

APPENDIX A: 2018-19 CHARTER SCHOOL ANNUAL REPORT

| PART 1: SCHOOL INFORMATION AND EXECUTIVE SUMMARY | | | | | | | | |
|--------------------------------------------------|---------------------------------------------------|--|--|--|--|--|--|--|
| Name of Charter School: | Year School Opened: | | | | | | | |
| Amistad Academy | 1999 | | | | | | | |
| Street Address: | City/Zip Code: | | | | | | | |
| 130 Edgewood Avenue | New Haven, CT 06511 | | | | | | | |
| School Director: | School Director Contact Information: | | | | | | | |
| Brooke Williams | brookewilliams@achievementfirst.org /203-772-7000 | | | | | | | |
| Grades Authorized to Serve in 2018-19: | Charter Term: | | | | | | | |
| K-12 | 2017-2020 | | | | | | | |

1. School Performance Best Practices: In 250 words or less, summarize a successful school model resulting in strong student outcomes and a positive school climate during the 2018-19 school year. Describe the strategy and its impact on the school referencing quantitative data. Provide evidence of collaboration with local school districts in this area, as appropriate.

Achievement First schools have always been mission and values driven, sustaining a mission that has remained substantially the same some for all 20 years since the opening of Amistad Middle School in 1999, and core values that are an integral part of daily life for all staff, students, and families.

In 2018-19 our values were completely refreshed at the behest of school leaders after flagging that the values across schools had diverged to a degree that schools felt the differences and network support was further separated. After a nearly year-long process that secured input from all constituents – leaders, teachers, parents, students, and network support staff – schools and the network adopted a new set of core values we all share:



Lead for Racial Equity. AF exists to address the legacy of racism in education. We look at ourselves first. We reflect and talk about the role race plays in our work, experiences, and decisions. We strive to be constantly anti-racist in our words and actions.

Strive for Excellence. We set ambitious goals and don't stop until we achieve them. Then, we set new goals.

Embrace Challenge. We grow when we're challenged. That's why we welcome mistakes and challenges as opportunities to learn and get better.

Care for the Whole Person. We share a journey to fulfill our potential as whole people. We support that journey by honoring each other's identities, emotions, and dreams AND by pushing each other from a place of belief and love.

Choose Joy. We choose to see the purpose and joy that is within and around us, and we actively work to spread joy to others throughout each day.

Go Further Together. We accomplish more together than we can alone. We join forces on big and small things. We do what we say we will do. We make choices with our team and family in mind.



Concurrently, Achievement First leadership developed an updated five-year plan that named and instructional vision of GREAT TEACHING fueling an EXCEPTIONAL STUDENT EXPERIENCE.

This vision is based on the idea that there are three big classroom crushers:

- 1) Students who don't feel known & loved
- 2) Students who are not being asked to think
- 3) Students who are bored

In order to create the vision teachers and leaders will consistently ask the following questions of ALL parts of their day.:

Student Experience

- Positive Tone: To what extent is the overall tone of the classroom marked by respect, belonging, and a deep belief in all students? (v. neutral, sluggish, marked by control or teacher authority, demand without deep belief)
- **Focused Learning**: To what extent are the habits and routines consistent, predictable, and in service of focused learning?

Great Teaching

- **Feedback**: To what extent is the teacher giving feedback about the quality of student thinking and ideas? (v. feedback to a process or checklist)
- **Discourse**: To what extent are students talking with peers about rich, engaging tasks (low floor, high ceiling) in a way that supports nuanced, conceptual understanding?



PART 2: SCHOOL PERFORMANCE

2. **School Goals:** State the school's mission statement. Provide the school's mission-specific, measurable goals. Analyze school progress toward these goals, providing data as appropriate. Add/Remove rows, as necessary.

Mission Statement:

The mission of Amistad Academy is to deliver on the promise of equal educational opportunity for all of America's children. That is what we work for, every day. We know that all children—regardless of race, zip code, or economic status—deserve access to great schools.

Note on Goals: The goals identified below are updated from the 2018-2023 Five Year Strategic Plan completed during the 2018-19 school year.

| Goal Statement: | Eviden | ce of Progres | s toward Goa | ıl: | | |
|------------------------------------------------------------------------|------------------------------------------------------|---------------------------|---------------|--------------|--|--|
| Excellence & Equity – Prepare all our students for | On the 2017-18 I | Next Gen Perf | ormance Ind | ex, Amistad | | |
| long-term success | Academy surpass | sed the state | average in po | oints earned | | |
| | for high needs st | | | | | |
| | percentage point | t differences i | ranging from | +11.2 (6- | | |
| | year grad rate) to | o +36.5 (Chro | nic Absenteei | sm). | | |
| Consistent Excellence – By 2023 85% of schools will be | In 2018 (latest ye | | | | | |
| strong or exemplary on the AF Report Card (AFRC). | across all regions | - | | | | |
| The AFRC measures schools on a 1,000 point scale | Academy schools | | - | - | | |
| where: | very high AF bar, | | | | | |
| Exemplary: Topping benchmark districts, | percentage point | | | | | |
| national model | percentage point | | | o far | | |
| Strong: Topping state non-poor or meeting AF goals | exceed the host | district of Nev | w Haven. | | | |
| • Developing*: Between host and state non- | On the 2018-19 S | | | | | |
| poor or AF goals | 55% proficient in | | | • | | |
| • Poor : At host district level or significant gap to | the New Haven District at 34.4% in ELA and 22.5% in | | | | | |
| AF goals | Math. | | | | | |
| Increased College Success – By 2023 Graduating | The 2018 ECC for | ^r our high sch | ools was 55% | , a number | | |
| seniors will have an expected college completion (ECC) | we recognize as being too low. The five-year goal of | | | | | |
| that exceeds that of the top income quartile (65%). | 65% is ambitious | but realistic, | while our lor | ng-term | | |
| ECC is a term we use to describe the average | aspiration contin | ues to be a 7 | 5% college pe | ersistence | | |
| graduation rate for underrepresented students at the | rate. | | | | | |
| colleges they matriculate to. This data is a strong | | | | | | |
| predictor for long term college success and | | | | | | |
| completion. | | | | | | |
| 3. Student Achievement: Data summarizing school pe | | | | | | |
| three years is provided below. Please review data e | videncing student | growth and p | rogress towa | rd closing | | |
| achievement gaps. | | | | | | |
| Performance Metric | | *2015-16: | *2016-17: | *2017-18: | | |
| ELA Performance Index – All Students | | 67.4% | 64.9% | 66.8% | | |
| ELA Performance Index – High Needs Students | | 66.2% | 62.9% | 66.8% | | |
| Math Performance Index – All Students | | 63.5% | 63.0% | 64.6% | | |
| Math Performance Index – High Needs Students | | 62.4% | 61.2% | 64.6% | | |
| Science Performance Index – All Students | | 45.6% | 42.8% | N/A | | |
| *Source: CSDE analysis based on district submitted and certified data | | | | | | |



| | | | CSDE |
|------------------------------------------------------------------------|--------|-------|-------|
| Science Performance Index – High Needs Students | 44.1% | 41.1% | N/A |
| ELA Avg. Percentage of Growth Target Achieved – All Students | 67.2% | 51.3% | 60.2% |
| ELA Avg. Percentage of Growth Target Achieved – High Needs Students | 65.8% | 50.6% | 60.2% |
| Math Avg. Percentage of Growth Target Achieved – All Students | 76.0% | 62.0% | 68.0% |
| Math Avg. Percentage of Growth Target Achieved – High Needs Students | 75.4% | 59.7% | 68.0% |
| Average daily attendance rate: | 96.5% | 96.1% | 95.9% |
| Chronic absenteeism rate: | 5.3% | 5.6% | 7.4% |
| Overall suspension rate: (% of students with 1+ suspension/ expulsion) | 27.9% | 25.5% | 18.8% |
| Number of in-school suspensions: | 492 | 491 | 440 |
| Number of out-of-school suspensions: | 366 | 392 | 353 |
| Number of expulsions: | 8 | 0 | 7 |
| Four Year Cohort Graduation Rate (if applicable): | 85.0% | 90.0% | 81.4% |
| Six Year Adjusted Cohort Graduation Rate (if applicable) | 100.0% | 90.5% | 92.3% |
| Accountability Index charter school: | 78.2% | 75.1% | 79.3% |
| Accountability Index state: | 73.1% | 73.2% | 74.9% |



4. Legal compliance Best Practices: In 250 words or less, summarize methods illustrating that the school is acting in compliance with applicable laws and regulations (e.g. support for students with disabilities, English learners, employee and student rights). Describe the areas of operation including policies and procedures that ensure compliance with applicable laws and regulations. Include quantitative and qualitative information associated with compliance. Provide evidence of collaboration with local school districts in this area, as appropriate.

The school has policy documents that set forth compliance with applicable laws and regulations. These policies, including the Family Handbook, Employee Handbook, Fiscal Policies and Procedures, Special Services Playbook, and Behavior Policy, have been reviewed by the Connecticut State Department of Education and other key stakeholders. Additionally, the school has retained a charter management organization to assist in compliance-related areas, including training on and accountability for the policies.

PART 3: STEWARDSHIP, GOVERNANCE, AND MANAGEMENT

| 5. | 5. Financial Documents: As required by C.G.S. § 10-66cc(b)(2) and 10-66pp, the charter school and if applicable, the charter school management organization of the state or local charter school, (1) shall submit FY 2017-18 certified audit statements, including the statement of activities (showing all revenues from public and private sources, expenditures, and net operating gain/loss), balance sheet and statement of cash flows. (2) The charter school and if applicable, the charter school management organization of the state or local charter school, shall submit a complete copy of the most recently completed Internal Revenue Service form 990, including all parts and schedules, <u>other than Schedule B</u> of such form. (3) Provide the FY 2018-19 budget. (4) Provide a FY 2019-20 board-approved budget. | | | | | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|--|--|--|--|
| 6. | Financial Condition: Provide the following financial data for FY 2018-2019 | | | | | | | |
| | Total margin (net income/total revenue): | -6% | | | | | | |
| | Debt to asset ratio (total liabilities/total assets): | 10% | | | | | | |
| | Debt service coverage ratio (net income+depreciation+interest expense)/ (principal+interest payments): | -0.68 | | | | | | |
| | Current asset ratio (current assets/current liabilities): | 1.67 | | | | | | |
| | Days of (unrestricted cash/((total expenditures-depreciation)/365)): | 81.27 | | | | | | |
| | Cash flow (change in cash balance): | 1,552,046 | | | | | | |
| | | | | | | | | |



7. **Governing Board:** Consistent with C.G.S. § 10-66bb(d)(3)(A), provide the following information for all governing board members. The governing board should include teachers and parents and guardians of students enrolled in the school, and the chairperson of the local or regional board of education of the town in which the charter school is located and which has jurisdiction over a school that resembles the approximate grade configuration of the charter school, or the designee of such chairperson, provided such designee is a member of the board of education or the superintendent of schools for the school district, or the superintendents designee.

| Name: | Occupation: | Board Role/Term: | Mailing/Email: | Background Check: |
|--------------------|----------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------|-------------------|
| Carolyn Greenspan | CEO, Blue State Coffee | Chair | 10 North Branford Road, Wallingford, CT 06492, cbgreenspan@gmail .com | Complete |
| Lorraine Gibbons | Executive Director, Cardinal Shehan Center | Secretary | 291 Fairfield Street, New Haven, CT 06515, Igibbons@shehance nter.org | In process |
| Pat Sweet | Community Activist | Director | patsweet2014@gma il.com | Complete |
| Jane Levin | Senior Lecturer, Dept. of Humanities, Yale University | Director | 200 Everit St New Haven, CT 06511-1322, jane.levin@yale.edu | Complete |
| Tim Pavlis | Assistant Vice President for Strategic Analysis and Institutional Research | Director | 88 Blake Rd, Hamden Email: tepavlis@gmail.com | Complete |
| Jennifer Alexander | Former CEO, ConnCAN | Director | jenbalexander@gma il.com | Complete |
| Albert Maldonado | Construction Project Manager | Director | albertjmaldonado@g mail.com | In process |
| | | | | 🗆 Yes 🗆 No |
| | | | | 🗆 Yes 🗆 No |
| | | | | 🗆 Yes 🗆 No |
| | | | | 🗆 Yes 🗆 No |
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| | | | | 🗆 Yes 🗌 No |



8. **Renewal Terms and Other Issues:** Provide a progress update on terms established in the charter school's most recent renewal; summarize actions taken and progress data to substantiate efforts to address such terms. Provide an update on how the charter school is addressing or plans to address the issues noted. The chart below is pre-populated to include terms documented in the school's last renewal resolution or issues identified by the CSDE.

| Standard/Indicator: | Term or Condition: | Progress Update: |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.5 School Culture and Climate | For the 2016-17 school year the school's suspension rate was 25.5%, while the state's rate was 6.7%. The school's rate for the 2017-18 school year was 18.8%, which remains above the state average of 6.8%. | In partnership with the CSDE Turnaround Office, Amistad Academy developed specific multi-year targets of suspension rates. The 2018-19 year-end target was 17% and Amistad Academy finished the year at 14.7% 1+ ISS/OSS suspension rate, a 2.3 percentage point improvement. |
| 4.5 Teacher/Staff Credentials | As of May 2019, the Bureau of Educator Standards and Certification reported 16 staff identified in the Educator Data System as being out of compliance for the 2018-19 school year. It is the responsibility of the school to take steps to make certain that 100% of the staff holds appropriate authorizations for their positions. | Educator certification compliance is the most urgent compliance goal for our schools and network. Amistad Academy has implemented several incentives and some penalties for staff that fail to authentically pursue certification, with the ultimate consequence being reassignment to non- certified roles or termination. As of the 2019 renewal visit, Amistad Academy was 89% compliant including staff that were just awaiting final approval of CSDE. |
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9. **Stewardship, Governance, and Management Best Practices:** In 250 words or less, summarize processes established in the areas of **stewardship, governance, and management** (e.g., financial management, reporting compliance, sustaining financial viability, and school operations), to ensure the school is financially viable and organizationally healthy and strong. Describe the strategy and its impact on the school referencing quantitative and qualitative data. Provide evidence of collaboration with local school districts in this area, as appropriate.

Amistad Academy has fully adhered to requirements previously identified by CSDE, including board approval of key policy documents and school leadership involvement in approval processes.

The Amistad Board also undertook significant revisions to their charter management agreement (CMA) with Achievement First to clearly define when and how the board will be engaged in principal level disciplinary actions. They also formed a personnel committee of the board to handle such matters if they arise.

The Amistad Academy Board continues to invite participation from the host district Board of Education to appoint a member to the Amistad Academy Board.

