO City, town or post office, state, and ZIP code. For NEW YORK, NY 10036 | R | | | - | |
| Enter the R | eturn Code for the return that this application | is for (file | a separate application for | each return) | | 01 |
| Application | 1 | Return | Application | | | Return |
| Is For | | Code | Is For | | | Code |
| Form 990 o | or Form 990-EZ | 01 | Form 990-T (corporation | n) | | 07 |
| Form 990-E | BL | 02 | Form 1041-A | | | 08 |
| Form 4720 | (individual) | 03 | Form 4720 (other than | individual) | | 09 |
| Form 990-F | PF | 04 | Form 5227 | | | 10 |
| Form 990- | Г (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990- | Γ (trust other than above) | 06 | Form 8870 | | | 12 |
| If the org If this is for the who a list with the dist with the for the for the for the for the for the x | he No. ►646 943-8706 ganization does not have an office or place of for a Group Return, enter the organization's fo he group, check this box ► I he names and TINs of all members the extension est an automatic 6-month extension of time u the organization named above. The extension is calendar year 20 or tax year beginning 07/0 | business ir ur digit Gro f it is for pa ion is for. ntil for the org | bup Exemption Number (Gart of the group, check th 05/17, 202: ganization's return for: | SEN) is box | . If t and a t organiza 20 _20 | this is ttach tion return |
| | tax year entered in line 1 is for less than 12 m Change in accounting period | | | | | |
| nonre | application is for Forms 990-BL, 990-PF, 9 fundable credits. See instructions. application is for Forms 990-PF, 990-T, | | | · · · | 3a \$ | 0. |
| estima | ated tax payments made. Include any prior yea | ar overpayn | nent allowed as a credit. | | 3b \$ | 0. |
| | ce due. Subtract line 3b from line 3a. Include ronic Federal Tax Payment System). See instru | | ient with this form, if req | ulred, by using EFTPS | 20 6 | 0. |
| | bu are going to make an electronic funds withdrawa | | it) with this Form 8868 | Form 8453-FO and Form | 3c \$ | |
| instructions. | are going to make an electronic runds withdrawa | | | | 10079-20 | ioi payment |
| - | Act and Paperwork Reduction Act Notice, see inst | ructions. | | | Form 886 | 8 (Rev. 1-2020 |

| EXPANDED | SCHOOLS | INC. |
|----------|---------|------|
| | | |

| 13-4004600 | |
|-------------|--|
| 10 100 1000 | |

| If "Ves," describe these new services on Schedule O. Image: Schedule C. Image: Schedule C. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, and remained by sevenese. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and rememe, if any, for each program service reported. 4a (Code:) (Expenses \$_0.395, 377, including grants of \$_0.433, 122,) (Revenue \$_523, 645,) ATTACHMENT 1 | Forr | n 990 (2019) | Page 2 |
|--|------|--|----------|
| Briefly describe the organization's mission: THE PURPORES OF THIS ORGANIZATION IS TO CLOSE THE LEARNING GAP BY INCREASING ACCESS TO ENRICHED EDUCATION EXPERIENCES. D Dd the organization undertake any significant program services during the year which were not listed on the prior Farm 390 or 990-272. Image: State | Pa | | |
| THE FURPOSE OF "HIS ORGANIZATION IS TO CLOSE THE LEARNING GAP BY INCREASING ACCESS TO ENRICHED EDUCATION EXPERIENCES. Difference in the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990-E27 | | | . X |
| INCREASING ACCESS TO ENRICHED EDUCATION EXPERIENCES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 of 930-E27, | | | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 930 or 9300 ±27, | | | |
| prior Form '980 or '980 or '980 or '980 created the services as a conducting, or make significant changes in how it conducts, any program services as conducting, or make significant changes in how it conducts, any program services, services, as measured to service accomplishments for each of its three largest program services as measured to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. 4a (Code:)(Expenses \$ | | INCREASING ACCESS ID ENRICHED EDUCATION EXPERIENCES. | |
| prior Form 990 or 990 cr 9 | | | |
| If Yes' describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program writes?, | 2 | | V N- |
| services? | | If "Yes," describe these new services on Schedule O. | A NO |
| 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)3 and 501(6)4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ | 3 | services? | X No |
| expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ | _ | | |
| ATTACHMENT 1 | | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to | |
| ATTACHMENT 1 | 4a | (Code:) (Expenses \$ 8,995,577, including grants of \$ 4,493,129,) (Revenue \$ 523,845,) |) |
| EVERY HOUR COUNTS: EVERY HOUR COUNTS PROMOTES THE WORK OF BUILDING EXPANDED LEARNING SYSTEMS BY CONVENING KEY STAKEHOLDERS, DISSEMINATING INFORMATION ABOUT BEST PRACTICES, DEVELOPING SHARED METRICS FOR QUALITY AND ACCOUNTABILITY, AND INFLUENCING POLICY. EVERY HOUR COUNTS PARTNERS INCLUDE INTERMEDIARIES THAT REPRESENT LONGSTANDING PARTNERSHIPS WITH MORE THAN 1,400 SCHOOLS DISTRICTS, AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE QUALITY AFTER SCHOOL AND SUMMER PROGRAMMING AND REACH 500,000 STUDENTS EACH YEAR. | .u | ··· ···· ···· ···· · · ···· · ······· | , |
| EVERY HOUR COUNTS: EVERY HOUR COUNTS PROMOTES THE WORK OF BUILDING EXPANDED LEARNING SYSTEMS BY CONVENING KEY STAKEHOLDERS, DISSEMINATING INFORMATION ABOUT BEST PRACTICES, DEVELOPING SHARED METRICS FOR QUALITY AND ACCOUNTABILITY, AND INFLUENCING POLICY. EVERY HOUR COUNTS PARTNERS INCLUDE INTERMEDIARIES THAT REPRESENT LONGSTANDING PARTNERSHIPS WITH MORE THAN 1,400 SCHOOLS DISTRICTS, AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE QUALITY AFTER SCHOOL AND SUMMER PROGRAMMING AND REACH 500,000 STUDENTS EACH YEAR. | | | |
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| EVERY HOUR COUNTS: EVERY HOUR COUNTS PROMOTES THE WORK OF BUILDING EXPANDED LEARNING SYSTEMS BY CONVENING KEY STAKEHOLDERS, DISSEMINATING INFORMATION ABOUT BEST PRACTICES, DEVELOPING SHARED METRICS FOR QUALITY AND ACCOUNTABILITY, AND INFLUENCING POLICY. EVERY HOUR COUNTS PARTNERS INCLUDE INTERMEDIARIES THAT REPRESENT LONGSTANDING PARTNERSHIPS WITH MORE THAN 1,400 SCHOOLS DISTRICTS, AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE QUALITY AFTER SCHOOL AND SUMMER PROGRAMMING AND REACH 500,000 STUDENTS EACH YEAR. | | | |
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| DISSEMINATING INFORMATION ABOUT BEST PRACTICES, DEVELOPING SHARED METRICS FOR QUALITY AND ACCOUNTABILITY, AND INFLUENCING POLICY. EVERY HOUR COUNTS PARTNERS INCLUDE INTERMEDIARIES THAT REPRESENT LONGSTANDING PARTNERSHIPS WITH MORE THAN 1,400 SCHOOLS DISTRICTS, AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE QUALITY AFTER SCHOOL AND SUMMER PROGRAMMING AND REACH 500,000 STUDENTS EACH YEAR | | EVERY HOUR COUNTS: EVERY HOUR COUNTS PROMOTES THE WORK OF BUILDING | , |
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| LONGSTANDING PARTNERSHIPS WITH MORE THAN 1,400 SCHOOLS DISTRICTS, AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE QUALITY AFTER SCHOOL AND SUMMER PROGRAMMING AND REACH 500,000 STUDENTS EACH YEAR. | | | |
| AND COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE QUALITY AFTER SCHOOL AND SUMMER PROGRAMMING AND REACH 500,000 STUDENTS EACH YEAR | | | |
| SCHOOL AND SUMMER PROGRAMMING AND REACH 500,000 STUDENTS EACH YEAR | | | |
| YEAR. 4c (Code:) (Expenses \$including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$) (Revenue \$) 4d Other program services (Describe on Schedule O.) (Expenses \$) (Revenue \$) 4d Other program services (Describe on Schedule O.) (Expenses \$) (Revenue \$) 4e Total program service expenses ▶9, 455, 977. ISA Form 990 (2019 | | | |
| 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 9,455,977. SF1020 2.000 | | | |
| 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 9,455,977. SF1020 2.000 | | | |
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| Form 990 (2019 4003BK L161 4/7/2021 5:37:04 PM V 19-8.1F 305789 | 4e | Total program service expenses ► 9,455,977. | 0 (0010) |
| | 9Ê1(| Porm 99 4003BK L161 4/7/2021 5:37:04 PM V 19-8.1F 305789 | (2019) |

| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," |
|------|---|
| | complete Schedule A |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> |
| _ | "Yes," complete Schedule D, Part I. |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, |
| • | the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> |
| 8 | complete Schedule D, Part III |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a |
| Ũ | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, |
| | VII, VIII, IX, or X as applicable. |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," |
| | complete Schedule D, Part VI |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more |
| | of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more |
| Ь | of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete |
| | Schedule D, Parts XI and XII. |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. |
| | Did the organization maintain an office, employees, or agents outside of the United States? |
| 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 |
| 4 5 | foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV |

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? **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? 21

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II JSA 9E1021 2.000

EXPANDED SCHOOLS INC.

Checklist of Required Schedules

Form 990 (2019) Part IV

4003BK L161 4/7/2021

No

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Form 990 (2019)

Page **4**

| Part | IV Checklist of Required Schedules (continued) | | | |
|--------|--|------------|-----|------------|
| | | - | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| -• | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| 21 | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 21 | | |
| 20 | | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| a | "Yes," complete Schedule L, Part IV | 200 | | x |
| h | | 28a 28b | | X |
| | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> | 280 | | |
| C | "Yes," complete Schedule L, Part IV | 200 | | x |
| 20 | | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | ~~ | | x |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | • • | | v |
| ~~ | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| • • | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | ~ 1 | | v |
| | or IV, and Part V, line 1. | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | o = · | | 1 |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| _ | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| _ | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | • <u> </u> |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| JSA | reportable gaming (gambling) winnings to prize winners? | <u>1c</u> | X | |
| 9E1030 | 2 000 | ⊦orm | 330 | (2019) |

| Form | 990 (2019) | | F | Page 5 |
|---------|---|------------|-----|----------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 73 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | - | | 37 |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | 7- | | х |
| | and services provided to the payor? | 7a 7b | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 70 | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7c | | x |
| 4 | required to file Form 8282? | 10 | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| | Did the organization receive any runus, directly of indirectly, to pay premiums on a personal benefit contract? | 7f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| - | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | <u> </u> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40. | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| _ | the organization is licensed to issue qualified health plans | | | |
| | | 14a | | X |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a 14b | | |
| р 15 | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| 13 | excess parachute payment(s) during the year? | 15 | | х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Form **990** (2019)

| Form § | 990 (2019) EXPANDED SCHOOLS INC. 13-400 | 1600 | I | Page 6 |
|---------------|---|---------|--------|---------|
| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | See in | struc | tions. |
| Soot | Check if Schedule O contains a response or note to any line in this Part VI ion A. Governing Body and Management | <u></u> | | X |
| Seci | ion A. Governing body and Management | | Yes | No |
| 4. | Enter the number of voting members of the governing body at the end of the tax year $1a$ 20 | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| b | committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 19 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| 2 | any other officer, director, trustee, or key employee nave a name relationship of a business relationship with | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| - | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | Х | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | 0- | Х | |
| а | The governing body? | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8b | 21 | |
| 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? <i>If "Yes," provide the names and addresses on Schedule O</i> . | 9 | | x |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | - |) | |
| 0000 | | 0000 | Yes | No |
| 102 | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 4.5 | v | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X X | |
| b | Other officers or key employees of the organization | 15b | Λ | |
| 40- | 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 tayable active during the upper | 16a | | х |
| h | with a taxable entity during the year? | | | |
| b | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | ion C. Disclosure | | | · |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CT , NJ , NY , | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) | - (Sec | tion 5 | 501(c) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year. | f inter | rest p | oolicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record chirag shah 11 west 42ND STREET, 3RD FLOOR NEW YORK, NY 10036 646-943-8706 | ls 🕨 | | |
| JSA 9E1042 | 2.000 | Form | 990 | (2019) |

Page 7

| Part VII | Compensation | of | Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | anc |
|----------|----------------|-------|-----------|------------|-----------|-----|------------|---------|-------------|------------|-----|
| | Independent Co | ontra | actors | | | | | | | | |

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(**a**)

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

| | | | | (0 | C) | | | | | |
|--------------------------------|-----------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--------------------------|-------------------------------|--------------------------|
| (A) | (B) | | | Pos | ition | | | (D) | (E) | (F) |
| Name and title | Average | | | | | e than c | | Reportable | Reportable | Estimated amount |
| | hours | | | | | is both | | compensation | compensation | of other |
| | per week (list any | | | | - | or/trust | , | from the organization | from related organizations | compensation from the |
| | hours for | Individual trustee or director | Institutional trustee | Officer | Key employee | High | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and |
| | related | vidu | itutio | er | emp | lest | ner | | | related organizations |
| | organizations | or tr | onal | | oloye | ë on | | | | |
| | below dotted line) | Iste | trus | | ě | pen | | | | |
| | | Ū. | fee | | | Highest compensated employee | | | | |
| | | | | | | <u> </u> | | | | |
| (1) SASKIA TRAILL | 40.00 | | | | | | | | | |
| PRESIDENT & CEO (AS OF 08/19) | 0. | X | | Х | | | | 181,776. | 0. | 41,886. |
| (2) JANE MARTINEZ DOWLING | 40.00 | | | | | | | | | |
| FORMER CEO (THRU 08/19) | 0. | X | | Х | | | | 179,801. | 0. | 26,298. |
| (3)CHIRAG B. SHAH | 40.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | 0. | | | Х | | | | 150,363. | 0. | 31,175. |
| (4) JESSICA DONNER | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR OF PROGRAMS | 0. | 1 | | | | X | | 112,128. | 0. | 36,809. |
| (5) RASHIDA LADNER SEWARD | 40.00 | | | | | | | | | |
| VP, PROGRAM EXCELLENCE | 0. | | | | | X | | 110,637. | 0. | 36,175. |
| (6) BRYN CANNER | 40.00 | | | | | | | | | |
| VICE PRESIDENT, ADVANCEMENT | 0. | | | | | Х | | 124,584. | 0. | 16,520. |
| (7)MONICA INGKAVET | 40.00 | | | | | | | | | |
| VP, EXPANDED LEARNING SCHOOLS | 0. | | | | | Х | | 100,505. | 0. | 25,856. |
| (8) ROGER BLISSETT | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (9) RANDOLPH NELSON | 2.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| (10) MIMI CLARKE CORCORAN | 1.00 | | | | | | | | | |
| SECRETARY | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (11) KEVIN B. BRANDMEYER | 3.00 | | | | | | | | | |
| VICE CHAIR | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (12) PAM BINGHAM | .50 | | | | | | | | | |
| DIRECTOR (THRU 05/2020) | 0. | Х | | | | | | 0. | 0. | 0. |
| (13) LEON BOTSTEIN | 1.00 | | | | | | | | | |
| DIRECTOR (THRU 12/2019) | 0. | Х | | | | | | 0. | 0. | 0. |
| (14) ESTHER DYSON | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | - 000 (00.00) |

JSA

Form 990 (2019)

| Pa | art VII Section A. Officers, Directors, Tru | istees, Ke | ey Em | nplo | yee | es, | and H | lig | hest Compensat | ed Employees (c | ontinued) |
|----|--|--|-----------------------------------|-----------------------|-------------------------------|----------------|---------------------------------|-----------|--|--|--|
| | (A) Name and title | (B) Average hours per week (list any hours for | box, office | unles er and | Pos heck ss pe d a d | rson lirect | e than c is both or/trust | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| 15 |) GREG FARRELL DIRECTOR (THRU 03/2020) | .50 0. | x | | | | | | 0 | . 0. | |
| 16 |) ELONER HABTEZGHI DIRECTOR (THRU 12/2019) | 1.00 0. | x | | | | | | 0. | . 0. | |
| 17 |) JAY L. KRIEGEL DIRECTOR (THRU 10/2019) | 1.00 | x | | | | | | 0. | . 0. | |
| 18 |) RICHARD ROBERTS DIRECTOR | 1.00 0. | x | | | | | | 0. | . 0. | |
| 19 | JOSEPH BORRERO DIRECTOR | 1.00 0. | x | | | | | | 0. | . 0. | |
| 20 |) AMINA CANTER DIRECTOR (THRU 09/2019) | 1.00 0. | x | | | | | | 0. | . 0. | |
| 21 | ANDREW KAUFMAN | 1.00 | x | | | | | | 0. | . 0. | |
| 22 |) TIMOTHY HARROD DIRECTOR | 1.00 | x | | | | | | 0. | . 0. | |
| 23 | BRANDON ROBINSON CHAIR | 3.00 | x | | x | | | | 0. | . 0. | |
| 24 | RACHEL G. SKAISTIS | 1.00 | x | | | | | | 0. | . 0. | |
| 25 |) HERBERT STURZ DIRECTOR (THRU 10/2019) | 1.00 | x | | | | | | 0. | . 0. | |
| | Sub-total | | | | | | | | 959,794. | 0. | 214,719 |
| | Total from continuation sheets to Part VII, Solarity (add lines 1b and 1c) | | | | | ••• | • • • | | 959,794. | 0. | 214,719 |
| 2 | Total number of individuals (including but not reportable compensation from the organization | | hose | liste 7 | d al | 000 | e) who | o re | eceived more than | \$100,000 of | |
| 3 | Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | Yes No 3 X |
| 4 | For any individual listed on line 1a, is the sorganization and related organizations graindividual | eater than | \$15 | 50,0 | 00? | . If | "Yes | s," | complete Schedu | | 4 X |
| 5 | Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | | | | | | | | | | 5 X |
| Se | ection B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest com compensation from the organization. Report c | | | | | | | | | | |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|----------------------------|
| ATTACHMENT 2 | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to thos more than \$100.000 in compensation from the organization ► 2 | e listed above) who received | |

| | rt VII Section A. Officers, Directors, Tru (A) Name and title | (B) Average hours per | | | - (0 Pos | C) sition | e than o | | (D) Reportable | (E) Reporta | ble | Es | (F) stimated | |
|---------|---|--|------|-------|----------------|---------------------|---------------------------------|------|--|--|-------------|-------------------------|---|---------------|
| | | week (list any hours for related organizations below dotted line) | box, | unles | ss pe | erson | is both or/trust employee | an | compensation from - the organization (W-2/1099-MISC) | compensation related organizat (W-2/1099- | d ions | com fr org and | other pensatio om the anizatio d related anizatior | on in d |
| 26) | MICHAEL LEVINE DIRECTOR | .50 | x | | | | | | 0 | | 0. | | | |
| 27) | JUSTIN PEAGRAM TREASURER | 2.00 | x | | x | | | | 0 | | 0. | | | |
| 28) | SHAEL POLAKOW-SURANSKY | 1.00 | x | | ^ | | | | 0 | • | 0. | | | |
| 29) | STELLA SAFO DIRECTOR | 1.00 | X | | | | | | 0 | | 0. | | | |
| 30) | RACHEL STEINBERG DIRECTOR | 1.00 | x | | | | | | 0 | | 0. | | | |
| 31) | ERIN MCBRIDE DIRECTOR | 1.00 | x | | | | | | 0 | | 0. | | | |
| 32) | KIMBERLY DOLON DIRECTOR | 1.00 | x | | | | | | 0 | | 0. | | | |
| 33) | KAREN LING DIRECTOR | 1.00 0. | x | | | | | | 0 | • | 0. | | | |
| | | | | | | | | | | | | | | |
| С | Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) | ection A | | | • • | • • | · · · · | | 0. | | 0. | | | (|
| | Total number of individuals (including but not reportable compensation from the organization | limited to tl | | | | | | o re | ceived more than | \$100,000 d | of | | | |
| 3 | Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the e organization and related organizations gre | eater than | \$15 | 50,0 | 00? | p If | "Yes | ," (| complete Schedu | le J for a | the such | | X | |
| 5 | individual | accrue con | mpen | sati | on f | from | n any | uni | related organizati | on or indivi | | 4 5 | Λ | Х |
| Se 1 | ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year. | | | | | | | | | | | | | |
| | (A) Name and business add | lress | | | | | | | (B) Description of se | ervices | Co | (C) ompens | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► JSA 9E1055 1.000

305789

| | 90 (20 VIII | , | | | CHOOLS INC. | | | 13-4004 | 600 Page |
|---|----------------|---|----------|------------------|---|---|--|--------------------------------------|--|
| | | Check if Schedule C | | | nse or note to an | y line in this Part V (A) Total revenue | (III (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclud from tax unde sections 512-5 |
| | 1a | Federated campaigns | | 1a | | | | | |
| | b | Membership dues | | 1b | | | | | |
| | с | Fundraising events | | 1c | | | | | |
| | d | Related organizations . | | 1d | | | | | |
| | е | Government grants (cont | tributio | ons)1e | 7,726,465. | | | | |
| | f | All other contributions, g | jifts, g | grants, | | | | | |
| | | and similar amounts not incl | luded | above 1 f | 4,586,316. | | | | |
| | g | Noncash contributions in | nclude | ed in | | | | | |
| | | lines 1a-1f | | 1g | \$ 13,022. | | | | |
| | h | Total. Add lines 1a-1f . | | <u></u> | · · · · · · ► | 12,312,781. | | | |
| | | | | | Business Code | | | | |
| | 2a | CONTRACTED SERVICES | | | 900099 | 523,845. | 523,845. | | |
| 2 | b | | | | | | | | |
| | с | | | | | | | | |
| | d | | | | | | | | |
| • | е | | | | | | | | |
| | f | All other program service | e rever | nue | | | | | |
| | g | Total. Add lines 2a-2f | | | <u></u> ► | 523,845. | | | |
| | 3 | Investment income (in | | • | | | | | |
| | | other similar amounts). | | | ► | 5,493. | | | 5,4 |
| | 4 | Income from investment | | • | · . | 0. | | | |
| | 5 | Royalties | | | | 0. | | | |
| | | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | 73,706. | | | | | |
| | b | Less: rental expenses 6 | 6b | 73,706. | | | | | |
| | С | Rental income or (loss) | 6c | | | | | | |
| | d | Net rental income or (loss | s) | | | 0. | | | |
| | 7a | Gross amount from | | (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | | | |
| | | other than inventory 7 | 7a | | | | | | |
| | b | Less: cost or other basis | | | | | | | |
| | | · – | 7b | | | | | | |
| | | . , _ | 7c | | | - | | | |
| | d | Net gain or (loss) | | ••••• | <u></u> ▶ | 0. | | | |
| | 8a | Gross income from | fur | ndraising | | | | | |
| | | events (not including \$ _ | | | | | | | |
| | | of contributions repor | rted | | | | | | |
| | | 1c). See Part IV, line 18 | | | 0. | | | | |
| | | Less: direct expenses | | | 0. | | | | |
| | | Net income or (loss) from | | - | ▶ | 0. | | | |
| | 9a | Gross income fro | | gaming | | | | | |
| | | activities. See Part IV, line | | | 0. | | | | |
| | | Less: direct expenses | | | | 0. | | | |
| . | | Net income or (loss) from | - | | <u> </u> | υ. | | | |
| 1 | 0a | Gross sales of inv | | | 0. | | | | |
| | | returns and allowances | | | | | | | |
| | b c | Less: cost of goods sold . Net income or (loss) from | n saleo | s of inventory | <u> </u> | 0. | | | |
| + | v | | | | Business Code | 5. | | | |
| . | | MISCELLANEOUS INCOME | | | 900099 | 4,927. | 4,927. | | |
| 1 | 1a | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7,727. | 1,22/. | | |
| | b | | | | | | | | |
| ! | c d | All other revenue | | | | | | | |
| | | Total. Add lines 11a-11d | | | | 4,927. | | | |
| | | | | | | | | | |