A highlight of the year for our boards is the annual board retreat in July or August when the four CT boards (Amistad Academy, Elm City College Prep, AF Bridgeport and AF Hartford) come together for joint presentations and info sharing across charters. The most recent retreat included a presentation by the newly created "Team Student Experience" outlining the many shifts to increase student engagement, voice, and agency.



| PART 4: STUDENT POPULAT |
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| n/a 93 95 92 90 97 90 93 90 72 73 60 45 1,083 11. Enrollment Efforts: Summarize the school's efforts to attract, enroll, and retain a diverse and representative student population, including minority students, low-income students, English learners, and students with disabilities. Prior to New Haven's Public Schools of Choice enrollment lottery, Amistad Academy's student recruitment poutreach efforts included multiple direct mailings to New Haven Public Schools students based on a contact list provided by New Haven Public Schools, print and radio advertisements, neighborhood canvassing, partnerships with community organizations, including churches, community centers, daycare centers and after-school programs. Open houses and information sessions were held at the school and representatives of Amistad Academy attended New Haven's Public Schools of Choice program fair. Information about Amistad Academy and our student admission process was also available at www.achievementfirst.org. 12. Waitlist Data: Provide waitlist totals below, illustrating demand and community support for the school. 2018-19 Waitlist: 2019-20 Waitlist: 13. Student Population Best Practice: In 250 words or less, summarize systems used in the area of student population (e.g., family and community engagement, recruitment processe, retention strategies), to ensure the school referencing quantitative and qualitative data. Provide evidence of collaboration with local school districts in this area, as appropriate. Actevement First's New Haven schools aim to serve students who have historically been the most underserve | PART 4: STUDENT POPULATION | | | | | | | | | | | | | | |
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| % Free/Reduced-Price Lunch: 70.4% % Black: 66.4% % Special Education: 6.7% % Hispanic: 30.6% % Limited English Proficiency: 10.7% % Caucasian: 2.4% 2018-19 Enrollment by Grade Level: 7 8 9 10 11 12 Tota PK K 1 2 3 4 5 6 7 8 9 10 11 12 Tota IL. Enrollment Efforts: Summarize the school's efforts to attract, enroll, and retain a diverse and representative student population, including minority students, low-income students, English learners, and students with disabilities. 10.000 45 10.000 45 10.000 45 10.000 45 10.000 45 10.000 45 10.000 45 10.0000 45 10.0000 45 10.0000 45 10.0000 45 10.0000 45 10.0000 45 10.00000 45 10.00000000000000000000000000000000000 | 10. En | rollmer | t and D | emogra | phic Da | ita: Pro | vide 20 | 18-1 | 9 student | demogra | phic an | d enroll | ment i | nformati | on. |
| % Special Education: 6.7% % Hispanic: 30.6% % Limited English Proficiency: 10.7% % Caucasian: 2.4% 2018-19 Enrollment by Grade Level: PK K 1 2 3 4 5 6 7 8 9 10 11 12 Tota n/a g3 g3 g5 g2 g0 97 90 93 90 72 73 60 45 1,02 11. Enrollment Efforts: Summarize the school's efforts to attract, enroll, and retain a diverse and representative student population, including minority students, low-income students, English learners, and students with disabilities. 5 for any english for any english< | Grades Served: K-12 | | | | | | | Stuc | ent Enro | llment: | | | 1,083 | | |
| % Limited English Proficiency: 10.7% % Caucasian: 2.4% 2018-19 Enrollment by Grade Level: PK K 1 2 3 4 5 6 7 8 9 10 11 12 Tota n/A 93 95 92 90 97 90 93 90 72 73 60 45 1.083 11. Enrollment Efforts: Summarize the school's efforts to attract, enroll, and retain a diverse and representative student population, including minority students, low-income students, English learners, and students with disabilities. Prior to New Haven's Public Schools of Choice enrollment lottery, Amistad Academy's student recruitment poureach efforts included multiple direct mailings to New Haven Public Schools students based on a contact list provided by New Haven Public Schools of Choice program fair. Information about Amistad Academy and comparizations, including churches, community centers, daycare centers and after-school programs. Open houses and information sessions were held at the school and representatives of Amistad Academy attended New Haven's Public Schools of Choice program fair. Information about Amistad Academy and our student admission process was also available at www.achievementfirst.org. 12. Waitlist Data: Provide waitlist totals below, illustrating demand and community support for the school. 2018-19 Waitlist: 2019-20 Waitlist: 13. Student Population Best Practice: 10.20 Words or less, summarize systems us | % | Free/Re | duced-F | Price Lui | nch: | 7 | 0.4% | | % Bla | ck: | | | | 66.4 | % |
| 2018-19 Enrollment by Grade Level: PK K 1 2 3 4 5 6 7 8 9 10 11 12 Tota n/a 93 93 95 92 90 97 90 93 90 72 73 60 45 1,08: 11. Enrollment Efforts: Summarize the school's efforts to attract, enroll, and retain a diverse and representative student population, including minority students, low-income students, English learners, and students with disabilities. Prior to New Haven's Public Schools, print and radio advertisements, neighborhood canvassing, partnerships with community organizations, including churches, community centers, daycare centers and after-school programs. Open houses and information sessions were held at the school and representatives of Amistad Academy attended New Haven's Public Schools Chools of Choice program fair. Information about Amistad Academy attended New Haven's Public Schools of Choice program fair. Information about Amistad Academy attended New Haven's Public Schools of Choice program fair. Information about Amistad Academy attended New Haven's Public Schools of Choice program fair. Information about Amistad Academy attended New Haven's Public Schools or Isos, summarize systems used in the area of student population (e.g., family and community engagement, recruitment processes, retention strategies), to ensure the school promotes equity by effectively attracting, enrolling and retaining students particularly among targeted populations. Include a brief narrative on the school's unique model and describe the str | % | Special | Educatio | on: | | | 6.7% | | % His | panic: | | | | 30.6 | 5% |
| PK K 1 2 3 4 5 6 7 8 9 10 11 12 Total n/a 93 95 92 90 97 90 93 90 72 73 60 45 1,081 11. Enrollment Efforts: Summarize the school's efforts to attract, enroll, and retain a diverse and representative student population, including minority students, low-income students, English learners, and students with disabilities. Prior to New Haven's Public Schools of Choice enrollment lottery, Amistad Academy's student recruitment purvided by New Haven Public Schools, print and radio advertisements, neighborhood canvassing, partnerships with community organizations, including churches, community centers, daycare centers and after-school programs. Open houses and information sessions were held at the school and representatives of Amistad Academy attended New Haven's Public Schools of Schools of Choice program fair. Information about Amistad Academy attended New Haven's Public Schools of Choice program fair. Information about Amistad Academy attended New Haven's Public Schools or Schools of Choice program fair. Information about Amistad Academy attended New Haven's Public Schools or Schools Schools or School or Schoolschols chools school programo school | % | Limited | English | Proficie | ncy: | 1 | .0.7% | | % Cau | icasian: | | | | 2.49 | % |
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| representative student population, including minority students, low-income students, English learners, and students with disabilities. Prior to New Haven's Public Schools of Choice enrollment lottery, Amistad Academy's student recruitment outreach efforts included multiple direct mailings to New Haven Public Schools students based on a contact list provided by New Haven Public Schools, print and radio advertisements, neighborhood canvassing, partnerships with community organizations, including churches, community centers, daycare centers and after-school programs. Open houses and information sessions were held at the school and representatives of Amistad Academy attended New Haven's Public Schools of Choice program fair. Information about Amistad Academy and our student admission process was also available at www.achievementfirst.org. 12. Waitlist Data: Provide waitlist totals below, illustrating demand and community support for the school. 2018-19 Waitlist: 816 785 13. Student Population Best Practice: In 250 words or less, summarize systems used in the area of student population (e.g., family and community engagement, recruitment processes, retention strategies), to ensure the school promotes equity by effectively attracting, enrolling and retaining students particularly among targeted populations. Include a brief narrative on the school's unique model and describe the strategy and its impact on the school referencing quantitative and qualitative data. Provide evidence of collaboration with local school districts in this area, as appropriate. Achievement First's New Haven schools aim to serve students who have historically been the most underserved by the traditional public school system. Our location in New Haven neighborhoods and our distinct outreach efforts help us deepen our relationships with members of the New Haven community so that we can become were more effective in identifying, enrolling, and retaining student recruitment campaign plan that includes multiple tactics to engage families and student | n/a | 93 | 93 | 95 | 92 | 90 | 97 | 9 | 0 93 | 90 | 72 | 73 | 60 | 45 | 1,083 |
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| Acceptate and school loaders ergenize and hest Visiter Days and information sessions at our New Hayen schools | | | | | | | | | | | | | | | |

Associate and school leaders organize and host Visitor Days and information sessions at our New Haven schools



each year for individuals and organizations who have an interest in learning about our instructional practices enrollment policies and school culture. These discussions and tours often include prospective parents, representatives from daycare centers and afterschool programs, and service providers for students and families who are English Language Learners.



APPENDIX B: 2020-22 TWO YEAR PRELIMINARY ENROLLMENT REQUEST

Directions: On an annual basis, charter schools must submit an enrollment request for the following school year. Consistent with C.G.S. § 10-66bb(c), the State Board of Education considers enrollment requests in the context of each school's charter and record of student achievement.

C.G.S. § 10-66bb(c)(2) places an enrollment cap on the number of students that a state charter school may enroll. However, charter schools with a demonstrated record of achievement may seek a waiver. If the school submitted 2020-21 and enrollment request 2021-22 requires an enrollment waiver, please specify that below.

| 1. Complete the table below providing the school's enrollment and growth history. Submit an enrollment request and growth projections for the upcoming school year. | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|-----|--------|---------|---------|---------|---------|---------|------|----|----|-------|
| School Actual Enrollment: | | | | | | | | | | | | | | | |
| Year: | РК | К | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total |
| 2017-18 | 017-18 96 92 92 94 93 99 94 96 85 74 69 51 46 1081 | | | | | | | | | | 1081 | | | | |
| 2018-19 | 18-19 93 93 95 92 90 97 90 93 90 72 73 60 45 1083 | | | | | | | | | | 1083 | | | | |
| 2019-20 | 2019-20 93 97 96 91 92 97 94 91 98 72 68 67 48 1104 | | | | | | | | | | | 1104 | | | |
| School | | | | | 202 | 0-2022 | 2 Two Y | /ear Er | nrollme | ent Rec | quests: | | | | |
| Year: | РК | К | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total |
| 2020-21 | | 93 | 93 | 93 | 93 | 93 | 93 | 93 | 93 | 93 | 76 | 66 | 71 | 63 | 1113 |
| 2021-22 | | 93 | 93 | 93 | 93 | 93 | 93 | 93 | 93 | 93 | 72 | 72 | 71 | 71 | 1123 |
| described in C.G.S. § 10-66bb(c)(2), no state charter school shall enroll more than two hundred fifty students, or in the case of a kindergarten to grade eight, inclusive, school, more than three hundred students, or twenty-five per cent of the enrollment of the school district in which the state charter school is to be located, whichever is less. Provide a rationale for the enrollment request(s), by school year, including a synopsis of all relevant assumptions. | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

As top ranked high school in CT by USNews and World Report (currently #12 in CT and in the top 3% nationwide), Amistad High School, has been an increasingly attractive option for our rising ninth graders. Rising matriculation rates have caused over-enrollment. School leadership and the network are undergoing a deep dive on enrollment patterns to Amistad High in order to ensure that we provide the necessary facilities, staffing, and programing.

2018-19 was the first full year of implementation of expanded efforts to improve student experience, driven by the overarching goal of our five-year plan: GREAT TEACHING fueling an EXCEPTIONAL STUDENT EXPERIENCE.

These two priorities are pursued equally, recognizing that school culture and instruction are intertwined. Rigorous, thinking-based, discourse-rich, engaging, high-expectations, high-feedback instruction is the number one driver of a great school culture, and a high-expectations, focused, joyful, relationships-enhancing culture supports great instruction.

APPENDIX C: CHARTER SCHOOL PERFORMANCE FRAMEWORK

The Connecticut State Department of Education's (CSDE) charter school performance framework promotes clear and transparent expectations for all charter schools. The four performance standards are central to measuring schools' efficacy and viability, and align to state law and national best practices among charter school authorizers, as accumulated by the National Association of Charter School Authorizers. Within each standard area, the framework identifies a series of indicators used to evaluate charter schools. The framework drives the CSDE's charter school accountability systems and processes, including initial approval decisions, annual monitoring, and renewal determinations.

Performance Standards:

- 1. School Performance: Is the school a successful model resulting in strong student outcomes and a positive school climate?
- 2. Stewardship, Governance, and Management: Is the school financially and organizationally healthy and viable?
- 3. Student Population: Is the school promoting equity by effectively attracting, enrolling, and retaining students, particularly among targeted populations?
- 4. Legal Compliance: Is the school acting in compliance with applicable laws and regulations?

| Performance Standards: | Performance Indicators: |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. School Performance | 1.1. Academic Achievement a. ELA Performance Index – All Students b. ELA Performance Index – High Needs Students c. Math Performance Index – All Students d. Math Performance Index – All Students e. Science Performance Index – All Students f. Science Performance Index – All Students 1.2. Academic Growth a. ELA Academic Growth – All Students b. ELA Academic Growth – All Students c. Math Academic Growth – All Students d. Math Academic Growth – All Students c. Math Academic Growth – All Students d. Math Academic Growth – High Needs Students e. Progress toward English Language Proficiency – Literacy f. Progress toward English Language Proficiency - Oral 1.3. Participation Rates (a. All Students, b. High Needs) 1.4. Chronic Absenteeism (a. All Students, b. High Needs) 1.5. Preparation for Postsecondary and Career Readiness - % Taking Courses 1.6. Preparation for Postsecondary and Career Readiness - % Passing Exams 1.7. On-track to High School Graduation 1.8. 4-year Adjusted Cohort Graduation 1.9. 6-year Adjusted Cohort Graduation 1.10. Postsecondary Entrance Rate (All Students) 1.11. Physical Fitness 1.22. Arts Access |
| 2. Stewardship, Governance, and Management | 2.1. Financial Management 2.2. Financial Reporting 2.3. Financial Viability 2.4. Governance and Management 2.5. Facility |
| 3. Student Population | 3.1. Recruitment and Enrollment Process 3.2. Waitlist and Enrollment Data 3.3. Demographic Representation 3.4. Family and Community Support 3.5. School Culture and Climate |
| 4. Legal Compliance | 4.1. Open Meetings and Information Management 4.2. Students with Disabilities 4.3. English Learners 4.4. Rights of Students 4.5. Teacher/Staff Credentials 4.6. Employee Rights |



APPENDIX D: STATEMENT OF ASSURANCES

It is imperative that charter schools – as with all other public schools – adopt and uphold the highest ethical and legal standards while delivering excellent academic opportunities for students and their families.

As the authorized representative of Amistad Academy, to the best of my knowledge, I affirm that:

- Pursuant to C.G.S.A. § 10-66rr, all board members and staff have satisfactorily completed background checks, including a state and national criminal records checks and a record check of the Department of Children and Families child abuse and neglect registry.**
- 2. Pursuant to C.G.S.A. § 10-66rr, if applicable, all charter school management organization (CMO) governing board members and staff members, who performs a service involving direct student contact have satisfactorily completed background checks, as described in (1).
- **3.** All contractors doing business with the school, who performs a service involving direct student contact have satisfactorily completed background checks, as described in (1).
- 4. Records of any and all background checks described above, are on file at Amistad Academy and available for random audit by the Connecticut State Department of Education (CSDE).
- 5. Pursuant to C.G.S.A. § 10-6600, Amistad Academy Governing Board has adopted written anti-nepotism and conflict of interest policies consistent with state law and best practices in nonprofit corporate governance, and pursuant to 10-66bb(d), that no member or employee of the Governing Board has a personal or financial interest in any asset, real or personal, of the charter school.
- 6. Pursuant to C.G.S.A. § 10-6600, each member of a governing council of a state or local charter school shall complete training related to charter school governing council responsibilities and best practices at least once during the term of the charter, and that no board member of Amistad Academy serves on the board of another charter school or CMO.
- 7. All public funds received by Amistad Academy have been, or are being, expended prudently and in a manner required by law.
- 8. All Governing Board meetings are open and accessible to the public, and that Amistad Academy has posted, and continues to post, on any Internet website that the Governing Board operates, the schedule, agenda, and minutes of each Governing Board meeting, including any meeting of a subcommittee of the Governing Board.
- 9. Amistad Academy does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws.
- **10.** Amistad Academy does not operate any school location outside the scope of its approved charter or subsequent State Board of Education approval.