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Form **990** (2019)

| | SCHOOLS INC. | | 13-40 | 04600 Page 1 |
|---|--------------------------|------------------------------------|--|---------------------------------------|
| Part IX Statement of Functional Expenses | | | | |
| Section 501(c)(3) and 501(c)(4) organizations mus | | | | · · · |
| Check if Schedule O contains a respo | onse or note to any line | in this Part IX | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,493,129. | 4,493,129. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 525,149. | 75,594. | 410,271. | 39,284 |
| 6 Compensation not included above to disqualified | | | | |
| persons (as defined under section $4958(f)(1)$) and | 0. | | | |
| persons described in section 4958(c)(3)(B) | 3,125,350. | 2,355,158. | 544,817. | 225,375 |
| 7 Other salaries and wages | 5,125,550. | 2,355,150. | JII,01/. | 440,375 |
| 8 Pension plan accruals and contributions (include | 100 440 | 01 524 | | 0 070 |
| section 401(k) and 403(b) employer contributions) | 122,448. | 81,534. | 32,036. | 8,878 |
| 9 Other employee benefits | 550,140. | 366,321. | 143,934. | 39,885 |
| 10 Payroll taxes | 269,326. | 179,339. | 70,465. | 19,522 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0. | | | |
| b Legal | 0. | | | |
| c Accounting | 61,500. | | 61,500. | |
| d Lobbying | 24,000. | | 24,000. | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 0. | | | |
| | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column | 904,384. | 854,922. | 34,344. | 15,118 |
| (A) amount, list line 11g expenses on Schedule O.) | 0. | | | |
| 12 Advertising and promotion | 213,070. | 161,698. | 34,209. | 17,163 |
| 13 Office expenses | 0. | 101,000. | 51,205. | 17,105 |
| 14 Information technology | 0. | | | |
| 15 Royalties | | 460 104 | 122.020 | CC 014 |
| 16 Occupancy | 660,148. | 462,104. | 132,030. | 66,014 |
| 17 Travel | 91,679. | 84,656. | 7,023. | |
| 18 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 103,717. | 72,602. | 20,743. | 10,372 |
| 23 Insurance | 134,496. | 94,147. | 26,899. | 13,450 |
| 24 Other expenses. Itemize expenses not covered | | | | |
| above (List miscellaneous expenses on line 24e. If | | | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a TELEPHONE | 38,599. | 27,019. | 7,720. | 3,860 |
| a ELEFTIONE | 45,823. | 32,074. | 9,164. | 4,585 |
| | | | | |
| cMISCELLANEOUS | 31,512. | 7,636. | 19,892. | 3,984 |
| dOTHER PROGRAM EXPENSES | 108,044. | 108,044. | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs | 11,502,514. | 9,455,977. | 1,579,047. | 467,490 |
| from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) | 0 | | | |

0.

following SOP 98-2 (ASC 958-720)

| art X | Balance Sheet | | | |
|----------------------------------|--|--------------------------|-----|---------------------------|
| | Check if Schedule O contains a response or note to any line in this P | art X | | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 1,750,607. | 1 | 1,843,905 |
| 2 | Savings and temporary cash investments. | 1,219,219. | 2 | 2,747,643 |
| 3 | Pledges and grants receivable, net | 8,063,755. | 3 | 7,799,034 |
| 4 | Accounts receivable, net. | 0. | 4 | |
| 5 | Loans and other receivables from any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | 0. | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined | - | | |
| | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0. | 6 | |
| 7 | Notes and loans receivable, net | 0. | 7 | |
| 7 8 | Inventories for sale or use | 0. | 8 | |
| 9 | Prepaid expenses and deferred charges | 53,748. | 9 | 18,01 |
| - | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a 812,748. | | | |
| b | Less: accumulated depreciation 10b 593,063. | 316,120. | 10c | 219,68 |
| 11 | Investments - publicly traded securities. | 0. | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | 0. | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | |
| 14 | Intangible assets | 0. | 14 | |
| 15 | Other assets. See Part IV, line 11 | 0. | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 11,403,449. | 16 | 12,628,28 |
| 17 | Accounts payable and accrued expenses | 1,041,412. | 17 | 917,11 |
| 18 | Grants payable | 2,611,796. | 18 | 1,823,79 |
| 19 | Deferred revenue. | 0. | 19 | 46,89 |
| 20 | Tax-exempt bond liabilities. | 0. | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | 0. | 21 | |
| | Loans and other payables to any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| 22 | controlled entity or family member of any of these persons | 0. | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 774,18 |
| 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 | 229,430. | 25 | 234,74 |
| 26 | Total liabilities. Add lines 17 through 25 | 3,882,638. | 26 | 3,796,73 |
| | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 3,672,382. | 27 | 3,856,193 |
| 28 | Net assets with donor restrictions. | 3,848,429. | 28 | 4,975,353 |
| 27 28 29 30 31 32 | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 1 | | 7 500 011 | | 8,831,540 |
| 32 | Total net assets or fund balances | 7,520,811. | 32 | 0,051,540 |

Form **990** (2019)

| Form 9 | 0 (2019) | | | P | age 12 |
|--------|---|---------|------------|------|---------------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | x |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 847, | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 502, | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 344, | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 7, | 520, | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0. |
| 6 | 6 Donated services and use of facilities | | | | 0. |
| 7 | Investment expenses | 7 | | | 0. |
| 8 | Prior period adjustments | 8 | | | 0. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O). | 9 | | -33, | 797. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | - | | |
| _ | 32, column (B)) | 10 | 8, | 831, | 546. |
| Part | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | - | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain | in | | |
| | Schedule O. | | | | 37 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | piled (| or | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | X | |
| b | Were the organization's financial statements audited by an independent accountant? | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ed on | a | | |
| | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | • | | x | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountar | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain c | n | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set for | n in th | ne 3a | | x |
| L | Single Audit Act and OMB Circular A-133? | •••• | | + | |
| D | If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au | • | | | |
| | required addit of addits, explain why on Schedule O and describe any steps taken to undergo such ad | uits . | 30 | | |

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6 Г

| | | evenue Service | | Go to www.irs.go | //Form990 for instruction | ons and t | he latest i | nformation. | Inspection |
|----------|-----------|---|--|---|---|--|------------------------------------|---|---------------------------|
| Nam | e of ti | he organization | | | | | | Employer identif | ication number |
| | | DED SCHOOLS | | | | | | 13-40046 | |
| | rt I | | | · · · · | organizations must o | | | , | S |
| | orga | | • | | is: (For lines 1 through | - | | , | |
| 1 | | | | | tion of churches desc | | | | |
| 2 | | | | | . (Attach Schedule E | - | | | |
| 3 | | • | | • | rganization described | | . , | | |
| 4 | | hospital's nam | - | | conjunction with a hos | spital de | scribed ir | section 170(b)(1)(A | (III). Enter the |
| 5 | | • | • | or the benefit of complete Part II.) | a college or universit | y owned | d or ope | rated by a governme | ental unit described in |
| 6 | | A federal, stat | te, or local go | vernment or gove | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | |
| 7 | Х | An organizatio | on that norma | ally receives a sub | ostantial part of its su | pport fr | om a go | vernmental unit or fr | om the general public |
| | | | | (1)(A)(vi). (Compl | | | | | |
| 8 | | A community t | trust describe | d in section 170(b | b)(1)(A)(vi). (Complete | e Part II.) | | | |
| 9 | | An agricultura | l research org | ganization describe | ed in section 170(b)(1 |)(A)(ix) | operated | in conjunction with a | land-grant college |
| | | or university o university: | r a non-land- | grant college of ag | griculture (see instruct | ions). E | nter the I | name, city, and state o | f the college or |
| 10 11 | | An organization receipts from support from g acquired by the | activities rela gross investm le organizatio | ted to its exempt f ient income and u n after June 30, 19 | ore than 331/3 % of its unctions - subject to nrelated business tax 975. See section 509 usively to test for publi | certain e able inco (a)(2). (0 | exception ome (less Complete | s, and (2) no more tha s section 511 tax) from Part III.) | in 331/3% of its |
| 12 | \square | • | • | • | • | • | | | carry out the purposes |
| | | • | • | • | • | | | | See section 509(a)(3). |
| | | | | | | | | | nes 12e, 12f, and 12g. |
| а | | | | - | , supervised, or contr | | | - | - |
| u | | | | | regularly appoint or e | | | | |
| | | | - | | e Part IV, Sections A | | ajonty of | | |
| b | | | - | | ed or controlled in co | | with ite | supported organizati | on(s) by baying |
| | | | • • • | | rganization vested in | | | | |
| | | | | | , Sections A and C. | the sam | c person | | age the supported |
| с | | - | | - | ng organization opera | ted in c | onnectio | n with and functiona | lly integrated with |
| Ŭ | | | | | is). You must comple | | | | ny mogratoa with, |
| d | | | • | . , . | porting organization of | | | | ted organization(s) |
| u | | | - | | nization generally must | - | | | |
| | | | = | | omplete Part IV, Sect | - | | | |
| е | | | | | a written determinatio | | | | II Type III |
| Ŭ | | | | | ionally integrated sup | | | | n, rypo m |
| f | En | | | | | | Jiganizat | | |
| g | | | | | orted organization(s). | | | | |
| | | ame of supported c | - | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of |
| | | | | | (described on lines 1-10 | | ur governing | support (see | other support (see |
| | | | | | above (see instructions)) | Yes | ment? No | instructions) | instructions) |
| | | | | | | | | | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| | | | | | | | | | |
| Tota | al | | | | | | | | |
| For I | Paper | work Reduction A | ct Notice, see the | e Instructions for Form | 990 or 990-EZ. | | | Schedule A | (Form 990 or 990-EZ) 2019 |