* Some background checks of new directors are in process.



By signing this Statement of Assurances on behalf of the Governing Board of Amistad Academy, I acknowledge that I understand the terms contained herein and affirm the validity of each statement to the best of my knowledge. I further understand that Amistad Academy may be subject to random audit by the CSDE to verify these statements.

Signature:

Curoly Greenspor - Curoly Greenspor - 8/22/19

Name of Board Chairperson:

Date:

Amistad -- Consolidated



| | 2018-19 Full Year | 2019-20 Draft | |
|----------------------------------------|-------------------|---------------|-----------|
| Accounts | Forecast | Budget | Change |
| Revenue | | | |
| Public Revenue | 1,081 | 1,102 | |
| General Operating Revenue | 12,155,771 | 12,397,572 | 241,801 |
| Other Public Revenues | 1,227,081 | 1,299,703 | 72,622 |
| Special Education Funding | 249,316 | 237,440 | (11,876) |
| Total Public Revenue | 13,632,169 | 13,934,715 | 302,546 |
| Private Revenues | 2,066,809 | 2,128,410 | 61,601 |
| Other Revenue | 4,931 | 4,931 | - |
| Total Revenue | 15,703,908 | 16,068,055 | 364,147 |
| | - | - | - |
| School Expenses | - | - | - |
| Personnel Expenses | - | - | - |
| School Salaries and Wages | 8,829,032 | 9,062,098 | 233,065 |
| Other Personnel Costs | 159,746 | 211,115 | 51,370 |
| Bonuses | 29,006 | 40,555 | 11,549 |
| Payroll Taxes & Benefits | 1,912,079 | 1,856,977 | (55,102) |
| Temporary Staff | 72,358 | 54,010 | (18,348) |
| Total Personnel Expenses | 11,002,221 | 11,224,755 | 222,534 |
| Non-Personnel Expenses | - | - | - |
| Program Support Activities | 231,651 | 237,794 | 6,143 |
| Program Materials & Supplies | 326,845 | 339,713 | 12,868 |
| Operations | 743,854 | 865,584 | 121,729 |
| Technology | 404,921 | 466,360 | 61,439 |
| General & Administrative | 357,321 | 346,018 | (11,303) |
| Physical Plant | 1,267,161 | 1,098,267 | (168,894) |
| Supplemental Program | 45,884 | 43,920 | (1,964) |
| 8205 - AF Charter Management Fee | 1,304,621 | 1,327,036 | 22,415 |
| 8216 - Ancillary Services Fees | 113,866 | 94,888 | (18,978) |
| Total Non-Personnel Expenses | 4,796,123 | 4,819,579 | 23,456 |
| 9903 - Contingencies | - | 23,722 | 23,722 |
| Total School Expenses | 15,798,344 | 16,068,056 | 269,711 |
| 9901 - Inter-Charter Transfers | - | - | - |
| 9906 -Unallocated Credit Card Expenses | - | - | - |
| Net Income - Surplus/Deficit | (94,436) | (0) | 94,436 |

Comments

Increased enrollment in FY20 at ES/MS/HS Increased student meal funding at ES/HS Anticipated decrease in SPED funding for FY20 at ES

Increased staffing model at HS along with natural salary increases Increased due to Saturday academy and after-school salaries at MS Attendance bonus payout expected to be higher at MS Lower FICA tax and health insurance costs at ES/MS Decreased substitute teachers and temp admin/ops staff at HS

Increased copier lease and curricula costs at ES Increased student meal program expense at all schools Increased student computer purchases at ES/MS Decreased legal and property insurance costs at MS Decreased debt service, maintenance, and utilities costs at ES/MS

Increased due to growth in enrollment



| | <u>YT</u> | D as of March 20 | <u>)19</u> | 2019 March FY19 | | | Comments |
|----------------------------------------|------------|------------------|--------------|--------------------|------------|----------|---------------------------------------------------------------|
| Accounts | YTD Budget | YTD Actuals | YTD Variance | FY19 Budget | Forecast | Variance | |
| Revenue | TTD Duuget | TTD Actuals | TTD variance | FT19 Duuget | rorecast | variance | |
| Public Revenue | | | | | | | |
| General Operating Revenue | 9,218,988 | 9,231,539 | 12,551 | 12,291,984 | 12,205,896 | (86.088) | Enrollment lower than budget at each school |
| Other Public Revenues | 873,874 | 867,265 | (6,608) | 1,165,165 | 1,229,850 | | Increased Title revenue awarded |
| Special Education Funding | 170,792 | 250,667 | 79,875 | 227,722 | 250,667 | | Higher SPED funding at MS |
| Total Public Revenue | 10,263,653 | 10,349,471 | 85,817 | 13,684,871 | 13,686,412 | 1.541 | |
| Private Revenues | 1,620,164 | 25,847 | (1,594,317) | 2,160,219 | 2,082,770 | | Lower philanthropy need due to increased Title funding |
| Other Revenue | 3,710 | 6.430 | 2.719 | 4,947 | 4,947 | (77,440) | Lower prindranopy need due to mercused rate randing |
| Total Revenue | 11,887,528 | 10,381,747 | (1,505,780) | 15,850,037 | 15,774,130 | (75,907) | |
| | | | - | | | (10)001) | |
| School Expenses | - | - | - | - | | - | |
| Personnel Expenses | - | - | - | - | | - | |
| School Salaries and Wages | 6,709,597 | 6,673,568 | (36,029) | 8,946,130 | 8,865,610 | (80 520) | Less teachers/TIRs than budgeted at HS |
| Other Personnel Costs | 155,496 | 89,411 | (66,085) | 207,328 | 161,375 | | ES/MS running less after-school or vacation programs |
| Bonuses | 24,562 | | (24,562) | 32,749 | 29,187 | (3,562) | |
| Payroll Taxes & Benefits | 1,418,846 | 1,437,583 | 18,736 | 1,891,981 | 1,919,539 | | Higher FICA tax due to staff certification at MS |
| Temporary Staff | 37,456 | 49,307 | 11,851 | 49,941 | 73,028 | | Higher admin temps/substitute teachers than budgeted at ES/HS |
| Total Personnel Expenses | 8,345,957 | 8,249,868 | (96,088) | 11,128,128 | 11,048,739 | (79,389) | |
| Non-Personnel Expenses | - | - | (30,000) | - | - | (75,505) | |
| Program Support Activities | 177,195 | 150,152 | (27,043) | 236,260 | 233,879 | (2,381) | |
| Program Materials & Supplies | 247,226 | 270,099 | 22,874 | 329,634 | 328,616 | (1,018) | |
| Operations | 556,223 | 522,244 | (33,979) | 741,630 | 748,923 | | Higher student transportation costs than budget at HS |
| Technology | 319,380 | 290,527 | (28,853) | 425,840 | 406,642 | | Less student computers than budgeted at ES/HS |
| General & Administrative | 274,964 | 227,118 | (47,845) | 366,618 | 358,691 | | Lower legal and postage fees than budget at HS |
| Physical Plant | 843,455 | 882,171 | 38,715 | 1,124,607 | 1,272,443 | | Higher utilities and maintenance than budgeted |
| Supplemental Program | 39,967 | 20,020 | (19,947) | 53,290 | 46,710 | | Lower summer programs than budgeted at MS |
| 8205 - AF Charter Management Fee | 981,655 | 981,655 | (0) | 1,308,873 | 1,309,820 | 947 | |
| 8216 - Ancillary Services Fees | 71,367 | 85,640 | 14,273 | 95,156 | 114,187 | 19,031 | |
| Total Non-Personnel Expenses | 3,511,431 | 3,429,627 | (81,804) | 4,681,909 | 4,819,911 | 138,002 | |
| 9903 - Contingencies | 30,000 | · · · - | (30,000) | 40,000 | | (40,000) | ES/MS removed to offset enrollment shortfall |
| Total School Expenses | 11,887,388 | 11,679,496 | (207,892) | 15,850,037 | 15,868,650 | 18,613 | -, |
| 9901 - Inter-Charter Transfers | | - | - | - | · · · | - | |
| 9906 -Unallocated Credit Card Expenses | - | 16,335 | 16,335 | - | | - | |
| | | | | | | | |
| Net Income - Surplus/Deficit | 139 | (1,314,084) | (1,314,223) | 0 | (94,520) | (94,520) | |



| | <u>YT</u> | D as of March 20 | <u>19</u> | <u>2019</u> | | | Comments | |
|----------------------------------------|------------|------------------|--------------|-------------|------------|-----------------|-----------------------------------------------------------|--|
| | | | | | March FY19 | | | |
| Accounts | YTD Budget | YTD Actuals | YTD Variance | FY19 Budget | Forecast | <u>Variance</u> | | |
| Revenue | | | | | | | | |
| Public Revenue | | | | | | | | |
| General Operating Revenue | 3,923,438 | 3,951,150 | 27,713 | 5,231,250 | 5,220,000 | (11,250) | Enrollment is 1 under budget | |
| Other Public Revenues | 436,733 | 460,230 | 23,497 | 582,310 | 599,665 | 17,355 | Increased Title revenue awarded | |
| Special Education Funding | 61,648 | 80,451 | 18,803 | 82,197 | 80,451 | (1,746) | | |
| Total Public Revenue | 4,421,818 | 4,491,831 | 70,013 | 5,895,757 | 5,900,116 | 4,359 | | |
| Private Revenues | 300,114 | 10,833 | (289,281) | 400,152 | 386,436 | (13,716) | Less philanthropy need due to increased revenue | |
| Other Revenue | 1,500 | 1,459 | (41) | 2,000 | 2,000 | - | | |
| Total Revenue | 4,723,432 | 4,504,123 | (219,309) | 6,297,909 | 6,288,552 | (9,357) | | |
| | | | | | | | | |
| School Expenses | | | | | | | | |
| Personnel Expenses | | | | | | | | |
| School Salaries and Wages | 2,648,477 | 2,625,357 | (23,120) | 3,531,302 | 3,549,266 | | Add'I teacher hired that was not budgeted | |
| Other Personnel Costs | 51,443 | 29,144 | (22,299) | 68,590 | 38,002 | (30,588) | School will not run after-school or vacation programs | |
| Bonuses | 9,854 | - | (9,854) | 13,138 | 13,138 | - | | |
| Payroll Taxes & Benefits | 623,763 | 565,900 | (57,862) | 831,869 | 802,902 | | Lower health insurance based on staff selections | |
| Temporary Staff | 17,888 | 16,329 | (1,559) | 23,850 | 26,250 | | Higher admin temp costs than budgeted | |
| Total Personnel Expenses | 3,351,423 | 3,236,730 | (114,693) | 4,468,749 | 4,429,558 | (39,191) | | |
| Non-Personnel Expenses | | | | | | | | |
| Program Support Activities | 43,504 | 13,434 | (30,070) | 58,005 | 29,104 | (28,901) | Lower PD, Relay, and SPED non-personnel than budgeted | |
| Program Materials & Supplies | 92,094 | 99,825 | 7,731 | 122,792 | 121,964 | (828) | | |
| Operations | 193,208 | 197,374 | 4,167 | 257,610 | 256,250 | (1,360) | | |
| Technology | 129,098 | 128,394 | (703) | 172,130 | 163,082 | (9,048) | Less student computers than budgeted | |
| General & Administrative | 98,793 | 94,734 | (4,058) | 131,724 | 129,362 | (2,362) | | |
| Physical Plant | 347,423 | 364,219 | 16,796 | 463,231 | 546,139 | 82,908 | Higher security, utilities, and maintenance than budgeted | |
| Supplemental Program | 1 | - | (1) | 1 | 1 | - | | |
| 8205 - AF Charter Management Fee | 422,751 | 422,751 | (0) | 563,667 | 564,437 | 769 | | |
| 8216 - Ancillary Services Fees | 30,000 | 36,000 | 6,000 | 40,000 | 48,000 | 8,000 | | |
| Total Non-Personnel Expenses | 1,356,870 | 1,356,732 | (138) | 1,809,160 | 1,858,339 | 49,179 | | |
| 9903 - Contingencies | 15,000 | - | (15,000) | 20,000 | | (20,000) | Removed contingency to offset enrollment shortfall | |
| Total School Expenses | 4,723,293 | 4,593,461 | (129,832) | 6,297,909 | 6,287,897 | (10,012) | | |
| 9901 - Inter-Charter Transfers | - | - | - | - | • | • | | |
| 9906 -Unallocated Credit Card Expenses | - | 3 | 3 | - | · · · | - | | |
| | | | | | | | | |
| Net Income - Surplus/Deficit | 139 | (89,341) | (89,480) | 0 | 655 | 655 | | |



| | | | | 2019 March FY19 | | | as of March 2019 | | | <u>Comments</u> |
|----------------------------------------|-------------|---------------|--------------|--------------------|-----------------|-----------------|----------------------------------------------------------|--|--|-----------------|
| Accounts | VTD Budget | | | FY19 Budget | | Variance | | | | |
| Revenue | YTD Budget | YTD Actuals | YTD Variance | FT19 Budget | <u>Forecast</u> | <u>Variance</u> | | | | |
| Public Revenue | | | | | | | | | | |
| | 2 4 47 4 00 | 2 4 4 2 4 0 0 | (5.002) | 4 400 250 | 4 4 5 4 2 5 0 | (45.000) | Free line and in A condex burderst | | | |
| General Operating Revenue | 3,147,188 | 3,142,186 | (5,002) | 4,196,250 | 4,151,250 | | Enrollment is 4 under budget | | | |
| Other Public Revenues | 334,024 | 324,083 | (9,941) | 445,365 | 473,580 | | Increased Title revenue awarded | | | |
| Special Education Funding | 48,907 | 93,860 | 44,953 | 65,209 | 93,860 | | Higher SPED funding than budgeted | | | |
| Total Public Revenue | 3,530,118 | 3,560,129 | 30,011 | 4,706,824 | 4,718,690 | 11,866 | | | | |
| Private Revenues | 631,235 | 10,833 | (620,401) | 841,646 | 793,700 | (47,946) | Less philanthropy need due to increased revenue | | | |
| Other Revenue | 1,500 | 1,459 | (41) | 2,000 | 2,000 | - | | | | |
| Total Revenue | 4,162,853 | 3,572,422 | (590,431) | 5,550,470 | 5,514,390 | (36,080) | | | | |
| School Expenses | | | | | | | | | | |
| Personnel Expenses | | | | | | | | | | |
| School Salaries and Wages | 2,425,155 | 2,469,448 | 44,293 | 3,233,540 | 3,247,807 | 14,267 | Add'l Support staff hires made over budget | | | |
| Other Personnel Costs | 44,550 | 19,213 | (25,338) | 59,400 | 31,200 | (28,200) | Lower after-school and vacation programming | | | |
| Bonuses | 4,364 | - | (4,364) | 5,819 | 5,819 | - | | | | |
| Payroll Taxes & Benefits | 479,087 | 548,511 | 69,424 | 638,783 | 694,779 | 55,996 | Higher FICA tax than budgeted due to staff certification | | | |
| Temporary Staff | 11,783 | 6,583 | (5,200) | 15,710 | 8,888 | (6,822) | | | | |
| Total Personnel Expenses | 2,964,939 | 3,043,755 | 78,816 | 3,953,252 | 3,988,493 | 35,241 | | | | |
| Non-Personnel Expenses | | | | | | • | | | | |
| Program Support Activities | 56,880 | 42,874 | (14,006) | 75,840 | 78,783 | 2,943 | | | | |
| Program Materials & Supplies | 84,067 | 90,803 | 6,735 | 112,090 | 106,527 | (5,563) | Lower curricula and music/art supplies than budgeted | | | |
| Operations | 153,863 | 119,250 | (34,613) | 205,150 | 206,035 | 885 | | | | |
| Technology | 106,717 | 94,400 | (12,317) | 142,289 | 146,221 | 3,932 | | | | |
| General & Administrative | 113,575 | 88,699 | (24,875) | 151,433 | 151,807 | 374 | | | | |
| Physical Plant | 294,571 | 287,490 | (7,081) | 392,762 | 427,615 | 34.853 | Higher utilities and maintenance than budgeted | | | |
| Supplemental Program | 5,866 | - | (5,866) | 7,821 | 0 | | Lower summer programs than budgeted | | | |
| 8205 - AF Charter Management Fee | 337,376 | 337,376 | 0 | 449,834 | 451,354 | 1,520 | | | | |
| 8216 - Ancillary Services Fees | 30,000 | 36,000 | 6,000 | 40,000 | 48,000 | 8,000 | | | | |
| Total Non-Personnel Expenses | 1,182,914 | 1,096,891 | (86,023) | 1,577,219 | 1,616,342 | 39,124 | | | | |
| 9903 - Contingencies | 15,000 | - | (15,000) | 20,000 | - | | Removed contingency to offset enrollment shortfall | | | |
| Total School Expenses | 4,162,853 | 4,140,646 | (22,207) | 5,550,471 | 5,604,835 | 54,364 | , | | | |
| 9901 - Inter-Charter Transfers | | - | - | | - | | | | | |
| 9906 -Unallocated Credit Card Expenses | - | - | - | - | - | - | | | | |
| Net Income - Surplus/Deficit | (0) | (568,224) | (568,224) | (0) | (90,445) | (90,445) | | | | |