JSA 9E1210 1.000 4003BK L161 4/7/2021 5:37:04 PM V 19-8.1F

Schedule A (Form 990 or 990-EZ) 2019

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| <u>Sec</u> | tion A. Public Support | | | | | | |
|------------|--|------------------|--------------------|-------------------|-------------------|-----------------------|----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 12,308,995. | 15,296,889. | 10,950,788. | 12,191,079. | 12,312,781. | 63,060,532. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 12,308,995. | 15,296,889. | 10,950,788. | 12,191,079. | 12,312,781. | 63,060,532. |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | 1,570,184. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 61,490,348. |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 8 | Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 12,308,995. | 15,296,889. | 10,950,788. | 12,191,079. | 12,312,781. | 63,060,532. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u> | 6,640. | 1,734. | 1,500. | 4,359. | 4,927. | 19,160. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 64,638,607. |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop here | or the organizat | ion's first, secon | d, third, fourth, | or fifth tax yea | ar as a section | 501(c)(3) ▶ |
| Sec | tion C. Computation of Public Sup | port Percenta | ge | | | | |
| 14 | Public support percentage for 2019 (lin | ne 6, column (f) | divided by line | 11, column (f)). | | 14 | 95.13 % |
| 15 | Public support percentage from 2018 | | | | | | 93.80 % |
| 16a | 331/3% support test - 2019. If the org | ganization did n | ot check the bo | x on line 13, ar | nd line 14 is 33 | 1/3% or more, c | |
| | box and stop here. The organization qu | | | | | | |
| b | 331/3% support test - 2018. If the org | anization did n | ot check a box o | n line 13 or 16 | a, and line 15 is | s 331/3 % or mo | re, check |
| | this box and stop here. The organization | | | - | | | |
| 17a | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 10% or more, and if the organization | | | | | - | |
| | Part VI how the organization meets the organization | | | - | | | |
| b | 10%-facts-and-circumstances test - 2 | 2018. If the org | anization did no | ot check a box | on line 13, 16 | a, 16b, or 17a, | and line |
| | 15 is 10% or more, and if the orga | nization meets | the "facts-and | -circumstances' | ' test, check tl | his box and st | op here. |
| | Explain in Part VI how the organization | on meets the " | facts-and-circum | stances" test. | The organizatio | on qualifies as a | publicly |
| | supported organization | | | | | | |
| 18 | Private foundation. If the organization | did not check a | a box on line 13, | 16a, 16b, 17a | , or 17b, check | this box and see | |
| | instructions | | | | | | <u> ► ∟</u> |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

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

| Sec | tion A. Public Support | | | | | | |
|------------|--|----------|--------------|----------------|----------|--------------------|--------------------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Sec | tion B. Total Support | | I | I | I | Ι | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is f | - | | | | | |
| <u> </u> | organization, check this box and stop here | | | <u></u> | | <u></u> | |
| | tion C. Computation of Public Sup Public support percentage for 2019 (line 8 | | | mn (f)) | | 45 | 0/ |
| 15 16 | | | | | | 15 | <u> % </u> % |
| 16 500 | Public support percentage from 2018 Sche | | | | | 16 | % |
| | tion D. Computation of Investmen | | | 12 column (f)) | | 17 | % |
| 17 | Investment income percentage for 2019 (li | | • | | | | % |
| 18 10 a | Investment income percentage from 2018 331/3% support tests - 2019. If the o | | | | | 18 | |
| 198 | 17 is not more than 331/3%, check th | | | | | | |
| h | 331/3% support tests - 2018. If the org | | - | | | | |
| U | line 18 is not more than 331/3%, check | | | | | | |
| 20 | Private foundation. If the organization | | • | • | | | |
| JSA | | | | .,,, | | Schedule A (Form 9 | |
| 9E122 | | | TT 10 0 1 TT | 2 | 05700 | | |

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

13-4004600

| Schedu | ile A (Form 990 or 990-EZ) 2019 | | F | Page 5 |
|--------|--|------------|--------|---------|
| Part | V Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 110 | | |
| h | below, the governing body of a supported organization? A family member of a person described in (a) above? | 11a 11b | | |
| | | 11c | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations | TIC | | |
| 0000 | | | Yes | No |
| | Did the disectory tweaters as we ask eaching of any as we are a supervised as a size time have the second to | | | |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| - | organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of | | | |
| | the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | structi | ons). | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instruc | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | NO |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | <i>c</i> : | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| _ | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | ~ | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | 000 | 7) 2040 |
| JSA | Schedule A (Form | 330 Of | 330-E2 | ., 2019 |

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035. 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

6

| - | ule A (Form 990 or 990-EZ) 2019 | | | Page 7 |
|------|--|-----------------------------|--|---|
| Part | | Supporting Organizat | tions (continued) | 1 |
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | npt purposes of support | ed | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | eses of supported organized | zations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| C | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| e | Excess from 2019 | | | A (Form 000 or 000 E7) 2010 |

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Schedule A (Form 990 or 990-EZ) 2019

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

| SCHEDULE A, PART II - | OTHER INCOME | E | | | ATTACHMENT 1 | |
|-----------------------|--------------|--------|--------|--------|--------------|---------|
| DESCRIPTION | 2015 | 2016 | 2017 | 2018 | 2019 | TOTAL |
| MISCELLANEOUS INCOME | 6,640. | 1,734. | 1,500. | 4,359. | 4,927. | 19,160. |
| TOTALS | 6,640. | 1,734. | 1,500. | 4,359. | 4,927. | 19,160. |

305789

Schedule B

| (101111 330, 330-22, | |
|----------------------------|--|
| or 990-PF) | |
| Department of the Treasury | |
| Internal Revenue Service | |

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

13-4004600

| _ | | | | | |
|---|------|--------|--------|--------|-------|
| O | raan | izatio | n type | (check | one): |

EXPANDED SCHOOLS INC.

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | | | | | |
|---|----------|---------|------|--|--|
| Name of organization | EXPANDED | SCHOOLS | INC. | | |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 - | | \$4,762,757. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 2 - | | \$2,407,557. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 3 - | | \$310,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 4 - | | \$556,151. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 5 - | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 6 | | \$760,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019) | | | | | |
|---|----------|---------|------|--|--|
| Name of organization | EXPANDED | SCHOOLS | INC. | | |

| 10 | .9 |
|--------------------------------|----|
| Employer identification number | r |
| 13-4004600 | |

| Part I | Contributors (see instructions). Use duplicate copies of | of Part I if additional space is ne | eded. |
|------------|--|-------------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$420,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$400,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Schedule I | З | (Form | 990, | 990-EZ, | or | 990-PF) | (2019) |
|------------|---|-------|------|---------|----|---------|--------|
| | | | | | | | |

| Name of organization | EXPANDED | SCHOOLS | INC. | |
|----------------------|----------|---------|------|--|
|----------------------|----------|---------|------|--|

Employer identification number 13-4004600

| Part II | Noncash Property (see instructions). Use duplicate copies | of Part II if additional space is nee | eded. |
|---------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |

305789

| | (Form 990, 990-EZ, or 990-PF) (2019) | | | Pag | |
|---------------------------|---|--|---|---|--|
| ame of or | ganization EXPANDED SCHOOLS INC. | | | Employer identification number 13-4004600 | |
| Part III | Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi | the year from any ions completing Par e year. (Enter this in | one contributor. Out III, enter the total of formation once. So | ribed in section 501(c)(7), (8), or Complete columns (a) through (e) a of <i>exclusively</i> religious, charitable, e | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | | (d) Description of how gift is held | |
| | | | | | |
| | | (e) Transf | | | |
| | Transferee's name, address, ar | 10 ZIP + 4 | | nship of transferor to transferee | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | |
| | | (e) Transi | ior of aitt | | |
| | Transferee's name, address, ar | | | nship of transferor to transferee | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | |
| | | (e) Transf | er of gift | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | |
| | | | | | |
| | Transferee's name, address, ar | (e) Transf nd ZIP + 4 | | nship of transferor to transferee | |
| | | | | | |
| | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| (Form 990 or 990-E | | Organizations Exempt From Income | e Tax Under section | 501(c) and section 527 | 201 9 |
|--|--|---|---|--|---|
| | | plete if the organization is described b | | to Form 990 or Form 990-E | Z. Open to Public |
| Department of the Treasu Internal Revenue Service | | Go to www.irs.gov/Form990 for | | | Inspection |
| - | • | on Form 990, Part IV, line 3, or Form | | 6 (Political Campaign Activiti | es), then |
| | , 0 | : Complete Parts I-A and B. Do not comp | | | |
| | | ion 501(c)(3)) organizations: Complete I | Parts I-A and C below. I | Jo not complete Part I-B. | |
| Section 527 orga | | plete Part I-A only. ' on Form 990, Part IV, line 4, or Form | 000 EZ Part VI line 4 | 7 (Lobbying Activition) than | |
| • | | that have filed Form 5768 (election un | | | lete Part II-B |
| | | that have NOT filed Form 5768 (election di | | | |
| | swered "Yes," | on Form 990, Part IV, line 5 (Proxy | • | | • |
| |), (5), or (6) org | anizations: Complete Part III. | | | |
| Name of organization | | | | Employer iden | tification number |
| EXPANDED SCHO | | | | 13-4004 | |
| Part I-A Com | plete if the o | organization is exempt under | section 501(c) or | is a section 527 organ | ization. |
| 1 Provide a des | cription of the | organization's direct and indirect p | political campaign a | ctivities in Part IV. (see ins | structions for |
| • | | aign activities") | | | |
| | | xpenditures (see instructions) | | | |
| 3 Volunteer hou | rs for political | campaign activities (see instruction | ns) | | |
| | | organization is exempt under | | | |
| 1 Enter the amo | unt of any exe | cise tax incurred by the organizatio | n under section 495 | 5►\$ | |
| 2 Enter the amo | unt of any exe | cise tax incurred by organization m | anagers under secti | on 4955 🔔 🕨 \$ | |
| | | a section 4955 tax, did it file Form | | | |
| 4a Was a correcti | on made? | | | | Yes No |
| b If "Yes," descri | | | | | |
| Part I-C Com | plete if the o | organization is exempt under | section 501(c), ex | cept section 501(c)(3) | |
| | • | expended by the filing organization | | • | |
| | | ng organization's funds contributed | | | |
| | | ies | | | |
| | | enditures. Add lines 1 and 2. Ent | | | |
| | | e Form 1120-POL for this year? | | | |
| 5 Enter the nam organization n the amount of | es, addresses nade payment political con | is and employer identification numb ts. For each organization listed, en tributions received that were prom nd or a political action committee (| per (EIN) of all section of the amount paid optly and directly de | on 527 political organiza I from the filing organiza livered to a separate pol | tions to which the filing ation's funds. Also ente itical organization, such |
| (a) Nam | e | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | - | | |
| (2) | | | - | | |
| (3) | | | - | | |
| (4) | | | - | | |
| (5) | | | - | | |
| (6) | | | - | | |
| For Paparwork Podu | ation Act Natio | Letter the last sector of the France OOD at | | | C (Form 000 or 000 E7) 2010 |

Political Campaign and Lobbying Activities

SCHEDULE C

(Form 990 or 990-EZ)