Achievement First Amistad High School

| | | | | | | | | Amistad Share | Elm City Share | BPT Share 2018- |
|----------------------------------------|------------|------------------|--------------|-------------|-------------|-----------|-----------------------------------------------------|----------------|----------------|-----------------|
| | <u>YTI</u> | D as of March 20 | <u>19</u> | | <u>2019</u> | | Comments | 2018-19 Budget | 2018-19 Budget | 19 Budget |
| | | | | | March FY19 | | | | | |
| Accounts | YTD Budget | YTD Actuals | YTD Variance | FY19 Budget | Forecast | Variance | | FY19 Forecast | FY19 Forecast | FY19 Forecast |
| Revenue | | | | | | | | 251 | 172 | 242 |
| Public Revenue | | | | | | | | 38% | 26% | 36% |
| General Operating Revenue | 5,670,000 | 5,643,185 | (26,815) | 7,560,000 | 7,481,250 | | Enrollment is 7 under budget | 2,834,646 | 1,933,155 | 2,713,449 |
| Other Public Revenues | 272,147 | 218,928 | (53,219) | 362,863 | 413,315 | | Increased Title revenue awarded | 156,605 | 106,800 | 149,909 |
| Special Education Funding | 158,979 | 201,519 | 42,540 | 211,972 | 201,519 | | Lower Special Education funding than budget | 76,356 | 52,073 | 73,091 |
| Total Public Revenue | 6,101,126 | 6,063,632 | (37,494) | 8,134,835 | 8,096,084 | (38,751) | | 3,067,606 | 2,092,028 | 2,936,449 |
| Private Revenues | 1,817,935 | 11,033 | (1,806,901) | 2,423,913 | 2,382,249 | (41,664) | | 902,634 | 615,573 | 864,042 |
| Other Revenue | 1,875 | 9,268 | 7,393 | 2,500 | 2,500 | - | | 947 | 646 | 907 |
| Total Revenue | 7,920,936 | 6,083,933 | (1,837,003) | 10,561,248 | 10,480,833 | (80,415) | | 3,971,187 | 2,708,247 | 3,801,398 |
| | | | | | | | | - | - | - |
| School Expenses | | | | | | | | - | - | - |
| Personnel Expenses | | | | | | | | - | - | - |
| School Salaries and Wages | 4,317,671 | 4,166,702 | (150,969) | 5,756,895 | 5,459,321 | | Less teachers/TIRs than budgeted | 2,068,537 | 1,410,688 | 1,980,096 |
| Other Personnel Costs | 157,043 | 108,352 | (48,691) | 209,390 | 243,266 | | Higher vacation academy and tutoring than budget | 92,173 | 62,860 | 88,233 |
| Bonuses | 27,300 | - | (27,300) | 36,400 | 27,000 | | Lower attendance bonus payout anticipated | 10,230 | 6,977 | 9,793 |
| Payroll Taxes & Benefits | 833,984 | 852,919 | 18,935 | 1,111,979 | 1,113,375 | 1,396 | | 421,858 | 287,696 | 403,821 |
| Temporary Staff | 20,548 | 69,662 | 49,114 | 27,397 | 100,000 | | Higher admin temps/substitute teachers than budget | 37,890 | 25,840 | 36,270 |
| Total Personnel Expenses | 5,356,546 | 5,197,635 | (158,911) | 7,142,061 | 6,942,962 | (199,099) | | 2,630,688 | 1,794,061 | 2,518,212 |
| Non-Personnel Expenses | | | | | | | | | | |
| Program Support Activities | 202,721 | 247,676 | 44,955 | 270,295 | 332,520 | | Higher SAT Prep and TFA Fees than budgeted | 125,991.84 | 85,923 | 120,605 |
| Program Materials & Supplies | 187,553 | 209,743 | 22,189 | 250,071 | 264,250 | | Higher assessment fees and copier lease than budget | 100,124 | 68,282 | 95,844 |
| Operations | 552,000 | 542,677 | (9,323) | 736,000 | 756,500 | | Higher student transportation costs than budget | 286,638 | 195,480 | 274,383 |
| Technology | 220,549 | 178,762 | (41,786) | 294,065 | 256,898 | | Less student computer purchases than budget | 97,339 | 66,383 | 93,177 |
| General & Administrative | 165,205 | 115,293 | (49,912) | 220,274 | 204,599 | | Lower legal and postage fees than budget | 77,522 | 52,868 | 74,208 |
| Physical Plant | 531,699 | 608,237 | 76,538 | 708,932 | 788,305 | | Higher maintenance and utilities costs than budget | 298,689 | 203,698 | 285,918 |
| Supplemental Program | 90,000 | 52,838 | (37,162) | 120,000 | 123,275 | 3,275 | | 46,709 | 31,854 | 44,712 |
| 8205 - AF Charter Management Fee | 584,663 | 584,663 | (0) | 779,550 | 776,008 | (3,542) | | 294,030 | 200,521 | 281,458 |
| 8216 - Ancillary Services Fees | 30,000 | 36,000 | 6,000 | 40,000 | 48,000 | 8,000 | - | 18,187 | 12,403 | 17,410 |
| Total Non-Personnel Expenses | 2,564,390 | 2,575,890 | 11,500 | 3,419,187 | 3,550,356 | 131,169 | | 1,345,230 | 917,412 | 1,287,714 |
| 9903 - Contingencies | | - | - | - | | - | | - | - | - |
| Total School Expenses | 7,920,936 | 7,773,524 | (147,411) | 10,561,248 | 10,493,317 | (67,930) | - | 3,975,918 | 2,711,473 | 3,805,926 |
| 9901 - Inter-Charter Transfers | - | | - | - | - | - | | - | - | - |
| 9906 -Unallocated Credit Card Expenses | - | 43,104 | 43,104 | - | - | - | | - | - | - |
| Net Income - Surplus/Deficit | | (1,732,695) | (1,732,695) | | (12,485) | (12,485) | - | (4,731) | (3,226) | (4,528) |
| Net moome - Surplus/Dencit | U | (1,/32,095) | (1,752,095) | U | (12,485) | (12,485) | L | (4,/51) | (3,220) | (4,328) |

Financial Statements, Federal Awards in Accordance with the Uniform Guidance, State Financial Assistance in Accordance with the State Single Audit Act, and Independent Auditor's Reports

June 30, 2018



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Independent Auditor's Report

To the Board of Trustees Amistad Academy, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of Amistad Academy, Inc., which comprise the statement of financial position as of June 30, 2018, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Amistad Academy, Inc. as of June 30, 2018, and the changes in its net assets and its cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America.



Other Matters

Report on Summarized Comparative Information

We have previously audited Amistad Academy, Inc.'s 2017 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 16, 2017. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2017 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedules of expenditures of federal awards and state financial assistance, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and the State Single Audit Act, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements or to the financial statements themselves, and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 19, 2018 on our consideration of Amistad Academy, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Amistad Academy, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Amistad Academy, Inc.'s internal control over financial reporting and compliance.

Cohn Reznick LLP

Hartford, Connecticut November 19, 2018

Statement of Financial Position June 30, 2018 (With Comparative Totals for 2017)

Assets

| | | 2018 | 2017 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Cash Restricted cash Grants and other receivables Prepaid expenses and other assets Due from related party Due from other schools Property and equipment, net | \$ | 1,979,105 - 526,530 85,821 - 1,449,648 29,504,617 | \$ 3,842,708 278,524 561,658 70,279 1,088,876 1,390,738 30,992,209 |
| Total assets | φ | 33,545,721 | \$ 38,224,992 |
| Liabilities and Net Assets | | | |
| Liabilities Accounts payable and accrued expenses Accrued salaries and other payroll related expenses Due to related party Due to other schools Due to State Department of Education Prepaid revenue Mortgage payable Total liabilities | \$ | 461,364 163,632 77,352 1,230 28,112 7,242 2,000,038 2,738,970 | \$ 450,507 182,281 - 1,286 28,112 29,452 8,134,038 8,825,676 |
| Commitments and contingencies | | | |
| Net assets Unrestricted Temporarily restricted Total net assets | | 30,406,751 400,000 30,806,751 | 28,790,221 609,095 29,399,316 |
| Total liabilities and net assets | \$ | 33,545,721 | \$ 38,224,992 |

Statement of Activities and Changes in Net Assets Year Ended June 30, 2018 (With Comparative Totals for 2017)

| | Unrestricted | Temporarily restricted | 2018 | 2017 |
|---------------------------------------------|---------------|---------------------------|---------------|---------------|
| Operating revenue | | | | |
| State and local per pupil operating revenue | \$ 11,627,000 | \$- | \$ 11,627,000 | \$ 11,627,000 |
| Federal, state and local grants | 714,264 | - | 714,264 | 571,197 |
| Student meal revenue | 677,941 | - | 677,941 | 609,748 |
| Special education revenue | 270,409 | - | 270,409 | 287,196 |
| Releases from restrictions | 609,095 | (609,095) | | |
| Total operating revenue | 13,898,709 | (609,095) | 13,289,614 | 13,095,141 |
| Expenses | | | | |
| Program services | 14,774,853 | - | 14,774,853 | 14,436,900 |
| General and administrative | 2,333,613 | - | 2,333,613 | 2,236,743 |
| Fundraising | 89,500 | - | 89,500 | 83,423 |
| Total expenses | 17,197,966 | | 17,197,966 | 16,757,066 |
| Deficit on school operations | | | | |
| from government funding | (3,299,257) | (609,095) | (3,908,352) | (3,661,925) |
| Support and other revenue | | | | |
| Contributions - operations | 2,027,367 | 400,000 | 2,427,367 | 1,871,197 |
| Grant for debt repayment | 2,024,517 | - | 2,024,517 | - |
| State funding for debt repayment | 850,000 | - | 850,000 | - |
| Interest and other income | 13,903 | | 13,903 | 14,266 |
| Total support and other revenue | 4,915,787 | 400,000 | 5,315,787 | 1,885,463 |
| Change in net assets | 1,616,530 | (209,095) | 1,407,435 | (1,776,462) |
| Net assets, beginning | 28,790,221 | 609,095 | 29,399,316 | 31,175,778 |
| Net assets, end | \$ 30,406,751 | \$ 400,000 | \$ 30,806,751 | \$ 29,399,316 |

Statement of Functional Expenses Year Ended June 30, 2018 (With Comparative Totals for 2017)

| | Program services | General and administrative | Fundraising | 2018 Total | 2017 Total |
|-----------------------------------|------------------|----------------------------|-------------|---------------|---------------|
| Personnel services costs | | | | | |
| Administrative staff personnel | \$- | \$ 1,211,774 | \$- | \$ 1,211,774 | \$ 1,143,758 |
| Instructional personnel | 7,966,472 | - | - | 7,966,472 | 7,635,818 |
| Total personnel services costs | 7,966,472 | 1,211,774 | - | 9,178,246 | 8,779,576 |
| Fringe benefits and payroll taxes | 1,530,403 | 232,788 | - | 1,763,191 | 1,578,909 |
| Retirement | 38,985 | 5,930 | - | 44,915 | 45,564 |
| Management company fees | 1,194,700 | 67,590 | 89,500 | 1,351,790 | 1,409,047 |
| Accounting/audit services | - | 26,126 | - | 26,126 | 30,703 |
| Other purchased/professional/ | | | | | |
| consulting services | 36,787 | 14,406 | - | 51,193 | 44,481 |
| Building and land rent/lease | 4,340 | 660 | - | 5,000 | 5,000 |
| Repairs and maintenance | 516,487 | 78,562 | - | 595,049 | 584,212 |
| Insurance | 89,024 | 13,541 | - | 102,565 | 92,298 |
| Utilities | 317,856 | 48,349 | - | 366,205 | 303,138 |
| Supplies/materials | 181,537 | - | - | 181,537 | 213,100 |
| Equipment/furnishings | 16,886 | 2,568 | - | 19,454 | 31,189 |
| Staff development | 51,524 | 2,874 | - | 54,398 | 84,134 |
| Marketing/recruitment | 26,587 | - | - | 26,587 | 49,549 |
| Technology | 202,836 | 5,261 | - | 208,097 | 191,699 |
| Food service | 671,927 | - | - | 671,927 | 663,586 |
| Student services | 439,434 | - | - | 439,434 | 484,658 |
| Office expense | 218,622 | 73,106 | - | 291,728 | 311,825 |
| Depreciation and amortization | 1,190,074 | 297,518 | - | 1,487,592 | 1,497,722 |
| Other | 79,138 | 16,881 | - | 96,019 | 141,380 |
| Parental activities | 1,234 | - | - | 1,234 | 6,088 |
| Interest expense | | 235,679 | | 235,679 | 209,208 |
| Total expenses | \$ 14,774,853 | \$ 2,333,613 | \$ 89,500 | \$ 17,197,966 | \$ 16,757,066 |

Statement of Cash Flows Year Ended June 30, 2018 (With Comparative Totals for 2017)

| | 2018 | | | 2017 |
|-----------------------------------------------------------------------------------|------|-------------|--------|-------------|
| | | | | |
| Cash flows from operating activities | ¢ | 1 407 425 | ¢ | (4 776 460) |
| Change in net assets Adjustments to reconcile change in net assets to net cash | \$ | 1,407,435 | \$ | (1,776,462) |
| provided by operating activities | | | | |
| Depreciation and amortization | | 1,487,592 | | 1,497,722 |
| Bad debt expense | | - | | 27,140 |
| Grant received for payment of debt | | (850,000) | | - |
| Grant received for debt forgiveness | | (2,024,517) | | - |
| Changes in operating assets and liabilities | | | | |
| Grants and other receivables | | 35,128 | | 727,634 |
| Prepaid expenses and other assets | | (15,542) | | 90,932 |
| Due from related party | | 1,088,876 | | (577,110) |
| Due from other schools | | (58,910) | | (114,299) |
| Accounts payable and accrued expenses | | 10,857 | | 154,915 |
| Accrued salaries and other payroll related expenses | | (18,649) | | 26,293 |
| Due to related party | | 77,352 | | - |
| Due to other schools | | (56) | | 31 |
| Due to State Department of Education | | - | | 28,112 |
| Prepaid revenue | | (22,210) | | 22,627 |
| Net cash provided by operating activities | | 1,117,356 | | 107,535 |
| | | .,, | | , |
| Cash flows from investing activities | | | | |
| Purchase of property and equipment | | - | | (97,760) |
| Cash restricted for acquisition of assets | | 278,524 | 74,770 | |
| | | 070 504 | | (00,000) |
| Net cash provided by (used in) investing activities | | 278,524 | | (22,990) |
| Cash flows from financing activities: | | | | |
| Grant received for payment of debt | | 850,000 | | _ |
| Repayments of long-term debt | | (4,109,483) | | - |
| | | (1,100,100) | | |
| Net cash used in financing activities | | (3,259,483) | | - |
| Net increase (decrease) in cash | | (1,863,603) | | 84,545 |
| Cash, beginning | | 3,842,708 | | 3,758,163 |
| | | | | |
| Cash, end | \$ | 1,979,105 | \$ | 3,842,708 |
| Supplemental disclosure of cash flow information | | | | |
| Interest paid | ¢ | 161 221 | ¢ | 13/ 910 |
| | \$ | 161,281 | \$ | 134,810 |

Notes to Financial Statements June 30, 2018

Note 1 - Nature of operations

Amistad Academy, Inc. (the "Academy") was incorporated to focus on strengthening the academic and character skills needed for all students to excel in top tier colleges, to achieve success in a competitive world and to serve as the next generation of leaders in their communities. In May 1999, the Board of Education of the State of Connecticut granted the Academy a charter which has been renewed through June 30, 2020. The Academy is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Academy's primary sources of income are per pupil and other government funding. The Academy serves students from low income households in New Haven, Connecticut. In fiscal year 2018, the Academy operated classes for students in grades K-12.