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

Schedule C (Form 990 or 990-EZ) 2019

OMB No. 1545-0047

| | art II-A Complete if the organizati section 501(h)). | on is exempt under section 501(c)(3) and | filed Form 5768 (elec | tion under |
|----|--|--|----------------------------------|------------------------------------|
| A | | longs to an affiliated group (and list in Part IV e ind share of excess lobbying expenditures). | ach affiliated group memb | per's name, |
| В | Check ► if the filing organization ch | ecked box A and "limited control" provisions app | oly. | |
| | | ying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influence | public opinion (grassroots lobbying) | | |
| b | Total lobbying expenditures to influence | a legislative body (direct lobbying) | 24,000. | |
| | | a and 1b) | 24,000. | |
| | | | 11,478,514. | |
| | | d lines 1c and 1d) | 11,502,514. | |
| f | | e amount from the following table in both | | |
| | columns. | C C | 725,126. | |
| | 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. | | |
| ç | Grassroots nontaxable amount (enter 25 | 5% of line 1f) | 181,282. | |
| h | Subtract line 1g from line 1a. If zero or le | ess, enter -0- | 0. | 0 |
| | | ss, enter -0- | 0. | 0 |
| j | | on either line 1h or line 1i, did the organiza | tion file Form 4720 | |
| - | | | | Yes No |

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 beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total | | | | |
| 2a Lobbying nontaxable amount | 900,423. | 818,390. | 764,949. | 725,126. | 3,208,888. | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 4,813,332. | | | | |
| c Total lobbying expenditures | 48,000. | 36,000. | 24,000. | 24,000. | 132,000. | | | | |
| d Grassroots nontaxable amount | 225,106. | 204,598. | 191,237. | 181,282. | 802,223. | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,203,335. | | | | |
| f Grassroots lobbying expenditures | | | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

| Page | 3 |
|------|---|
| | |

| Sche | EXPANDED SCHOOLS INC. | | | -400 | 1000 | 1 | Page 3 |
|---------|--|---------|-------|---------|------|-------|---------------|
| Ра | rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)). | T filec | l For | m 576 | 68 | | |
| For | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | (a |) | | (b |) | |
| | cription of the lobbying activity. | Yes | No | | Amo | unt | |
| 1 a | 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: Volunteers? | | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. | | | | | | |
| С | Media advertisements? | | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | | |
| e | Publications, or published or broadcast statements? | | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | | |
| g h | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | | |
| h i | Other activities? | | | | | | |
| j | Total. Add lines 1c through 1i | | | | | | |
| ј 2а | 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 | | | | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | | |
| Ра | rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). | (c)(5), | or s | ectio | n | | |
| | | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures fro | | | - | 3 | | |
| Pa | rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." | | | | | 3, is | |
| 1 | Dues, assessments and similar amounts from members | | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amou | | | | | | |
| | political expenses for which the section 527(f) tax was paid). | | | | | | |
| а | Current year | | • • | 2a | | | |
| b | Carryover from last year. | | | 2b | | | |
| С | Total | | | 2c 3 | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due | | | 5 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion | | | | | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lo | | • | 4 | | | |
| | and political expenditure next year? | | | 5 | | | |
| 5 | | | | | | | |

305789

Part IV Supplemental Information (continued)

Page 4

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) | |

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

OMB No. 1545-0047

| Depa | artment of the Treasury | | Attach to Form 990. | | | Open to Public |
|--------------------------|-------------------------|---|-------------------------------|---------------------|---------------------------|---------------------------------|
| | | ► Go to www.irs.gov | /Form990 for instructions an | d the latest inforn | | Inspection |
| Name of the organization | | | | | ver identification number | |
| _ | PANDED SCHOOLS | | | <u> </u> | | 3-4004600 |
| Pa | - | tions Maintaining Donor Adv | | | Accou | nts. |
| | Complete | e if the organization answered | | | | |
| | | | (a) Donor advised | funds | (b) | Funds and other accounts |
| 1 | Total number at e | nd of year | | | | |
| 2 | Aggregate value o | of contributions to (during year) | | | | |
| 3 | Aggregate value o | of grants from (during year) | | | | |
| 4 | | at end of year | | | | |
| 5 | Did the organizat | ion inform all donors and donor | advisors in writing that t | the assets held | in dono | |
| | funds are the orga | nization's property, subject to the | e organization's exclusive le | egal control? | | Yes No |
| 6 | Did the organizati | on inform all grantees, donors, a | and donor advisors in writ | ing that grant fu | unds can | n be used |
| | only for charitable | e purposes and not for the bene | fit of the donor or donor a | advisor, or for a | ny other | purpose |
| | conferring imperm | nissible private benefit? | | | | Yes No |
| Pa | | tion Easements. | | | | |
| | Complete | e if the organization answered | "Yes" on Form 990, Par | rt IV, line 7. | | |
| 1 | Purpose(s) of con | servation easements held by the | organization (check all that | apply). | | |
| | Preservatio | n of land for public use (for example | , recreation or education) | Preservation | of a hist | orically important land area |
| | Protection of | of natural habitat | | Preservation | of a cert | ified historic structure |
| | Preservatio | n of open space | | | | |
| 2 | Complete lines 2a | through 2d if the organization he | eld a qualified conservatio | n contribution in | the forn | n of a conservation |
| | easement on the | last day of the tax year. | | | H | Held at the End of the Tax Year |
| а | Total number of c | onservation easements | | | 2a | |
| b | Total acreage res | tricted by conservation easements | 3 | | 2b | |
| С | Number of conser | vation easements on a certified | historic structure included i | n (a) | 2c | |
| d | Number of conse | rvation easements included in (c | acquired after 7/25/06, | and not on a | | |
| | historic structure I | isted in the National Register | | | 2d | |
| 3 | Number of conse | rvation easements modified, tra | nsferred, released, exting | uished, or termi | nated b | y the organization during t |
| | tax year 🕨 | | | | | |
| 4 | Number of states | where property subject to conse | rvation easement is located | d 🕨 | | |
| 5 | Does the organiz | ation have a written policy reg | garding the periodic mor | nitoring, inspect | ion, har | idling of |
| | violations, and enf | orcement of the conservation ea | sements it holds? | | | Yes 📖 N |
| 6 | Staff and volunteer | hours devoted to monitoring, insp | ecting, handling of violation | s, and enforcing | conserva | tion easements during the yea |
| | ▶ | | | - | | |
| 7 | Amount of expens | es incurred in monitoring, inspec | ting, handling of violations, | and enforcing co | onservat | ion easements during the year |
| | ►\$ | | | | | |
| 8 | Does each conser | vation easement reported on line 2 | 2(d) above satisfy the requi | rements of section | on 170(h | n)(4)(B)(i) |
| | and section 170(h |)(4)(B)(ii)? | | | | Yes N |
| 9 | | be how the organization reports | | | | |
| | balance sheet, an | d include, if applicable, the text of | of the footnote to the organ | nization's financi | al staten | nents that describes the |
| | organization's acc | counting for conservation easeme | nts. | | | |
| Pa | art III Organiza | tions Maintaining Collections | of Art, Historical Treas | sures, or Othe | r Simila | r Assets. |
| | Complete | e if the organization answered | "Yes" on Form 990, Par | rt IV, line 8. | | |
| 1a | If the organization | n elected, as permitted under FA | SB ASC 958, not to repo | ort in its revenue | e statem | nent and balance sheet wor |
| | of art. historical | treasures, or other similar asse | ts held for public exhibit | ion. education. | or rese | arch in furtherance of pub |
| | | Part XIII the text of the footnote | | | | |
| b | | n elected, as permitted under FA | | | | |
| | | sures, or other similar assets he ing amounts relating to these iter | | aucation, or res | earch m | numerance of public servic |
| | | ded on Form 990, Part VIII, line 1 | | | | ₽ ◀ |
| | | ed in Form 990, Part X | | | | |
| 2 | | n received or held works of a | | | | |
| 4 | • | s required to be reported under F | | | 233513 10 | o manua yan, provide t |
| 2 | | on Form 990, Part VIII, line 1. | | | | ▶ ¢ |
| a h | Assets included in | Form 990. Part X | | | | • • • • • • |

| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | | | | | |
|--|-------------|------------|-----------|--|--|--|--|--|--|
| JSA 9E1268 1.000 | | | | | | | | | |
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| 1 | <u>-</u> ۲ | 400 | 14 | 60 | 0 |
|---|------------|-----|----|----|---|
| - | 5- | 400 | 74 | 00 | U |

| Sche | dule D (Form 990) 2019 | | 20110022 | 11.01 | | | | | | 10 100 | 1000 | Pa | age 2 |
|-----------|--|----------------|-------------|----------------------------|-------------|--------------------|----------|------------|--------------|-----------|-------------|------------------|--------------|
| Ра | rt III Organizations Maintaini | ng Colle | ctions of | Art, Hist | orical Tre | easure | s, or | Other | Similar A | Assets (C | ontinued | 1) | |
| 3 | Using the organization's acquisition | on, acces | sion, and | other reco | ords, chec | k any c | of the | follow | ing that m | nake sign | ificant us | e of | its |
| | collection items (check all that app | ly): | | _ | | | | | | | | | |
| а | Public exhibition | | | d | | or exch | | | | | | | |
| b | Scholarly research | | | е | Other | | | | | | | | |
| С | Preservation for future gene | rations | | | | | | | | | | | |
| 4 | Provide a description of the organ | nization's | collections | s and exp | lain how | they fu | rther | the or | ganization' | s exempt | purpose | in F | Part |
| | XIII. | | | | | | | | | | | | |
| 5 | During the year, did the organization | | | | | | | | | _ | _ | | |
| | assets to be sold to raise funds rath | | | ained as p | art of the | organiz | ation | s colle | ction? | | Yes | | No |
| Ра | rt IV Escrow and Custodial A | | | | | | L | • • • • | | | | | |
| | Complete if the organiza | ation ans | wered "Ye | es" on ⊢o | rm 990, i | Part IV, | line | 9, or r | eported a | n amour | nt on For | m | |
| _ | 990, Part X, line 21. | | | • • | | | | | | | | | |
| 1a | Is the organization an agent, truste | | | | | | | | | | | | N |
| | included on Form 990, Part X? | | | | | | • • • | • • • • | | L | Yes | | No |
| D | If "Yes," explain the arrangement i | | r and com | piete trie i | Showing ta | Die. | | | | Amount | | | |
| ~ | Beginning balance | | | | | | 10 | | | Amount | | | |
| c d | Beginning balance Additions during the year | | | | | | 1c 1d | | | | | | |
| e | Distributions during the year | | | | | | 1e | | | | | | |
| f | Ending balance | | | | | | 16 1f | | | | | | |
| 2a | Did the organization include an am | | | | | | | stodial | account lia | bilitv? | Yes | | No |
| | If "Yes," explain the arrangement i | | | | | | | | | - | | | |
| | rt V Endowment Funds. | | | | | | | | | | | | |
| | Complete if the organiza | ation ans | wered "Ye | es" on Fo | rm 990, l | Part IV, | , line | 10. | | | | | |
| | | (a) Cur | rent year | (b) Pr | ior year | (c) Tw | vo year | s back | (d) Three y | ears back | (e) Four ye | ears b | ack |
| 1a | Beginning of year balance | | | | | | | | | | | | |
| b | Contributions | | | | | | | | | | | | |
| с | Net investment earnings, gains, | | | | | | | | | | | | |
| | and losses | | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | | | |
| | and programs | | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | | |
| 2 | Provide the estimated percentage | | rrent year | | ce (line 1g | , columr | ו (a)) | held as | : | | | | |
| a L | Board designated or quasi-endown | | | _% | | | | | | | | | |
| D D | Permanent endowment ► Term endowment ► | % | | | | | | | | | | | |
| C | The percentages on lines 2a, 2b, a | | ould oqual | 100% | | | | | | | | | |
| 3a | Are there endowment funds not in | | - | | ration that | are hel | d and | 1 admir | nistered for | the | | | |
| u | organization by: | | | no organiz | anon mar | | u un | a danni | | | Y | es | No |
| | (i) Unrelated organizations | | | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the relate | | | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended u | • | | | | | | | | | · | | |
| Ра | rt VI Land, Buildings, and Equ Complete if the organization | uipment. | | | | | | | о. г | 000 D | | 4.0 | |
| | Description of property | ation ans | Y DONOWS | es on For r other basis | (b) Cost | Part IV | , IINE | (c) Ac | See Form | 990, Pa | IT X, IINE | 10. | |
| | | | | stment) | | other) | 4010 | | eciation | (4) | , 2001 1010 | | |
| 1a | Land | r | | | | | | | | | | | |
| b | Buildings | | | | | | | | 05 000 | | | 4 - | 0.0 |
| С | Leasehold improvements | | | | | 239,8 | | | 85,288. | | | 1,58 | |
| d | Equipment | 1 | | | | 413,80 | | | 79,861. | | | 3,94 | |
| e Tota | Other I. Add lines 1a through 1e. (Column | (d) | onucl Fam | m 000 D- | | 159,0 [°] | | | 27,914. | | | 1,1 <u>9</u> ,68 | |
| Tota | n. Add lines ta through te. (Column | i (u) must | equal For | iii 990, Pal | ι λ, coium | н (В), Ш | ne 10 | <i>u.)</i> | | 0 | ∠⊥: | | |