Note 2 - Summary of significant accounting policies

Basis of presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Academy and changes therein are classified and reported as follows:

<u>Unrestricted</u> - Net assets that are not subject to donor-imposed stipulations.

<u>Unrestricted - board designated</u> - The Academy aspires to have a reserve of 2.5% of its annual budget at any time. Cash basis operating surpluses, if they exist at year-end, may be used to accumulate the board-designated reserve. Utilization of the reserve may be approved by the Board of Trustees and used for emergency funds in case of an unexpected financial crises, start-up costs for growth needs, facility capital requirements, principal-in-residence salaries and one-time projects which have significant future potential. The reserve balance will be generated from the Academy's budgeted per-pupil operating revenue, excluding state and federal nonoperating grants. As of June 30, 2018, there was no board-designated reserve.

<u>Temporarily restricted</u> - Net assets resulting from contributions and other inflows of assets whose use by the Academy are limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Academy pursuant to those stipulations. When such stipulations end or are fulfilled, such temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities and changes in net assets. However, if a restriction is fulfilled in the same period in which the contribution is received, the Academy reports the support as unrestricted.

<u>Permanently restricted</u> - Net assets resulting from contributions and other inflows of assets whose use by the Academy are limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Academy.

Statement of cash flows

For purposes of reporting cash flows, the Academy considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents. There were no cash equivalents at June 30, 2018.

Restricted cash

Restricted cash includes balances held by the mortgagee. Withdrawals are subject to the loan agreement. The remainder of the restricted cash, after payment to NFF New Markets Fund XII, LLC, was released to the Academy during 2018.

Grants and other receivables

Grants receivable represent amounts owed to the Academy based on exchange transactions. Grants receivable that are expected to be collected within one year, and recorded at net realizable value, are \$107,704 at June 30, 2018. Other receivables include unconditional promises to give of \$402,250, which are due in fiscal years ended June 30, 2019 and 2020, and other receivables of \$16,576. The Academy has determined that no allowance for uncollectible accounts for receivables is necessary as of June 30, 2018. Such estimate is based on management's assessments of the creditworthiness of its donors, the aging of its receivables as well as current economic conditions and historical information.

Revenue recognition

Revenue from federal, state and local government grants and contracts is recorded by the Academy when qualifying expenditures are incurred and billable. Funds received in advance for which qualifying expenditures have not been incurred are reflected as refundable advances from state and local government grants in the accompanying statement of financial position. Receivables are recognized to the extent costs have been incurred, but not reimbursed.

Revenue from the state and local governments resulting from the Academy's charter status is based on the number of students enrolled and is recorded when services are performed in accordance with the charter agreement.

Contributions are recognized by the Academy when a donor makes a promise to give that is, in substance, unconditional. Contributions that are restricted by the donor, but whose restrictions are met in the same period, are reported as increases to unrestricted net assets. All other donor-restricted contributions are reported as increases to temporarily restricted net assets. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets.

Contributed services received from Board Members and volunteers are not recorded in the financial statements since these services do not meet the criteria for recognition as contributed services.

The Academy receives a substantial portion of its support and revenue from the State Department of Education. If the charter school laws were modified, reducing or eliminating these revenues, the Academy's finances could be materially adversely affected.

Property and equipment

Property and equipment are stated at cost. The Academy has established a \$3,000 threshold above which assets are capitalized. Property and equipment acquired with certain government contract funds are recorded as an expense pursuant to the terms of the contract in which the government funding source retains ownership of the property.

Depreciation and amortization are provided on a straight-line basis over the lesser of estimated useful lives or lease terms as follows:

| Buildings and improvements | 2 - 27 years |
|----------------------------|--------------|
| Furniture and fixtures | 5 years |
| Computers and hardware | 3 - 5 years |
| Musical instruments | 5 years |
| Equipment | 3 - 5 years |
| Software | 3 years |

Long-lived assets

The Academy recognizes an impairment loss when the carrying amount of a long-lived asset exceeds its fair value. In the event that facts and circumstance indicate that the carrying amounts of long-lived assets may be impaired, an evaluation of recoverability would be performed. The evaluation process consists of comparing the estimated future undiscounted cash flows associated with the asset to the asset's carrying amount to determine if a write down is required. If the review indicates that the asset will not be recoverable, the carrying value of the asset would be reduced to its estimated realizable value. There was no impairment loss recognized for the year ended June 30, 2018.

Functional allocation of expenses

Expenses that can be directly identified with the program or supporting service to which they relate are charged accordingly. Other expenses by function have been allocated among program and supporting service classifications using bases determined by management to be reasonable.

Income taxes

The Academy is classified by the Internal Revenue Service as exempt from income tax under Section 501(a) of the Internal Revenue Code as a public education academy described in Section 501(c)(3).

The Academy has no unrecognized tax benefits at June 30, 2018. The Academy's federal and state income tax returns prior to fiscal year 2015 are closed and management continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings.

If applicable, the Academy would recognize interest and penalties associated with tax matters as part of management and general expenses in the statement of activities and changes in net assets and include accrued interest and penalties in accrued expenses in the statement of financial position. The Academy did not recognize any interest or penalties associated with tax matters for the year ended June 30, 2018.

Prior year summarized information

The financial statements include certain prior year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Academy's financial statements for the year ended June 30, 2017, from which the summarized information was derived.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that

affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Concentrations of credit risk

The Academy maintains cash and cash equivalent balances in two financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation. From time to time, the Academy's balances may exceed these limits. At June 30, 2018, the Academy's uninsured bank balances totaled \$1,863,861. The Academy limits its credit risk by selecting financial institutions considered to be highly creditworthy.

Subsequent events

Management has reviewed subsequent events through November 19, 2018, which is the date the financial statements were approved and available for issuance.

Note 3 - Grants and other receivables

Included in grants and other receivables are \$402,250 of unconditional promises to give due as follows at June 30, 2018:

| Amounts due in | |
|-------------------|---------------|
| One year | \$ 302,250 |
| One to five years | 100,000 |
| | |
| | \$ 402,250 |

Note 4 - Concentrations

The Academy currently receives approximately 92% of its operating revenue, which is subject to specific requirements, from the State and Federal Departments of Education. Additionally, the Academy's grants and other receivables consist of approximately 76% from two contributors and 20% from the State of Connecticut for meals.

Note 5 - Operating leases

The Academy leases various office equipment under non-cancelable operating leases through June 2023. The lease expense under these leases for the year ended June 30, 2018 was \$121,086. Future minimum lease payments are as follows:

| 2019 | \$ | 86,749 |
|------|----|---------|
| 2020 | | 79,602 |
| 2021 | | 59,280 |
| 2022 | | 45,665 |
| 2023 | | 9,200 |
| | • | 000 400 |
| | \$ | 280,496 |

During 2017, the Academy entered into new lease agreements for which the vendor agreed to reimburse the Academy for payments on the old leases. The new lease agreements state that the vendor will reimburse the Academy \$26,596 for 2018 expenses and \$2,855 for 2019 expenses.

Note 6 - Property and equipment

The following is a summary of property and equipment at June 30, 2018:

| Buildings and improvements Furniture and fixtures | \$ 41,575,460 176,694 |
|------------------------------------------------------|-----------------------------|
| Computers and hardware | 162,617 |
| Musical instruments | 33,255 |
| Equipment | 492,190 |
| Software | 3,132 |
| | 42,443,348 |
| Less accumulated depreciation | (12,938,731) |
| | |
| | \$ 29,504,617 |

Depreciation and amortization expense was \$1,487,592 for the year ended June 30, 2018.

Note 7 - Related party transactions

The Academy entered into an Academic and Business Services Agreement (the "Agreement") with Achievement First, Inc. ("AF"), a not-for-profit organization dedicated to helping start and run charter schools. This Agreement provides management and other administrative support services to the Academy.

Pursuant to the terms of the Agreement, the Academy pays a service fee equivalent to 10% of all public revenues received by the Academy during or for that school year. Public revenues include all sources of revenue from a public source, but specifically exclude in-kind contributions such as student transportation, start-up funding, funding for student meals, and funding from competitive public grants. The term of the Agreement is through the Charter renewal date of June 30, 2020. The Agreement automatically renews to coincide with the charter renewals. The Agreement covers services including bookkeeping, facilities acquisition and management, special education delivery support, data analysis management support, and tutoring program support. The Academy is to pay AF an ancillary services fee that is mutually negotiated by the Academy and AF. For the year ended June 30, 2018, the Academy incurred management and ancillary services fees of \$1,351,790, which is included in the accompanying statement of functional expenses.

The Academy has a loan with AF. See Note 10 - Loans payable.

In Memorandums of Understanding, dated September 3, 2013, between the Academy and Elm City College Preparatory, Inc. ("Elm City"), the Academy granted Elm City an irrevocable license to use 85% of the space at 403-407 James in New Haven, Connecticut on a month-to-month basis to house a charter school. As of July 1, 2016, Elm City took over the remaining space and has agreed to assume responsibility for all expenses to operate, maintain and repair the property and directly pay all vendors.

AF pledged \$1,791,046 in operating funding and transferred \$270,409 of special education funding to the Academy for the year ended June 30, 2018.

At June 30, 2018, the amount due to AF was \$77,352.

Notes to Financial Statements June 30, 2018

Note 8 - Due from other schools

The Academy entered into a Cooperative Arrangement Agreement (the "Arrangement") with Elm City and Achievement First Bridgeport Academy, Inc. ("Bridgeport"), non-profit charter schools located in New Haven and Bridgeport, Connecticut. The Arrangement provides educational services to high school students of the two academies and sets forth the terms and conditions of the joint program. Under the Arrangement, the Academy is permitted to pay operating expenses incurred and then bill Elm City and Bridgeport for a proportionate share of those costs. The proportionate share is based on the number of students enrolled in the high school as of October 1st divided by the total enrollment of the high school as of the same date.

Throughout the year, the Academy shares various costs with other schools. The following amounts are outstanding at June 30, 2018:

| Achievement First Brooklyn Charter Schools | \$ 9,091 |
|---------------------------------------------|-----------------|
| Achievement First Providence Charter School | (1,230) |
| Achievement First Hartford Academy, Inc. | 629 |
| Achievement First Bridgeport Academy, Inc. | 785,566 |
| Elm City College Preparatory, Inc. | 654,362 |
| | |
| | \$ 1,448,418 |

Note 9 - Line of credit

The Academy has a demand note line of credit agreement with a financial institution whereby it is permitted to borrow up to a maximum of \$750,000. The line of credit has no expiration date and is expected to be renewed annually. There was no outstanding balance on the line of credit at June 30, 2018.

Note 10 - Loans payable

The Academy secured a NMTC loan of \$8,134,038 from an unrelated party in order to finance the redevelopment of the Dwight School. AF acted as the Leverage Lender in the NMTC transaction by loaning \$5.9 million to the unrelated party. In order to provide this financing, AF entered into a Development Services Agreement with the Academy to continue work already started at the facility and to manage and complete the construction of the facility. As part of the agreement, the Academy agreed to pay a Development Services Fee of \$2,500,000. During 2018, the 7-year NMTC compliance period expired and the loan was transferred to AF. AF agreed to forgive \$2,024,517 of the balance of the loan to the Academy. Principal and interest payments are due in monthly installments. The interest rate on the loan is 1.35%. The loan is collateralized by a mortgage on 130 Edgewood Avenue, New Haven, Connecticut. The loan matures in 2046.

Future maturities of long-term debt at June 30, 2018 are as follows:

| 2019 | \$ 62,949 |
|------------|-----------------|
| 2020 | 59,227 |
| 2021 | 60,030 |
| 2022 | 60,845 |
| 2023 | 61,670 |
| Thereafter | 1,695,317 |
| | |
| | \$ 2,000,038 |

On October 30, 2018, the Academy entered into a \$2,000,000 loan agreement with a bank that matures October 30, 2028. Principal and interest payments are due in monthly installments at the lender's five-year cost of funds rate plus 2% based on a 25-year amortization. The initial interest rate shall be fixed for a five-year period. The loan is secured by a mortgage on the property at 130 Edgewood Avenue, New Haven, Connecticut and a security interest in all corporate assets. The Academy will be required to meet certain covenants. The proceeds of this loan will be used to pay off the loan due to AF.

Note 11 - Pension plan

Effective September 1, 2007, the Academy adopted a 403(b) profit sharing plan (the "Plan") which covers most of the employees. The Plan is a defined contribution plan. Employees are eligible to enroll in the Plan upon employment. Those employees who have completed at least 1 full year of service are also eligible for employer contributions. The Plan provides for the Academy to contribute up to 4% of an employee's salary, up to a maximum match of \$2,500 per year, per employee. The Academy contribution is not vested until the employee's third year, when they become fully vested. For the year ended June 30, 2018, pension expense for the Academy was \$44,915, which is included in retirement in the accompanying statement of functional expenses.

Certain employees of the Academy are required to participate in a defined benefit plan established and administered by the Connecticut State Teachers' Retirement Board (the "TRB Plan"). The Academy is not required to and does not contribute to the TRB Plan.

Note 12 - Temporarily restricted net assets

Temporarily restricted net assets may be purpose or time restricted. For the year ended June 30, 2018, \$375,000 was released from temporarily restricted based on release of time restrictions, \$229,595 was released from temporarily restricted based on eligible per pupil expenses and \$4,500 was released for scholarships. At June 30, 2018, \$400,000 was time restricted.

Note 13 - Risk management

The Academy is exposed to various risks of loss related to torts; thefts of, damage to and destruction of assets; actions by employees and parents and natural disasters. The Academy maintains commercial insurance to protect itself from these risks.

Notes to Financial Statements June 30, 2018

The Academy entered into contractual relationships with certain governmental funding sources. The governmental agencies may request return of funds as a result of noncompliance by the Academy, as well as additional funds for the use of facilities. The accompanying financial statements make no provision for the possible disallowance or refund, because management does not believe that there are any liabilities to be recorded.

Supplementary Information

CohnReznick LLP cohnreznick.com



Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Trustees Amistad Academy, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Amistad Academy, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2018, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 19, 2018.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Amistad Academy, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Amistad Academy, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Amistad Academy, Academy, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Amistad Academy, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.



Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

CohnReynickLLP

Hartford, Connecticut November 19, 2018



Independent Auditor's Report on Compliance for Each Major Federal Program and Report on Internal Control over Compliance Required by the Uniform Guidance

To the Board of Trustees Amistad Academy, Inc.

Report on Compliance for Each Major Federal Program

We have audited Amistad Academy, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Amistad Academy, Inc.'s major federal programs for the year ended June 30, 2018. Amistad Academy, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Amistad Academy, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Amistad Academy, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Amistad Academy, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Amistad Academy, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2018.

Report on Internal Control over Compliance

Management of Amistad Academy, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Amistad Academy, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report



on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Amistad Academy, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency is a deficiencies, in internal control over compliance with a type of compliance of the prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency or compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Cohn Reznick LLP

Hartford, Connecticut November 19, 2018

Schedule of Expenditures of Federal Awards Year Ended June 30, 2018

| Federal grantor/pass- through grantor/ program or cluster title | Federal CFDA number | Pass-through entity identifying number | Passed through to subrecipients | Total federal expenditures |
|-----------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------|---------------------------------------|----------------------------------|
| U.S. Department of Agriculture Passed through State Department of Education Child Nutrition Cluster | | | | |
| School Breakfast Program | 10.553 | 12060-20508-82079 | \$- | \$ 223,791 |
| National School Lunch Program National School Lunch Program | 10.555 | 12060-20560-82079 | - | 397,365 |
| - Commodities | 10.555 | 12060-20560-82079 | | 32,642 |
| Total Child Nutrition Cluster | | | | 653,798 |
| U.S. Department of Education Passed through State Department of Education Title I Grants to Local | | | | |
| Educational Agencies (LEAs) | 84.010 | 12060-20679-82070 | - | 570,487 |
| Supporting Effective Instruction State Grants | 84.367 | 12060-20858-84131 | - | 71,408 |
| English Language Acquisition State Grants | 84.365 | 12060-20868-82075 | | 49,172 |
| Total U.S. Department of Education | | | | 691,067 |
| Total Expenditures of Federal Awards | | | <u>\$ -</u> | \$ 1,344,865 |

See Notes to Schedule of Expenditures of Federal Awards.

Notes to Schedule of Expenditures of Federal Awards June 30, 2018

Note 1 - Basis of presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal award activity of Amistad Academy, Inc. (the "Academy") under programs of the federal government for the year ended June 30, 2018. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Because the Schedule presents only a selected portion of the operations of Amistad Academy, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Academy.

Note 2 - Summary of significant accounting policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 3 - Indirect cost rate

The Academy has not elected to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

Note 4 - Noncash federal awards

The Academy received and expended \$32,642 of USDA donated commodities under the National School Lunch Program.

Schedule of Findings and Questioned Costs Year Ended June 30, 2018

I. Summary of Auditor's Results

| Financial Statements | | | | | |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|--|
| Type of auditor's report issued | b | Unmodified opinion | | | |
| Internal control over financial Material weakness(es) ide Significant deficiency(ies) | entified? | yes <u>X</u> no yes <u>X</u> none reported | | | |
| Noncompliance material to fin noted? | ancial statements | yes <u>X</u> no | | | |
| Federal Awards | | | | | |
| Internal control over major programs Material weakness(es) identified? Significant deficiency(ies) identified? | | yes <u>X</u> no yes <u>X</u> none reported | | | |
| Type of auditor's report issued on compliance for major programs | | Unmodified opinion | | | |
| Any audit findings disclosed the reported in accordance with 2 200.516(a)? | | yes <u>X</u> no | | | |
| Identification of major program | ns: | | | | |
| CFDA Number(s) | Name of Federal Program | or Cluster | | | |
| 10.553/10.555 | Child Nutrition Cluster | | | | |
| Dollar threshold used to distin and type B programs | Dollar threshold used to distinguish between type A and type B programs <u>\$750,000</u> | | | | |
| Auditee qualified as low-ri | sk auditee? | yes <u>X</u> no | | | |

Schedule of Findings and Questioned Costs Year Ended June 30, 2018

II. Findings - Financial Statement Audit

None

III. Findings and Questioned Costs - Major Federal Award Programs Audit

None



Independent Auditor's Report on Compliance for Each Major State Program and Report on Internal Control over Compliance Required by the State Single Audit Act

To the Board of Trustees Amistad Academy, Inc.

Report on Compliance for Each Major State Program

We have audited Amistad Academy, Inc.'s compliance with the types of compliance requirements described in the Office of Policy and Management's *Compliance Supplement* that could have a direct and material effect on each of Amistad Academy, Inc.'s major state programs for the year ended June 30, 2018. Amistad Academy, Inc.'s major state programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts and grants applicable to its state programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Amistad Academy, Inc.'s major state programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the State Single Audit Act (C.G.S. Sections 4-230 to 4-236). Those standards and the State Single Audit Act require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major state program occurred. An audit includes examining, on a test basis, evidence about Amistad Academy, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major state program. However, our audit does not provide a legal determination of Amistad Academy, Inc.'s compliance.

Opinion on Each Major State Program

In our opinion, Amistad Academy, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major state programs for the year ended June 30, 2018.



Report on Internal Control over Compliance

Management of Amistad Academy, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Amistad Academy, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major state program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for each major state program and to test and report on internal control over compliance in accordance with the State Single Audit Act, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Amistad Academy, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a state program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a state program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiencies, in internal control over compliance with a type of compliance is a deficiencies, in internal control over that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a state program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over that a type of compliance requirement of a state program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the State Single Audit Act. Accordingly, this report is not suitable for any other purpose.

Cohn Reznick LLP

Hartford, Connecticut November 19, 2018

Schedule of Expenditures of State Financial Assistance Year Ended June 30, 2018

| State grantor/ Pass-through grantor/ program title | Passed State grant program through to CORE-CT number subrecipients | | | | Expenditures | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------|----|-------|---------|--------------------|--|--|
| Department of Education | | | | | | | |
| Child Nutrition State Matching Grant | 11000-SDE64000-16211 | \$ | - | \$ | 7,322 | | |
| Healthy Foods Initiative | 11000-SDE64000-16212 | | - | | 13,927 | | |
| School Breakfast | 11000-SDE64000-17046 | | - | | 2,894 | | |
| Bilingual Education | 11000-SDE64000-17042 | | - | | 3,625 | | |
| Charter School Facility, General Improvements, and Debt Repayment | 12052-SDE64000-43003 | | - | | 850,000 | | |
| Charter Schools - 2018 Charter Schools - 2017 | 11000-SDE64000-16119 11000-SDE64000-16119 | | - | | 627,000 229,595 | | |
| Total Expenditures of State Financial Assistance | \$ | - | \$12, | 734,363 | | | |

See Note to Schedule of Expenditures of State Financial Assistance.

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Note to Schedule of Expenditures of State Financial Assistance June 30, 2018

The accompanying schedule of expenditures of state financial assistance includes state grant activity of Amistad Academy, Inc. under programs of the State of Connecticut for the fiscal year ended June 30, 2018. Various departments and agencies of the State of Connecticut have provided financial assistance through grants and other authorizations in accordance with the General Statutes of the State of Connecticut. These financial assistance programs fund several programs including charter school funding, school nutrition and bilingual education programs.

Note 1 - Summary of significant accounting policies

The accounting policies of Amistad Academy, Inc. conform to accounting principles generally accepted in the United States of America as applicable to not-for-profit organizations.

The information in the schedule of expenditures of state financial assistance is presented based upon regulations established by the State of Connecticut, Office of Policy and Management.

Basis of accounting

The expenditures reported on the schedule of expenditures of state financial assistance are reported on the accrual basis of accounting. In accordance with Section 4-236-22 of the Regulations to the State Single Audit Act, certain grants are not dependent on expenditure activity and, accordingly, are considered to be expended in the fiscal year of receipt. These grant program receipts are reflected in the expenditures column of the schedule of expenditures of state financial assistance.

Schedule of Findings and Questioned Costs Year Ended June 30, 2018

I. Summary of Auditor's Results

| Financial Statements | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|-----------------------|--|--|--|
| Type of auditor's opinion issued: | | Unmodified | | | | |
| Internal control over financial reporting: Material weakness(es) identified? Significant deficiency(ies) identified? | | | _no _none reported | | | |
| Noncompliance material to financial statemer | nts noted? | yesX | no | | | |
| State Financial Assistance | | | | | | |
| Internal control over major programs: Material weakness(es) identified? Significant deficiency(ies) identified? | | | _no _none reported | | | |
| Type of auditor's opinion issued on compliance for major programs: | | Unmodified | | | | |
| Any audit findings disclosed that are required to be reported in accordance with Section 4-236-24 of the Regulations to the State Single Audit Act? | | yes <u>X</u> | no | | | |
| The following schedule reflects the major prog | grams included i | n the audit: | | | | |
| State grantor and program | State CO num | | Expenditures | | | |
| Department of Education Charter Schools | 11000-SDE6 | 64000-16119 | \$ 11,856,595 | | | |
| Charter School Facility, General Improvements, and Debt Repayment | 12052-SDE6 | 4000-43003 | 850,000 | | | |
| Dollar threshold to distinguish between type A and type B programs: | | | <u>\$ 254,687</u> | | | |

Schedule of Findings and Questioned Costs Year Ended June 30, 2018

- II. Financial Statement Findings None
- III. Statement Financial Assistance Findings and Questioned Costs None

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| | | | EXTENDED TO MAY 15, 20 |)19 | | _ | | |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------|-------------|---------------------------------------------|-----------------------------|--|--|
| | Ω | 00 | Return of Organization Exempt F | rom lı | ncome Tax | OMB No. 1545-0047 | | |
| Forr | Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2017 | | | | | | | |
| Depa | rtment | of the Treasury | Do not enter social security numbers on this form a | s it may b | e made public. | Open to Public | | |
| | | enue Service | Go to www.irs.gov/Form990 for instructions and | | | Inspection | | |
| <u>A</u> F | or th | e 2017 calend | ar year, or tax year beginning $ { m JUL}1,2017$ and e | ending J | <u>UN 30, 2018</u> | | | |
| Вс | heck if | | forganization | | D Employer identific | ation number | | |
| | | AMIS | TAD ACADEMY, INC. | | | | | |
| X | Addre | | ACHIEVEMENT FIRST INC. | | | | | |
| | Name chang Initial | ge Doing b | usiness as | | 06-1 | 546695 | | |
| | returr | Number | | | E Telephone number | | | |
| | Final returr termi | n | | 04 | 203 | 773-3223 | | |
| | ated Amer | City or t | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 18,605,401. | | |
| | _return Appli | | HAVEN, CT 06513 | | H(a) Is this a group re | | | |
| | tion pend | F Name a | nd address of principal officer: MICHAEL D. GRIFFIN | | for subordinates | | | |
| | - | | AS C ABOVE | | H(b) Are all subordinates in | | | |
| | | empt status: | | r 🔝 527 | 1 ' | list. (see instructions) | | |
| | | | | | H(c) Group exemption | | | |
| | orm o I rt I | Summary | X Corporation | L Year | of formation: 1999 N | State of legal domicile: CT | | |
| | | | e the organization's mission or most significant activities: AMIST | יא חבי | | WAG | | |
| e | 1 | TNCORPO | RATED TO FOCUS ON STRENGTHENING THE | AD AC. | EMIC AND CH | | | |
| Governance | 2 | Check this bo | | | | | | |
| /eri | 3 | | | | | 13 | | |
| õ | 4 | | lependent voting members of the governing body (rait vi, interva) | | | 12 | | |
| ళ | 5 | | of individuals employed in calendar year 2017 (Part V, line 2a) | | | 379 | | |
| itie | 6 | | of volunteers (estimate if necessary) | | | 0 | | |
| Activities & | - 7 a | | d business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| Ă | | | business taxable income from Form 990-T, line 34 | | | 0. | | |
| | | | | | | Current Year | | |
| n | 8 | Contributions | and grants (Part VIII, line 1h) | | 1,916,815. | 5,334,526. | | |
| Revenue | 9 | Program servi | ce revenue (Part VIII, line 2g) | | 13,049,523. | 13,256,972. | | |
| eve | 10 | Investment ind | come (Part VIII, column (A), lines 3, 4, and 7d) | | 8,191. | 10,400. | | |
| £ | 11 | Other revenue | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 6,075. | 3,503. | | |
| | 12 | Total revenue | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 14,980,604. | 18,605,401. | | |
| | 13 | Grants and sir | nilar amounts paid (Part IX, column (A), lines 1-3) | | 15,715. | 33,469. | | |
| | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| es | | | r compensation, employee benefits (Part IX, column (A), lines 5-10) \dots | | 10,404,049. | 10,986,353. | | |
| sue | | | undraising fees (Part IX, column (A), line 11e) | ····· | 0. | 0. | | |
| Expenses | | | ing expenses (Part IX, column (D), line 25) | | 6 227 200 | C 170 144 | | |
| ш | | - | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 6,337,302. | 6,178,144. | | |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | <u>16,757,066.</u> -1,776,462. | 17,197,966. | | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | | 1,407,435. | | |
| ts o unce | ~ | Tatal assats / | | | ginning of Current Year 38 , 224 , 992 • | End of Year 33,545,721. | | |
| Asse Bala | 20 | Total assets (F | | | 8,825,676. | 2,738,970. | | |
| Net Assets or Fund Balances | 21 22 | | (Part X, line 26) fund balances. Subtract line 21 from line 20 | | 29,399,316. | 30,806,751. | | |
| | rt II | Signature | | | <u> </u> | 50,000,751. | | |
| | | | I declare that I have examined this return, including accompanying schedules a | and stateme | ents and to the hest of my | knowledge and helief it is | | |
| | | | Declaration of preparer (other than officer) is based on all information of which | | | | | |
| | 00110 | | | p. opui of | | | | |
| Sigr | ı | Signatur | e of officer | | Date | | | |
| Her | | CARO | LYN GREENSPAN , CHAIR | | | | | |
| | | | vrint name and title | | | | | |

| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | |
|--------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------|----------|----------------------------|--|
| Paid | KIMBERLY NARDONE | KIMBERLY NARDONE | 03/26/19 | if self-employed P01058771 | |
| Preparer | Firm's name COHNREZNICK LLP | | Firm' | s EIN 22-1478099 | |
| Use Only | Firm's address 350 CHURCH STREE | T, 12TH FLOOR | | | |
| | HARTFORD, CT 061 | 03 | Phon | e no.959-200-7000 | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | |
| 732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. For | | | | | |