Schedule D (Form 990) 2019

| Schedule D (F | Form 990) 2019 | | | Page 3 |
|-----------------------|---|---------------------|-------------------------------------|------------------|
| Part VII | Investments - Other Securities. | | | Dent V. Line 40 |
| | Complete if the organization answered (a) Description of security or category | (b) Book value | (c) Method of valuation | on: |
| (1) Financi | (including name of security) | | Cost or end-of-year marke | |
| | al derivatives held equity interests | | | |
| | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨 | | | |
| Part VIII | | l "Yes" on Form 990 |), Part IV, line 11c. See Form 990, | Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation | |
| | | | Cost or end-of-year marke | et value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨 | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered | I "Yes" on Form 990 |), Part IV, line 11d. See Form 990, | Part X, line 15. |
| | (a) De | scription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | umn (b) must equal Form 990, Part X, col. (B) l | ine 15.) | | |
| Part X | Other Liabilities. Complete if the organization answered | | | n 990, Part X, |
| 4 | line 25. | tion of liability | 1 | (b) Deale velue |
| $\frac{1}{(1)}$ Eodor | ral income taxes | | | (b) Book value |
| . , | RRED RENT OBLIGATION | | | 234,745. |
| | RICED REAL OBBIGATION | | | 231,713. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | | 234,745. |
| | or uncertain tax positions. In Part XIII, provide the 's liability for uncertain tax positions under FASB a | | | |

| EXPANDED | SCHOOLS | INC. |
|----------|---------|------|
|----------|---------|------|

| Schedu | le D (Form 990) 2019 | | | | Page 4 |
|--------|---|---------|----------|------------|---------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part I | | | 1 . | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 12,930,568. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 9,816. | | |
| с | Recoveries of prior year grants. | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| e | Add lines 2a through 2d | | | 2e | 9,816. |
| 3 | Subtract line 2e from line 1 | | | 3 | 12,920,752. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | Ī | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | | -73,706. | | |
| c | Add lines 4a and 4b | | | 4c | -73,706. |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) | | | 5 | 12,847,046. |
| Part | | | | ırn. | |
| | Complete if the organization answered "Yes" on Form 990, Part I | V, line | e 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 11,619,833. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 9,816. | | |
| b | Prior year adjustments | 2b | | | |
| C | Other losses. | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 107,503. | | |
| e | Add lines 2a through 2d | | | 2e | 117,319. |
| 3 | Subtract line 2e from line 1 | | | 3 | 11,502,514. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | ĺ | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | 1 | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 11,502,514. |
| Part | XIII Supplemental Information. | | | | |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro | | | | |

SEE PAGE 5

Schedule D (Form 990) 2019

PART X, LINE 2

TAX DISCLOSURE

THE ORGANIZATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF THE ORGANIZATION'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART XI, LINE 4B

RENTAL EXPENSES OF \$73,706 NETTED AGAINST REVENUE PER FORM 990, INCLUDED IN EXPENSES PER AUDITED FINACNIAL STATEMENTS.

PART XII, LINE 2D

RENTAL EXPENSES OF \$73,706 NETTED AGAINST REVENUE PER FORM 990 INCLUDED IN EXPENSES PER AUDITED FINANCIAL STATEMENTS AND LOSS ON UNCOLLECTIBLE RECEIVABLES OF \$33,797 REPORTED AS "OTHER CHANGES IN NET ASSETS" ON FORM 990 PART XI, LINE 9. TOTAL FOR SCHEDULE D, PART XII, LINE 2D IS \$107,503.

| SCHEDULE I | | | | Assistance t ndividuals in | | | | OMB No. 1545-0047 | |
|--|---|-----------------|------------------------------------|-------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| (Form 990) | | 2019 | | | | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | | | |
| Department of the Treasury | | | ► At | ttach to Form 990 | | | | Open to Public | |
| Internal Revenue Service | | ► Go | to www.irs.gov | /Form990 for the I | atest information | 1. | | Inspection | |
| Name of the organization | | | | | | | Employer identificat | on number | |
| EXPANDED SCHOOI | LS INC. | | | | | | 13-400460 | 0 | |
| Part I General I | nformation on Grants and | d Assistanc | e | | | | | | |
| 1 Does the organiz | zation maintain records to s | ubstantiate th | e amount of the | e grants or assista | nce, the grantees | ' eligibility for the grant | s or assistance, and | | |
| the selection crit | eria used to award the grant | s or assistanc | e? | - | | | | X Yes No | |
| 2 Describe in Part | IV the organization's proceed | dures for mor | nitoring the use | of grant funds in the | e United States. | | | | |
| Part II Grants ar | nd Other Assistance to D | omestic Or | nanizations ar | nd Domestic Gov | ernments Com | plete if the organiz | ation answered "Y | es" on Form 990 | |
| | ne 21, for any recipient the | | - | | | • | | | |
| | | | | 1 | | - | | | |
| | d address of organization 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 noncash assistance | (h) Purpose of grant or assistance | |
| (1) 82ND STREET ACADE | MICS | | | | | | | | |
| 81-10 35TH AVENUE | JACKSON HEIGHTS, NY 11372 | 20-0788352 | 501 (C) (3) | 65,000. | | | | EXPANDED LEARNING | |
| (2) ABUNDANT WATERS, | INC. | | | | | | | | |
| 400 WEST 43RD ST, | #36G NEW YORK, NY 10036 | 13-3706659 | 501 (C) (3) | 80,000. | | | | EXPANDED LEARNING | |
| (3) ARETE EDUCTION, I | NC. | | | | | | | | |
| 557 GRAND CONCOUR | RSE, SUITE 3 (#140) | 80-0789207 | 501 (C) (3) | 34,810. | | | | EXPANDED LEARNING | |
| (4) BEAM CENTER, INC. | | | | | | | | | |
| 60 SACKETT STREET | BROOKLYN, NY 11231 | 45-4273449 | 501 (C) (3) | 30,000. | | | | EXPANDED LEARNING | |
| (5) BELL BUILDING | EDUCATED LEADERS FOR LIFE | | | | | | | | |
| 60 CLAYTON STREET | DORCHESTER, MA 02122 | 04-3182053 | 501 (C) (3) | 63,063. | | | | EXPANDED LEARNING | |
| (6) BROOKLYN BUREAU C | OF COMMUNITY SERVICE | | | | | | | | |
| 285 SCHERMERHORN | STREET BROOKLYN, NY 11217 | 11-1630780 | 501 (C) (3) | 35,000. | | | | EXPANDED LEARNING | |
| (7) CAMBA, INC. | | | | | | | | | |
| 1720 CHURCH AVENU | JE,2ND FLR | 11-2480339 | 501 (C) (3) | 23,027. | | | | EXPANDED LEARNING | |
| (8) CITY PARKS FOUNDA | ATION | | | | | | | | |
| 830 FIFTH AVENUE | NEW YORK, NY 10065 | 13-3561657 | 501 (C) (3) | 25,000. | | | | EXPANDED LEARNING | |
| (9) CYPRESS HILLS LDC | 2 | _ | | | | | | | |
| 625 JAMAICA AVENU | JE BROOKLYN, NY 11208 | 11-2683663 | 501 (C) (3) | 77,673. | | | | EXPANDED LEARNING | |
| (10) EDUCATIONAL VIDEC |) CENTER | _ | | | | | | | |
| 197 EAST BROADWAY | Y NEW YORK, NY 10002 | 13-3378456 | 501 (C) (3) | 30,000. | | | | EXPANDED LEARNING | |
| (11) GLOBAL KIDS, INC. | | _ | | | | | | | |
| 137 EAST 25TH ST, | 2ND FLR NY, NY 10010 | 13-3629485 | 501 (C) (3) | 163,120. | | | | EXPANDED LEARNING | |
| (12) GOOD SHEPHERD SER | RVICES | _ | | | | | | | |
| | JE, 9TH FLR NY, NY 10001 | 13-5598710 | | 248,000. | | | | EXPANDED LEARNING | |
| | per of section 501(c)(3) and | | | | | | | | |
| | per of other organizations list | | | | | | <u></u> | | |
| For Paperwork Reduction | on Act Notice see the Instruct | ions for Form 9 | 90 | | | | Set | edule I (Form 990) (2019) | |

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

Schedule I (Form 990) (2019)