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | AMISTAD ACADEMY, INC. | | - |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|
| | n 990 (2017) C/O ACHIEVEMENT FIRST INC. 06-154 rt III Statement of Program Service Accomplishments | 6695 | Page 2 |
| d | | | X |
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> | [A] |
| | AMISTAD ACADEMY, INC. WAS INCORPORATED TO FOCUS ON STRENGTHENIN | G THE | |
| | ACADEMIC AND CHARACTER SKILLS NEEDED FOR ALL STUDENTS TO EXCEL | | P |
| | TIER COLLEGES, TO ACHIEVE SUCCESS IN A COMPETITIVE WORLD, AND T | O SER | VE |
| | AS THE NEXT GENERATION OF LEADERS IN THEIR COMMUNITIES. THE SCH | .00L | |
| | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | XNo |
| | If "Yes," describe these new services on Schedule O. | | v . |
| | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | XNo |
| | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by | evnenses | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex | - | nd |
| | revenue, if any, for each program service reported. | ipenece, a | |
| 1 | (Code:) (Expenses \$ 14,774,853. including grants of \$ 33,469.) (Revenue \$ 13 | ,260, | 475.) |
| | EDUCATIONAL PROGRAMS FOR STUDENTS IN KINDERGARTHEN THROUGH TWEI | | |
| | GRADES. | | |
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| | | | |
| | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |) |
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| | | | <u> </u> |
| | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | |) |
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| | | | |
| | Other program services (Describe in Schedule O.) | , | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | |
| | | | |
| • | Total program service expenses ► 14,774,853. | 0 | 90 (2017) |

16160411 147227 0167071-0167082.0990

AMISTAD ACADEMY, INC.

| 06-1546695 Pag | _e 3 | 3 |
|----------------|----------------|---|
|----------------|----------------|---|

| | 990 (2017) C/O ACHIEVEMENT FIRST INC. 06-1546 | 695 | Р | age 3 |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|--------------|
| Pa | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| Ŭ | public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| - | | | | х |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u></u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | v |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 37 |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | _X_ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | | | |
| | as applicable. | | | |
| - | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| a | | 11a | х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | - 23 | |
| D | | 4.4% | | х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| с | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | v |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u> </u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 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 | | | <u> </u> |
| 15 | | 15 | | х |
| 16 | foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | |
| 16 | | 1 | | v |
| <i></i> | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | _X_ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G. Part III | 19 | | Х |

Form 990 (2017)

732003 11-28-17

2017.05050 AMISTAD ACADEMY, INC. C/O 01670711 16160411 147227 0167071-0167082.0990

AMISTAD ACADEMY, INC.

| 06 | 5-15 | 46 | 69 | 5 | Page 4 |
|----|------|----|----|---|--------|
| | | | | | |

| Form | 990 (2017) C/O ACHIEVEMENT FIRST INC. 06-1546 | 5695 | Р | age 4 |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|--------------|
| Pa | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 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 | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| 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 | | <u> </u> |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | v |
| ~~ | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | v |
| | A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28a | | X X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 000 | | x |
| 00 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | X | |
| 29 20 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Λ | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20 | | x |
| 24 | contributions? If "Yes," complete Schedule M | 30 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 31 | | x |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| 52 | | 32 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | <u> </u> |
| 55 | 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, or IV, and | | | <u> </u> |
| 01 | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | <u> </u> |
| ~ | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | 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 | |
| | | Form | | (2017) |

732004 11-28-17

4

2017.05050 AMISTAD ACADEMY, INC. C/O 01670711 16160411 147227 0167071-0167082.0990

| | AMISTAD ACADEMY, INC. | | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|-----|-----|--------|
| Form | 990 (2017) C/O ACHIEVEMENT FIRST INC. | | 06-1546 | 695 | Р | age 5 |
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | le gaming | | | |
| | (gambling) winnings to prize winners? | | | 1c | | |
| 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 | 379 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | |
| 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 in Schedule | 0 | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | y over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | | | 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 A | ccount | s (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac | | | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | | | | | |
| | 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 contributi | | | | | |
| | were not tax deductible? | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | | |
| b | b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | | |
| с | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | |
| | to file Form 8282? | ····· | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontract | ? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 889 | 9 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion 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 | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 1 | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| 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 | 13b | | | | |
| с | Enter the amount of reserves on hand | 13c | | | | |
| | | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule | | | 14b | | |
| | | | | | 000 | (0017) |

Form **990** (2017)

732005 11-28-17

16160411 147227 0167071-0167082.0990 2017.05050 AMISTAD ACADEMY, INC. C/O 01670711

| AMISTAD | ACADEMY, | INC. |
|---------|----------|------|
| | | |

| | 990 (2017) C/O ACHIEVEMENT FIRST INC. 06-1546 | | Р | age 6 |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|--------------|
| Pa | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a | No" re | spons | e |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a13 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | Х | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 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: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | Х |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | 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 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| _ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45 - | х | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| D | Other officers or key employees of the organization | 15b | Δ | |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 104 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable aptituduring the year? | 160 | | Х |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 16a | | - 23 |
| U | | | | |
| | 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 | | |
| Sec | exempt status with respect to such arrangements? | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as | ailahle | <u>,</u> | |
| | for public inspection. Indicate how you made these available. Check all that applicable), 990, and 9901 (Section 301(C)(3) only at | 2 | • | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financi | al | |
| | statements available to the public during the tax year. | | | |
| | · - · | | | |

| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: |
|----|-----------------------------------------------------------------------------------------------------------------|
| | GAYLORD BOURNE, CPA - 203-773-3223 |
| | 370 JAMES STREET, NO. 404, NEW HAVEN, CT 06513 |

732006 11-28-17

16160411 147227 0167071-0167082.0990

Form **990** (2017)

6 2017.05050 AMISTAD ACADEMY, INC. C/O 01670711

| Form 990 (2017) | C/O ACHIEVEMENT FIRST INC. | 06-1546695 | Page 7 | | | | | | | |
|----------------------------------------|----------------------------------------------------------------------|-----------------|--------|--|--|--|--|--|--|--|
| Part VII Compens | ation of Officers, Directors, Trustees, Key Employees, High | est Compensated | | | | | | | | |
| Employees, and Independent Contractors | | | | | | | | | | |
| Check if Sch | nedule O contains a response or note to any line in this Part VII | | X | | | | | | | |
| Section A. Officers, D | irectors, 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."

AMISTAD ACADEMY, INC.

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) (C) Average hours per wardt | | | | | than o s both | n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|-----------------------------------|------------------------------------------------------------------------------|------------------|-----------------------|--------------------|----------|---------------------------|------|------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer 0fficer | | Highest compensated snut/ | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) ALBERT MALDONADO DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (2) CARLA SEEGER (SEE SCH O) | 40.00 | | | | | | | | 0. | |
| TEACHER REPRESENTATIVE | 10000 | х | | | | | | 108,739. | 0. | 13,347. |
| (3) CAROLINE WILLIAMS | 1.00 | | | | | | | | | |
| VICE-CHAIR | | х | | x | | | | 0. | 0. | 0. |
| (4) CAROLYN GREENSPAN | 1.00 | | | | | | | | | |
| CHAIRMAN | | Х | | x | | | | 0. | Ο. | 0. |
| (5) JANE LEVIN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) JEN ALEXANDER | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) KHADIJAH MUHAMMAD | 1.00 | | | | | | | | | |
| PARENT REPRESENTATIVE | | Х | | | | | | 0. | 0. | 0. |
| (8) LORRAINE GIBBONS | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | X | | | | 0. | 0. | 0. |
| (9) MICHAEL D. GRIFFIN | 1.00 | | | | | | | | • | |
| TREASURER | 1 00 | Х | | X | | | | 0. | 0. | 0. |
| (10) PATRICIA SWEET | 1.00 | | | | | | | | 0 | |
| DIRECTOR | 1 0 0 | Х | | | <u> </u> | | | 0. | 0. | 0. |
| (11) PAUL MCCRAVEN | 1.00 | ., | | | | | | 0 | 0 | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (12) REGINALD SIMMONS DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (13) TIM PAVLIS | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (14) CATHERINE POYNTER | 40.00 | | | | | | | | 0. | |
| PRINCIPAL | 10.00 | 1 | | | | x | | 133,756. | 0. | 27,279. |
| (15) JEFFREY SUDMYER | 40.00 | | | | | 11 | | 10077001 | | |
| REGIONAL SUPERINTENDENT | | 1 | | | | x | | 181,399. | 0. | 18,334. |
| (16) LASHELL ROUNTREE | 40.00 | 1 | | | | | | | | |
| DIRECTOR OF OPERATIONS | | 1 | | | | x | | 110,147. | 0. | 3,980. |
| (17) MORGAN BARTH | 40.00 | | | | | | | | | |
| PRINCIPAL | | | | | | x | | 180,591. | 0. | 11,446. |
| 732007 11-28-17 | | | | | | | | - | | Form 990 (2017) |

732007 11-28-17

16160411 147227 0167071-0167082.0990

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2017.05050 AMISTAD ACADEMY, INC. C/O 01670711

Form 990 (2017)

| AMISTAD A | - | | | | | - | | | 0.6 1 | | | - 0 |
|-------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------|-----------------------|------------------|--------------|-----------------------------------------------|--------|---------------------------|--------------------------|----------------------------------------------|----------|----------------------------------------------|
| Form 990 (2017) C/O ACHIE Part VII Section A Officers Directors Trust | | | | | | | | | 06-1 | 5466 | 595 | Page 8 |
| | tees, Key Emp (B) | bloy | ees, | <u>and</u> (0 | | ghes | t C | | . , | <u> </u> | | <u></u> |
| (A) Name and title | Average | | | Posi | | ۱ | | (D) Reportable | (E) Reportable | | | (F) imated |
| Name and the | hours per | | | | | than d is both | | compensation | compensatio | I | | ount of |
| | week | | | | | or/trust | | from | from related | I | | other |
| | (list any | ctor | | | | | | the | organization | | | ensation |
| | hours for | r dire | | | | ed | | organization | (W-2/1099-MIS | SC) | fro | m the |
| | related | stee o | ustee | | | ensat | | (W-2/1099-MISC) | | | orga | nization |
| | organizations | al trus | onal tr | | loyee | comp | | | | | | related |
| | below line) | ndividual trustee or director | Institutional trustee | Officer | ƙey employee | Highest compensated employee | Former | | | | orgar | nizations |
| (10) | , | lnc | lns | Off | Key | Hic e m | Ē | | | $ \rightarrow $ | | |
| (18) ROXANNA LOPEZ | 40.00 | | | | | | | 110 260 | | | 7 | 060 |
| ACADEMIC DEAN | | | | | | X | | 112,362. | | 0. | 1 | ,962. |
| | | | | | | | | | | | | |
| | | | | | | | | | | \rightarrow | | |
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| | | | | | | | | | | -+ | | |
| | | | | | | | | | | | | |
| 1b Sub-total | | | | | | - | | 826,994. | | 0. | 82 | ,348. |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | 02 | 0. |
| | | | | | | | | 826,994. | | 0. | 82 | ,348. |
| 2 Total number of individuals (including but no | | | | | | | | , | 000 of roportable | - | 02 | ,540. |
| compensation from the organization | | 056 | IISLE | u au | 000 | <i>, , , , , , , , , , , , , , , , , , , </i> | 516 | eceived more than \$100, | | ; | | 8 |
| | | | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, | director or tri | ictor | a ka | von | onlo | | or | highest compensated en | nolovee on | ſ | | |
| • • | - | | | - | • | | | • | | | 3 | x |
| line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su | | | | | | | | | | ····· | - | |
| and related organizations greater than \$150 | | | | | | | | | | | 4 | x |
| 5 Did any person listed on line 1a receive or a | , | | • | | | | | | | ····· | - | |
| rendered to the organization? If "Yes," com | | | | | | | | | | | 5 | x |
| Section B. Independent Contractors | | 2010 | JISL | | Jers | .011 . | | | | ····· | • | |
| 1 Complete this table for your five highest con | mpensated ind | lepe | nder | nt co | ontra | actor | s tł | nat received more than \$ | 100.000 of com | oensat | ion fror | n |
| the organization. Report compensation for t | | | | | | | | | | Joniout | | |
| (A) | ine calendar ye | | - TGII | <u>ig ii</u> | | | | (B) | | | (C) | |
| Name and business | address | | | | | | | Description of s | ervices | C | ompens | |
| ACHIEVEMENT FIRST, 370 JA | MES STR | EE | Т | ST | E | | | | | | | |
| 404, NEW HAVEN, CT 06513 | | | | | | | | MANAGEMENT | | 1 | ,351 | ,790. |
| AFB CONSTRUCTION MANAGEMENT OF TRUMBULL, IN | | | | | | | | | | <u>. </u> | | |
| | | | | | | | | 257 | ,110. | | | |
| PREMIER MAINTENANCE, INC. | | | | | | | | | | | | <u>. </u> |
| 885 MAIN STREET, BRIDGEPORT, CT 06604 FACILITY MANAGEMENT | | | | | | | 110 | ,410. | | | | |
| ABM JANITORIAL SVCS NEAST | | | | | | | | | | | | - |
| 551 5TH AVE,, NEW YORK, N | | | | | | | | FACILITY MANA | AGEMENT | | 109 | ,758. |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (ir | ncluding but no | ot lin | nited | to | thos | se lis | ted | above) who received mo | ore than | | | |
| \$100.000 of compensation from the organiz | zation 🕨 | | | | 4 | 1 | | | | | | |

\$100,000 of compensation from the organization

Form **990** (2017)

732008 11-28-17

AMISTAD ACADEMY, INC.

 Form 990 (2017)
 C/O ACHIEVEMENT FIRST INC.

 Part VIII
 Statement of Revenue

| | | Check if Schedule O conta | ains a response | or note to any line | e in this Part VIII | | | |
|--------------------------------------------------------|----------|-----------------------------------------|-----------------|---------------------|---------------------|-------------------------------|-----------------------|------------------------------------|
| | | | | | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt function | Unrelated business | Revenuè excluded from tax under |
| | | | | | | revenue | revenue | sections 512 - 514 |
| ω o | 1 a | Federated campaigns | 1a | | | | | |
| ant | b | Membership dues | | | | | | |
| چ ق | 2 | Fundraising events | | | | | | |
| r A, | 6 | | 10 11 | | | | | |
| ig je | | Government grants (contributi | ······ | 32,642. | | | | |
| Sins | | All other contributions, gifts, grant | | , | | | | |
| er ti | | similar amounts not included abov | | 5,301,884. | | | | |
| ġ₽ | _ | | | 32,642. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | y s | Noncash contributions included in lines | | | 5,334,526. | | | |
| 0 0 | | Total. Add lines 1a-1f | | Business Code | 5,551,520. | | | |
| | 2 a | STATE AND LCOAL PER PUE | TI. OPERATT | 611110 | 11,627,000. | 11,627,000. | | |
| /ice | z a b | | | 611110 | 1,629,972. | | | |
| Program Service Revenue | D A | | | 011110 | 1,025,572. | 1,025,572. | | |
| S u S | C | | | | | | | |
| Bey | d | | | | | | | |
| ŗõ | e | | | | | | | |
| Δ. | | All other program service reve | | | 12 256 072 | | | |
| | | Total. Add lines 2a-2f | | | 13,256,972. | | | |
| | 3 | Investment income (including | | | 10 400 | | | 10 400 |
| | _ | other similar amounts) | | | 10,400. | | | 10,400. |
| | 4 | Income from investment of tax | | Г | | | | |
| | 5 | Royalties | | | | | | |
| | _ | | (i) Real | (ii) Personal | | | | |
| | | Gross rents | | | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | ····· • | | | | |
| ē | 8 a | Gross income from fundraising | g events (not | | | | | |
| enu | | including \$ | | | | | | |
| Sev. | | contributions reported on line | , | | | | | |
| Other Revenu | | Part IV, line 18 | a | | | | | |
| Ę | | Less: direct expenses | | | | | | |
| 5 | | Net income or (loss) from fund | 0 | ▶ | | | | |
| | 9 a | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | | | | | |
| | 10 a | Gross sales of inventory, less | | | | | | |
| | | and allowances | | | | | | |
| | b | Less: cost of goods sold | b | | | | | |
| | с | Net income or (loss) from sales | | | | | | |
| | | Miscellaneous Revenue | e | Business Code | - | | | |
| | 11 a | MISCELLANEOUS | | 900999 | 3,503. | 3,503. | | |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | | 3,503. | | | |
| | 12 | Total revenue. See instructions. | | ► | 18,605,401. | 13,260,475. | 0. | 10,400. |
| 73200 | 9 11-28 | 3-17 | | | | | | Form 990 (2017) |