| SCHEDULE I | | | | Assistance t | | | | OMB No. 1545-0047 | |
|--|---|-----------------|------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| (Form 990) | Form 990) Governments, and Individuals in the United States | | | | | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | | | | | | | | | |
| Department of the Treasury | | | - | ttach to Form 990 | | | | Open to Public | |
| Internal Revenue Service | | ► Go | to www.irs.gov | /Form990 for the I | atest informatior |). | | Inspection | |
| Name of the organization | | | | | | | Employer identificat | on number | |
| EXPANDED SCHOOL | LS INC. | | | | | | 13-400460 | 00 | |
| Part I General I | nformation on Grants and | d Assistanc | e | | | | | | |
| 1 Does the organiz | zation maintain records to su | ubstantiate th | e amount of the | e grants or assista | nce, the grantees | eligibility for the grant | s or assistance, and | | |
| the selection crit | eria used to award the grant | s or assistanc | e? | | | | | X Yes No | |
| 2 Describe in Part | IV the organization's proceed | dures for mor | nitoring the use | of grant funds in the | e United States. | | | | |
| Part II Grants an | nd Other Assistance to D | omestic Or | ganizations ar | nd Domestic Gov | ernments. Com | plete if the organiz | ation answered "Y | es" on Form 990 | |
| | ne 21, for any recipient th | | - | | | • • | | | |
| | - · · | | | 1 | | - | | | |
| | d address of organization 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 noncash assistance | (h) Purpose of grant or assistance | |
| (1) GRAND STREET SETT | LEMENT INC. | | | | | | | | |
| 80 PITT STREET NE | W YORK, NY 10002 | 13-5562230 | 501 (C) (3) | 91,980. | | | | EXPANDED LEARNING | |
| (2) HARLEM DOWLING | | | | | | | | | |
| 2090 ADAM CLAYTON | POWELL, JR. BOULEVARD, 3RD | 13-3030378 | 501 (C) (3) | 43,980. | | | | EXPANDED LEARNING | |
| (3) HARRIMAN SUMMER C | AMP S-11, INC. | | | | | | | | |
| 565 UNION AVENUE | NEW WINDSOR, NY 12553 | 20-8600191 | 501 (C) (3) | 126,980. | | | | EXPANDED LEARNING | |
| (4) HENRY STREET SETT | LEMENT | | | | | | | | |
| 265 HENRY STREET | NEW YORK, NY 10002 | 13-1562242 | 501 (C) (3) | 80,000. | | | | EXPANDED LEARNING | |
| (5) JEWISH COMMUNITY | COUNCIL OF GREATER | | | | | | | | |
| 3001 WEST 37TH ST | REET BROOKLYN, NY 11224 | 11-2665181 | 501 (C) (3) | 86,568. | | | | EXPANDED LEARNING | |
| (6) KIDS CREATIVE | | | | | | | | | |
| 71 FIFTH AVENUE, | 6TH FLR NEW YORK, NY 10003 | 75-3139502 | 501 (C) (3) | 25,000. | | | | EXPANDED LEARNING | |
| (7) LEARNING THROUGH | AN EXPANDED ARTS | _ | | | | | | | |
| 441 WEST END AVEN | UE, SUITE 2G NY, NY 10024 | 13-2925233 | 501 (C) (3) | 136,377. | | | | EXPANDED LEARNING | |
| (8) MANHATTAN YOUTH R | ECREATION | _ | | | | | | | |
| 120 WARREN STREET | NEW YORK, NY 10007 | 13-3323378 | 501 (C) (3) | 50,000. | | | | EXPANDED LEARNING | |
| (9) MASPETH TOWN HALL | , INC. | _ | | | | | | | |
| 53-37 72ND STREET | MASPETH, NY 11378 | 23-7259702 | 501 (C) (3) | 26,560. | | | | EXPANDED LEARNING | |
| (10) MILLENIUM DEVELOP | MENT CORP | _ | | | | | | | |
| | E NEW YORK, NY 11234 | 11-3199040 | 501 (C) (3) | 101,536. | | | | EXPANDED LEARNING | |
| (11) NEW YORK HALL OF | SCIENCE | _ | | | | | | | |
| | T QUEENS, NY 11368 | 11-2104059 | 501 (C) (3) | 35,000. | | | | EXPANDED LEARNING | |
| (12) NIA COMMUNITY SER | | 4 | | | | | | | |
| | BROOKLYN, NY 11219 | | 501 (C) (3) | 404,795. | l | | | EXPANDED LEARNING | |
| | er of section 501(c)(3) and | - | - | | | | | | |
| | er of other organizations list | | | | | <u></u> . | <u></u> | · · · /_ · · · · · · | |
| Eor Panarwork Reduction | on Act Notice see the Instructi | ions for Form 9 | iun - | | | | Sch | edule I (Form 990) (2019) | |

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

Schedule I (Form 990) (2019)

| | | | Assistance t | | | | OMB No. 1545-0047 | | | | |
|---|---|------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|--|--|--|
| (Form 990) GC | | 2019 | | | | | | | | | |
| Com | | | | | | | | | | | |
| Department of the Treasury | | Open to Public | | | | | | | | | |
| Internal Revenue Service | ► Go | to www.irs.gov | /Form990 for the I | atest information |). | | Inspection | | | | |
| Name of the organization | Name of the organization Employer identification number | | | | | | | | | | |
| EXPANDED SCHOOLS INC. 13-4004600 | | | | | | | | | | | |
| Part I General Information on Grants an | d Assistanc | e | | | | · | | | | | |
| 1 Does the organization maintain records to s | ubstantiate th | e amount of the | e grants or assista | nce, the grantees | ' eligibility for the grant | s or assistance, and | | | | | |
| the selection criteria used to award the gran | | | - | - | | | X Yes No | | | | |
| 2 Describe in Part IV the organization's proce | | | | | | | | | | | |
| Part II Grants and Other Assistance to D | | | | | nloto if the organiz | ation answord "V | as" on Form 000 | | | | |
| | | - | | | | | es on Form 990, | | | | |
| Part IV, line 21, for any recipient t | hat received | more than \$5 | ,000. Part II can r | be duplicated if a | additional space is r | | | | | | |
| 1 (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 noncash assistance | (h) Purpose of grant or assistance | | | | |
| (1) POLICE ATHLETIC LEAGUE, INC. | | | | | | | | | | | |
| 34-1,2 EAST 12TH STREET NEW YORK, NY 10003 | 13-5596811 | 501 (C) (3) | 74,999. | | | | EXPANDED LEARNING | | | | |
| (2) RESEARCH FOUNDATION OF CUNY/MEDGAR EVERS CO | | | | | | | | | | | |
| 230 WEST 41ST STREET, 7TH FLR NY, NY 10036 | 13-1988190 | 501 (C) (3) | 36,432. | | | | EXPANDED LEARNING | | | | |
| (3) SAMUEL FIELD YM-YWHA INC. | | | | | | | | | | | |
| 58-20 LITTLE NECK PKWY | 11-3071518 | 501 (C) (3) | 50,000. | | | | EXPANDED LEARNING | | | | |
| (4) SOUTH ASIAN YOUTH ACTION | | | | | | | | | | | |
| 54-05 SEABURY STREET ELMHURTS, NY 11373 | 13-3943630 | 501 (C) (3) | 70,000. | | | | EXPANDED LEARNING | | | | |
| (5) SOUTH BRONX OVERALL ECONOMIC DEVELO | | | | | | | | | | | |
| 555 BERGEN AVENUE BRONX, NY 10455 | 13-2736022 | 501 (C) (3) | 190,154. | | | | EXPANDED LEARNING | | | | |
| (6) SOUTHERN QUEENS PARK ASSOCIATION, I | | | | | | | | | | | |
| 177-01 BAISLEY BOULEVARD JAMAICA, NY 11434 | 11-2432846 | 501 (C) (3) | 109,998. | | | | EXPANDED LEARNING | | | | |
| (7) ST. NICKS ALLIANCE | | | | | | | | | | | |
| 2 KINGSLAND AVENUE, 1ST FLOOR | 51-0192170 | 501 (C) (3) | 76,315. | | | | EXPANDED LEARNING | | | | |
| (8) STANLEY M. ISAACS NEIGHBORHOOD CENTER, INC | | | | | | | | | | | |
| 415 EAST 93RD STREET NEW YORK, NY 10128 | 13-2572034 | 501 (C) (3) | 75,000. | | | | EXPANDED LEARNING | | | | |
| (9) STUDIO IN A SCHOOL ASSOCIATION INC. | | | | | | | | | | | |
| 410 WEST 59TH STREET NEW YORK, NY 10019 | 13-3003112 | 501 (C) (3) | 24,995. | | | | EXPANDED LEARNING | | | | |
| (10) THE CHILD CENTER OF NY | | | | | | | | | | | |
| 60-02 QUEENS BOULEVARD, LOWER LEVEL | 11-1733454 | 501 (C) (3) | 281,268. | | | | EXPANDED LEARNING | | | | |
| (11) THE CHILDREN'S AID SOCIETY | | | | | | | | | | | |
| 711 THIRD AVENUE-SUITE 700 NY, NY 10017 | 13-5562191 | 501 (C) (3) | 123,554. | | | | EXPANDED LEARNING | | | | |
| (12) THE EDUCATIONAL ALLIANCE, INC. | | | | | | | | | | | |
| 197 EAST BROADWAY NEW YORK, NY 10002 | 13-5562210 | 501 (C) (3) | 135,099. | | | | EXPANDED LEARNING | | | | |
| 2 Enter total number of section 501(c)(3) and | government o | organizations lis | sted in the line 1 tak | ble | | | | | | | |
| 3 Enter total number of other organizations lis | ted in the line | 1 table | <u></u> | <u></u> | <u> </u> | <u></u> | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019) | | | | | | | | | | | |

| SCHEDULE I | | | | Assistance t | | | | OMB No. 1545-0047 | | |
|----------------------------|---|-----------------|------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|--|
| (Form 990) | Governments, and Individuals in the United States | | | | | | | | | |
| | Comp | plete if the o | - | wered "Yes" on F | | , line 21 or 22. | | 20 19 | | |
| Department of the Treasury | | | | ttach to Form 990 | | | | Open to Public | | |
| Internal Revenue Service | | ► Go | to www.irs.gov | /Form990 for the | atest information |). | | Inspection | | |
| Name of the organization | | | | | | | Employer identificat | | | |
| EXPANDED SCHOOL | | | | | | | 13-40046 | 00 | | |
| | nformation on Grants and | | | | | | | | | |
| | zation maintain records to su | | | | | | | | | |
| | eria used to award the grant | | | | | | | X Yes No | | |
| 2 Describe in Part | IV the organization's proceed | dures for mor | nitoring the use | of grant funds in th | e United States. | | | | | |
| Part II Grants an | nd Other Assistance to D | omestic Or | ganizations ar | nd Domestic Gov | vernments. Com | plete if the organiz | ation answered " | /es" on Form 990, | | |
| Part IV, lir | ne 21, for any recipient th | nat received | more than \$5 | ,000. Part II can l | be duplicated if | additional space is r | needed. | | | |
| | d address of organization 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, | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | |
| | • | | | | | other) | | | | |
| (1) THE SYLVIA CENTER | | - | | | | | | | | |
| | UITE 201 NEW YORK, NY 10013 | 20-4297703 | 501 (C) (3) | 60,000. | | | | EXPANDED LEARNING | | |
| (2) UNIVERSITY SETTLE | | - | | | | | | | | |
| | ET NEW YORK, NY 10002 | 13-5562374 | 501 (C) (3) | 208,083. | | | | EXPANDED LEARNING | | |
| (3) WHEDCO | | - | | | | | | | | |
| | REET BRONX, NY 10452 | 11-3099604 | 501 (C) (3) | 52,000. | | | | EXPANDED LEARNING | | |
| (4) YMCA OF GREATER N | | - | 505 (7) (0) | | | | | | | |
| | TH FLR NEW YORK, NY 11023 | 13-1624228 | 501 (C) (3) | 330,343. | | | | EXPANDED LEARNING | | |
| (5) GOODDARD RIVERSID | | - | 505 (7) (0) | 50.000 | | | | | | |
| | IEUE NEW YORK, NY 10024 | 13-1893908 | 501 (C) (3) | 50,000. | | | | EXPANDED LEARNING | | |
| (6) RIVERDALE NEIGHBO | | 12.1540004 | 501 (7) (2) | 20, 102 | | | | | | |
| | IUE BRONX, NY 10471 | 13-1740024 | 501 (C) (3) | 32,193. | | | | EXPANDED LEARNING | | |
| (7) NEIGHBORHOOD INIT | | 12 2110011 | 501 (7) (2) | 101 400 | | | | | | |
| | YENUE BRONX, NY 10467 | 13-3110811 | 501 (C) (3) | 101,428. | | | | EXPANDED LEARNING | | |
| (8) NEW YORK EDGE, IN | | 11 2112625 | F01 (0) (2) | 204 241 | | | | EVENNEED LEADNING | | |
| 58-12 QUEENS BOUL | | 11-3112635 | 501 (C) (3) | 204,241. | | | | EXPANDED LEARNING | | |
| | VOLUTION IN DANCE INC. | | E01 (0) (2) | 35,000 | | | | EXPANDED LEARNING | | |
| 1958 FULTON ST, S | | 20-5332584 | 501 (C) (3) | 35,000. | | | | EXPANDED LEARNING | | |
| (10) VARIETY BOYS & GI | LONG ISLAND CITY, NY 11102 | 11-6014770 | 501 (C) (3) | 60,000. | | | | EXPANDED LEARNING | | |
| | LONG ISLAND CITT, NI TITUZ | 11-0014770 | 501 (C) (S) | 00,000. | | | | EXPANDED LEARNING | | |
| (11) | | - | | | | | | | | |
| (12) | | _ | | | | | | | | |
| | per of section 501(c)(3) and | • | • | | | | | 46. | | |
| 3 Enter total numb | per of other organizations list | ted in the line | 1 table | <u></u> | <u></u> | <u> </u> | <u></u> | | | |
| | on Act Notice, see the Instructi | | | | | | | hedule I (Form 990) (2019) | | |
| JSA | | | | | | | | | | |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|-----------------------------|-----------------------------------|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | (b) Number of recipients | | | |

FORM 990, SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: ANYONE RECEIVING A

GRANT MUST SUBMIT A BUDGET AND QUARTERLY REPORTS ON THE ACTUAL

EXPENDITURES. FIELD AUDITS ARE CONDUCTED ON A SAMPLING OF GRANTEES EACH

YEAR.

| SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | o47 |
|--|--|--|---|--|---------------|---------|---------|
| | of the organization | | | Employer identification | Inspe | | |
| | ANDED SCHO | | | 13-4004600 | | | |
| Part | | ns Regarding Compensation | | | | | |
| i ait | | | | | | Yes | No |
| | 990, Part VII, First-cla Travel fo Tax inde Discretio | Section A, line 1a. Complete Part III to iss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th | vided any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiatio Personal services (such as maid, cha ne organization follow a written policy re penses described above? If "No," com | these items. personal use nal residence n fees ruffeur, chef) garding payment | | | |
| | | | penses described above? If No, con | | 1b | | |
| 2 | Did the orga directors, trus | anization require substantiation prior | to reimbursing or allowing expenses D/Executive Director, regarding the items | incurred by all | 2 | | |
| 3 | Indicate which organization's related organ X Comper Indepen | h, if any, of the following the organizations CEO/Executive Director. Check all that | on used to establish the compensation of t at apply. Do not check any boxes for method e CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study X Approval by the board or compensation | ds used by a art III. | | | |
| 4 | organization of | or a related organization: | Part VII, Section A, line 1a, with respect to | - | | | |
| а | | | ayment? | | 4a | | X |
| b | | | ntal nonqualified retirement plan? | | 4b | | X |
| С | - | | nsed compensation arrangement? | | 4c | | X |
| 5 | For persons | | rganizations must complete lines 5-9. on A, line 1a, did the organization pay | y or accrue any | | | |
| а | The organizat | ion? | | | 5a | | Х |
| b | If "Yes" on lin | e 5a or 5b, describe in Part III. | | | 5b | | X |
| 6 | compensation | n contingent on the net earnings of: | on A, line 1a, did the organization page | | | | |
| | - | | | | 6a | | X |
| b | - | rganization? | | | 6b | | X |
| 7 | | | n A, line 1a, did the organization provi | | | | |
| 8 | Were any am to the initial | ounts reported on Form 990, Part VII, I contract exception described in I | escribe in Part III. paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If | t was subject "Yes," describe | 7 | | |
| 9 | If "Yes" on I | line 8, did the organization also foll | low the rebuttable presumption proced | ure described in | 8 | | X |
| For Pa | | ction Act Notice, see the Instructions for Fo | orm 990. | Schedu | 9 le J (Fo | orm 990 | D) 2019 |

Schedule J (Form 990) 2019

Page 2

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

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

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

| | | (B) Breakdown o | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------------------------------|------|--------------------------|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| JANE MARTINEZ DOWLING | (i) | 179,801. | 0. | 0. | 4,653. | 21,645. | 206,099. | |
| former CEO (THRU 08/19) | (ii) | 0. | 0. | 0. | | | | |
| CHIRAG B. SHAH | (i) | 150,363. | 0. | 0. | 7,905. | 23,270. | 181,538. | |
| 2 ^{CHIEF FINANCIAL OFFICER} | (ii) | 0. | 0. | 0. | | | | |
| SASKIA TRAILL | (i) | 181,776. | 0. | 0. | 9,624. | 32,262. | 223,662. | |
| president & CEO (AS OF 08/19) | (ii) | 0. | 0. | 0. | | | | |
| | (i) | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019

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.

FORM 990, SCHEDULE J, PART II

EXECUTIVE COMPENSATION: THE BOARD ESTABLISHES COMPENSATION GUIDELINES FOR

THE ORGANIZATION WHICH INCLUDES REVIEW OF: 1) PUBLISHED SALARY SURVEYS

FOR COMPARABLE POSITIONS AT ORGANIZATIONS SIMILAR TO EXPANDED SCHOOLS

INC., 2) ECONOMIC INDICATORS, AND 3) THE PROPOSED BUDGET FOR THE NEXT

FISCAL YEAR. A SPECIAL COMMITTEE OF THE BOARD APPROVES THE SALARY OF THE

PRESIDENT.

COMPENSATION OF EMPLOYEES: SEE SCHEDULE O, EXPLANATION FOR PART VI,

DELEGATION OF MANAGEMENT DUTIES FOR FURTHER CLARIFICATION OF FEDERAL

REPORTING OF EMPLOYEE COMPENSATION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization EXPANDED SCHOOLS INC.

FORM 990, PART VI GOVERNANCE, MANAGEMENT AND DISCLOSURES, LINE 3 DELEGATION OF MANAGEMENT DUTIES: EFFECTIVE 12/1/2017 EXPANDED SCHOOLS BEGAN LEASING ITS EMPLOYEES FROM A THIRD PARTY PROFESSIONAL EMPLOYER SERVICE ORGANIZATION. THIS SERVICE ORGANIZATION REPORTS ALL EMPLOYEES AND EARNINGS UNDER ITS OWN TAX

IDENTIFICATION NUMBER. FOR REPORTING AND DISCLOSURE PURPOSES,

COMPENSATION HAS BEEN REFLECTED ON FORM 990, PART VII AND SCHEDULE J.

FORM 990, PART VI, SECTION B, QUESTION 11B

REVIEW OF FORM 990: THE BOARD OF DIRECTORS HAS DESIGNATED THE FINANCE COMMITTEE OF THE BOARD TO REVIEW THE FORM 990. THE REVIEW TAKES PLACE AT A FINANCE COMMITTEE MEETING. FOLLOWING THE MEETING, ALL DIRECTORS RECEIVE A COPY OF THE FINAL 990 BEFORE IT IS FILED.

FORM 990, PART VI SECTION B, QUESTION 12C

CONFLICT OF INTEREST: THE ORGANIZATION'S EMPLOYEE MANUAL INCLUDES ITS CONFLICT-OF-INTEREST AND GIFT POLICY. EACH NEW EMPLOYEE IS REQUIRED TO READ THE CONFLICT-OF-INTEREST POLICY AND SIGN AN ACKNOWLEDGEMENT INDICATING THAT THEY UNDERSTAND AND ARE IN COMPLIANCE WITH THE POLICY. THE CONFLICT-OF-INTEREST POLICY IS ALSO A PART OF NEW EMPLOYEE ORIENTATIONS WHICH ALL NEW EMPLOYEES ARE REQUIRED TO ATTEND. ALL MEMBERS OF THE LEADERSHIP TEAM (VPS AND DIRECTORS) MUST DISCLOSE TO THE PRESIDENT ANY SUBSTANTIAL FINANCIAL INTERESTS, AFFILIATIONS, OR OTHER SIGNIFICANT RELATIONSHIPS WITH ENTITIES WITH WHICH THE ORGANIZATION IS, OR IS CONSIDERING, CONDUCTING BUSINESS. ANNUALLY LEADERSHIP TEAM MEMBERS AND OFFICERS MUST READ THE CONFLICT-OF-INTEREST POLICY AND AFFIRM THEY ARE IN COMPLIANCE WITH ITS CONDITIONS. ANNUALLY, EACH MEMBER OF THE BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF THE ORGANIZATION'S CONFLICT-OF-INTEREST POLICY AND THEY ARE REQUIRED TO ACKNOWLEDGE THAT THEY HAVE READ THE POLICY AND ARE IN COMPLIANCE.

FORM 990, PART VI, SECTION B, QUESTIONS 15A & 15B

EXECUTIVE COMPENSATION: THE BOARD ESTABLISHES COMPENSATION GUIDELINES FOR THE ORGANIZATION WHICH INCLUDES REVIEW OF: 1) PUBLISHED SALARY SURVEYS FOR COMPARABLE POSITIONS AT ORGANIZATIONS SIMILAR TO EXPANDED SCHOOLS, INC.; 2) ECONOMIC INDICATORS; AND 3) THE PROPOSED BUDGET FOR THE NEXT FISCAL YEAR. A SPECIAL COMMITTEE OF THE BOARD APPROVES THE SALARY OF THE PRESIDENT.

FORM 990, PART VI, SECTION C, QUESTION 19 FINANCIAL STATEMENTS AND FORM 990S ARE POSTED ON THE ORGANIZATION'S WEBSITE AND MADE AVAILABLE IF REQUESTED. GOVERNING DOCUMENTS AND CONFLICT-OF-INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

FORM 8868

APPLICATION FOR AN EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN WAS ELECTRONICALLY FILED.

| Schedule O (Form 990 or 990-EZ) 2019 | | | | | | | |
|--------------------------------------|---------|------|--|--|--|--|--|
| Name of the organization | | | | | | | |
| EXPANDED | SCHOOLS | INC. | | | | | |

Employer identification number 13 - 4004600

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EXPANDED SCHOOLS SUPPORTED A NETWORK OF SCHOOLS AND COMMUNITY ORGANIZATIONS THAT OFFER EXPANDED LEARNING OPPORTUNITIES TO MORE THAN 10,000 STUDENTS, GRADES K-12. OUR PROGRAMS PROVIDE STUDENTS WITH MORE TIME TO BUILD CORE ACADEMIC SKILLS AND HANDS-ON ENRICHMENT THAT MAKES LEARNING EXCITING AND RELEVANT. WE PROVIDED PROFESSIONAL DEVELOPMENT, COACHING, AND EVALUATION SERVICES IN AREAS SUCH AS YOUTH DEVELOPMENT; INSTRUCTION IN LITERACY, SCIENCE, COMPUTER SCIENCE AND SOCIAL-EMOTIONAL LEARNING; AND BUILDING STRONG SCHOOL/COMMUNITY PARTNERSHIPS. EXPANDED SCHOOLS SHARES LESSONS LEARNED FROM RESEARCH AND PRACTICE WITH POLICYMAKERS AND EDUCATORS TO ADVANCE UNDERSTANDING OF THE BENEFITS OF AFTER-SCHOOL AND EXPANDING LEARNING IN COLLABORATION WITH COMMUNITY PARTNERS.

| | ATTACHMEN | VT 2 |
|---|-------------------------|--------------|
| 990, PART VII- COMPENSATION OF THE FIVE HIGHEST F | PAID IND. CONTRACTORS | |
| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
| NYU RESEARCH ALLIANCE OF NYC SCHOOLS P.O. BOX 5166 NEW YORK, NY 10087 | EDUCATION SUPPORT | 150,320. |
| BIOBUS, INC. 1361 AMSTERDAM AVE STE 340 NEW YORK, NY 10027 | RESEARCH | 101,500. |

305789