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2017.05050 AMISTAD ACADEMY, INC. C/O 01670711

C/O ACHIEVEMENT FIRST INC. Part IX Statement of Functional Expenses

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|--------------------------------------------------|---------------------------------------|
| 1 | Grants and other assistance to domestic organizations | | | | · |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 33,469. | 33,469. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 121,675. | 105,610. | 16,065. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 9,067,090. | 7,869,992. | 1,197,098. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 44,816. | 38,898. | 5,918. | |
| 9 | Other employee benefits | 1,111,628. | 964,864. | 146,764. | |
| 10 | Payroll taxes | 641,144. | 556,496. | 84,648. | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 1,351,790. | 1,194,700. | 67,590. | 89,500 |
| b | Legal | | | | |
| | Accounting | 26,126. | | 26,126. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 51,193. | 36,787. | 14,406. | |
| 12 | Advertising and promotion | 26,587. | 26,587. | | |
| 13 | Office expenses | 291,728. | 218,622. | 73,106. | |
| 14 | Information technology | 208,097. | 202,836. | 5,261. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 371,205. | 322,196. | 49,009. | |
| 17 | Travel | | | | |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | 235,679. | | 235,679. | |
| 21 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 1,487,592. | 1,190,074. | 297,518. | |
| 3 | Insurance | 102,565. | 89,024. | 13,541. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| 2 | FOOD SERVICE | 671,927. | 671,927. | | |
| h | REPAIRS AND MAINTENANCE | 595,049. | 516,487. | 78,562. | |
| 2 | STUDENT SERVICE | 405,965. | 405,965. | | |
| d | SUPPLIES MATERIALS | 181,537. | 181,537. | | |
| | All other expenses | 171,104. | 148,782. | 22,322. | |
| е 5 | Total functional expenses. Add lines 1 through 24e | 17,197,966. | 14,774,853. | 2,333,613. | 89,500 |
| <u>5</u> 6 | Joint costs. Complete this line only if the organization | _,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,_,000. | _, | 00,000 |
| 5 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here Fight and the solution of the solut | | | | |

732010 11-28-17

Form 990 (2017)

Form 990 (2017)

16160411 147227 0167071-0167082.0990

10

2017.05050 AMISTAD ACADEMY, INC. C/O 01670711

| AMISTAD | ACADEMY, | INC. |
|---------|----------|------|
| | | ~~ |

Form 990 (2017)

Part X Balance Sheet

C/O ACHIEVEMENT FIRST INC.

| | | Check if Schedule O contains a response or note | e to anv | line in this Part X | | | |
|-----------------------------|-----|------------------------------------------------------|-----------|-----------------------------------------|-------------------|----------|-------------|
| | | | o to any | | (A) | <u> </u> | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | 1,873,049 |
| ſ | 2 | Savings and temporary cash investments | | 2 | 106,056. | | |
| | 3 | Pledges and grants receivable, net | | 3 | 418,826 | | |
| | 4 | Accounts receivable, net | | | 172,980. | 4 | 107,704 |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensation | ted emp | oloyees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualifi | ied pers | ons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section | | | | | |
| ſ | | employers and sponsoring organizations of secti | on 501(| c)(9) voluntary | | | |
| ß | | employees' beneficiary organizations (see instr). | Comple | te Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| Š | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | 85,821 |
| ſ | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 42,443,348 | | | |
| ſ | b | basis. Complete Part VI of Schedule D | 10b | 12,938,731 | . 30,992,209. | 10c | 29,504,617. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| ſ | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| ſ | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 14 | Intangible assets | | 14 | | | |
| ſ | 15 | Other assets. See Part IV, line 11 | | 15 | 1,449,648. | | |
| ſ | 16 | Total assets. Add lines 1 through 15 (must equa | | | | 16 | 33,545,721. |
| | 17 | Accounts payable and accrued expenses | | | 632,788. | 17 | 624,996. |
| ſ | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | 7,242. | | |
| ſ | 20 | Tax-exempt bond liabilities | | | | 20 | |
| ſ | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| s | 22 | Loans and other payables to current and former | officers, | directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employees | s, and d | isqualified persons. | | | |
| lide | | | | · · · · | | 22 | |
| Ľ | 23 | Secured mortgages and notes payable to unrelate | | | | 23 | |
| ſ | 24 | Unsecured notes and loans payable to unrelated | third pa | • • • • • • • • • • • • • • • • • • • • | | 24 | 2,000,038. |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| ſ | | parties, and other liabilities not included on lines | | | | | |
| ſ | | Schedule D | | | 29,398. | 25 | 106,694. |
| | 26 | | | | 8,825,676. | 26 | 2,738,970. |
| | | Organizations that follow SFAS 117 (ASC 958) | , check | here 🕨 🗴 and | | | |
| s | | complete lines 27 through 29, and lines 33 and | | | | | |
| - Ce | 27 | Unrestricted net assets | | | 28,790,221. | 27 | 30,406,751. |
| alar | 28 | Temporarily restricted net assets | | | | 28 | 400,000. |
| <u>n</u> | 29 | B | | | | 29 | |
| ň | | Organizations that do not follow SFAS 117 (AS | SC 958) | , check here 🕨 🗌 | | | |
| ۲. | | and complete lines 30 through 34. | | | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| SSe | 31 | Paid in or capital surplus, or land, building, or eq | | | | 31 | |
| ř۹ | 32 | Retained earnings, endowment, accumulated inc | | | | 32 | |
| <u>ب</u> | 33 | Total net assets or fund balances | | | | 33 | 30,806,751. |
| ~ | | | | | 38,224,992. | | 33,545,721. |

732011 11-28-17

11

2017.05050 AMISTAD ACADEMY, INC. C/O 01670711 16160411 147227 0167071-0167082.0990

| | AMISTAD ACADEMY, INC. | | | | | |
|----|-----------------------------------------------------------------------------------------------------------------------|----------|---------|---------|---------------|------------------|
| | 990 (2017) C/O ACHIEVEMENT FIRST INC. | 06- | 15466 | 95 | Pag | _{ge} 12 |
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | <u></u> | <u></u> | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 18, | 605 | 5,4 | <u>01.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 66. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 35. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 29, | 399 |),3 | 16. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| _ | column (B)) | 10 | 30, | 806 | 5,7 | <u>51.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | <u></u> | <u></u> | | X |
| | | | | _ | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | — I | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | L | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 oversight of the | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | ····· | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audi | it | | | |
| | Act and OMB Circular A-133? | | | 3a | X | L |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audi | t | | | 1 |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | <u></u> | | 3b | X | |
| | | | | Form | 9 90 (| (2017) |

12 2017.05050 AMISTAD ACADEMY, INC. C/O 01670711 16160411 147227 0167071-0167082.0990

| SC | HEDULE A | | Dublic Cha | rity Status an | d Dub | lia Su | innort | | OMB No. 1545-0047 |
|----------------------|-------------------------------------------|------------------------|-------------------------|--------------------------------------------------------|--------------------------------------|---------------------------------|-----------------------------------------|---------------|------------------------------|
| (Form 990 or 990-EZ) | | | | ization is a section 501 | | | | | 2017 |
| | | 0. | • • | 47(a)(1) nonexempt cha | | | | | 2017 |
| | ment of the Treasury I Revenue Service | | | Attach to Form 990 or F | | | | | Open to Public Inspection |
| | e of the organizati | | TAD ACADEM | /Form990 for instructio | ons and th | e latest ir | formation. | Employer | identification number |
| Nam | e of the organizati | | | F FIRST INC. | | | | | 6-1546695 |
| Par | t I Reason | | | All organizations must co | mplete thi | s part.) Se | e instructions | | 0 1340033 |
| | | | | For lines 1 through 12, cl | | | | | |
| 1 | - | | | n of churches described | | |)(A)(i). | | |
| 2 | ** | | | Attach Schedule E (Form | | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | |
| 3 | A hospital or | a cooperative | hospital service orga | nization described in se | ection 170 | (b)(1)(A)(ii | i). | | |
| 4 [| A medical res | earch organiz | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | city, and state | ə: | | | | | | | |
| 5 | An organizati | on operated fo | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental u | nit describe | ed in |
| r | | | Complete Part II.) | | | | | | |
| 6 | | | e e | nental unit described in | | | | | |
| 7 | - | | • | ntial part of its support fr | om a gove | ernmental | unit or from th | ne general p | oublic described in |
| 8 | | | complete Part II.) | (1)(A)(vi). (Complete Parl | • II) | | | | |
| 9 | | | | in section 170(b)(1)(A)(i | - | ed in coniu | nction with a | land-grant | college |
| • | | - | 5 | ulture (see instructions). | • • | | | °. | U |
| | university: | | grant contege of agric | | | | | ine eenege | |
| 10 | | on that norma | ally receives: (1) more | than 33 1/3% of its supp | oort from c | ontributio | ns, membersł | nip fees, an | d gross receipts from |
| | | | | ct to certain exceptions, | | | | | |
| | income and ι | nrelated busir | ness taxable income | (less section 511 tax) fro | m busines | ses acquii | red by the org | anization a | fter June 30, 1975. |
| , | See section | 5 09(a)(2). (Co | mplete Part III.) | | | | | | |
| 11 | | - | | vely to test for public saf | • | | | | |
| 12 | - | - | | vely for the benefit of, to | | | | - | - |
| | | | - | d in section 509(a)(1) o | | | | | check the box in |
| - | | - | • • | f supporting organization | | | | - | |
| а | | | | upervised, or controlled gularly appoint or elect a | • • • • | - | | | |
| | | - | complete Part IV, Se | | majonty 0 | | | | pporting |
| b | | | • | or controlled in connect | ion with its | s supporte | d organizatio | n(s), by hav | ina |
| | | | - | anization vested in the sa | | | - | | - |
| | organizatio | n(s). You mus | st complete Part IV, | Sections A and C. | | | | | |
| с | Type III fur | ctionally inte | grated. A supporting | g organization operated | in connect | ion with, a | nd functional | ly integrate | d with, |
| | its supporte | ed organizatio | n(s) (see instructions) |). You must complete F | Part IV, Se | ctions A, | D, and E. | | |
| d | | - | • • • | orting organization oper | | | | ° ° | |
| | | | 0 | ation generally must sati | | | | an attentiv | eness |
| | | | , | nplete Part IV, Sections | | | | | |
| е | | | | written determination from | | | Type I, Type | II, Type III | |
| f | Enter the number | | · | nally integrated supportir | | | | | |
| י מ | | •• | n about the supporte | d organization(s) | | | | | |
| <u> </u> | (i) Name of supp | | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governin | nization listed ng document? | (v) Amount of | monetary | (vi) Amount of other |
| | organization | | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | structions) | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total | | | | | | | | | |
| LHA | For Paperwork Re | duction Act N | lotice, see the Instru | uctions for Form 990 or | 990-EZ. | 732021 10- | 06-17 Sche | dule A (For | m 990 or 990-EZ) 2017 |

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AMISTAD ACADEMY, INC.

Schedule A (Form 990 or 990-

| Schedule A | (Form 990 | or 990-EZ) 2 | 2017 C/ | /O A(| CHIEVI | EMENT | FIRST | INC. | • | | 06-1 | .546695 |
|------------|-----------|--------------|----------|--------|---------|---------|-----------|--------|------------------|-------|------------|---------|
| Part II | Suppor | t Schedu | le for C | Organi | zations | Describ | ed in Sec | ctions | 170(b)(1)(A)(iv) | and 1 | 70(b)(1)(/ | A)(vi) |
| | · - · · | | | | | | | | | | | |

Page 2

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

| Sec | tion A. Public Support | | | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|-------------------------|----------------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | tion B. Total Support | • | • | | • | • | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 4 | | | | | | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | • | • | 12 | |
| | First five years. If the Form 990 is for | • | , | | | n 501(c)(3) | |
| | organization, check this box and stor | • | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 14 | Public support percentage for 2017 (I | ine 6, column (f) d | ivided by line 11, o | column (f)) | | 14 | % |
| 15 | Public support percentage from 2016 | Schedule A, Part | II, line 14 | | | 15 | % |
| | 33 1/3% support test - 2017. If the o | | | | | nore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organizatior | ۱ | | | |
| b | 33 1/3% support test - 2016. If the o | organization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | ifies as a publicly : | supported organiz | ation | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac | ts-and-circumstan | ces" test, check tl | nis box and stop | here. Explain in Pa | art VI how the orga | nization |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | d organization | - | |
| b | b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | |
| | more, and if the organization meets th | ne "facts-and-circu | mstances" test, c | heck this box and | stop here. Explai | n in Part VI how th | e |
| | organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box a | ind see instruction | s ► |
| | | | | | Sch | edule A (Form 990 |) or 990-EZ) 2017 |

| AMISTAD | ACADEMY, | INC. |
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Schedule A (Form 990 or 990-EZ) 2017 C/O ACHIEVEMENT FIRST INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Sec | ction A. Public Support | | - | | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|------------------------|----------------------|---------------------|-------------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | | |
| | iness under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | | |
| b | 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| c | Add lines 7a and 7b | | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total | |
| | Amounts from line 6 | | | (0) = 0 + 0 | (1) 2010 | | | |
| | 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 | | | | | | | |
| c | Add lines 10a and 10b | | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 | First five years. If the Form 990 is for | r the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a section | n 501(c)(3) organiz | ation, | |
| _ | check this box and stop here | | | | | | | |
| | ction C. Computation of Publi | | | | | | | |
| | Public support percentage for 2017 (I | | | column (f)) | | 15 | % | |
| | Public support percentage from 2016 ction D. Computation of Invest | | | | | 16 | % | |
| | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % | |
| 18 | | | | | | 18 | % | |
| | 33 1/3% support tests - 2017. If the | | | | | 3 1/3%, and line 1 | | |
| | more than 33 1/3%, check this box ar | - | | | | | | |
| b | 33 1/3% support tests - 2016. If the | - | - | | | | and | |
| | line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 20 | Private foundation. If the organization | | | | | | | |
| | 23 10-06-17 | | | | | | 0 or 990-EZ) 2017 | |
| | | | 15 | 5 | | - | • | |

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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| AMISTAD | ACADEMY, | INC. |
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| Fai | 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) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | 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. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 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 | | 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 supporting organization? If "Yes," explain in | | | |
| | | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 2 | | |
| Sec | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 2 | | |
| 000 | | | Yes | No |
| 4 | Ware a majority of the experimetion's directors or tructure during the tay year also a majority of the directors | | 162 | |
| 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 | | | |
| 800 | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| 000 | | | Vee | Na |
| | Did the superiorities around to each of its supervised are priorities. by the last day of the fifth month of the | | 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 | | | |
| 6 00 | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> . | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second s | uctions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | | | | |
| | 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 | | | |
| _ | 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</i> Part VI. | 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 | 0.55 | |
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Schedule A (Form 990 or 990-EZ) 2017 C/O ACHIEVEMENT FIRST INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 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) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 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 maintenance of property held for production of income (see instructions) 6 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) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 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) Enter 85% of line 1 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 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) 6

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

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|--------------|----------------------------------------------------------------------|------------------------------|----------------------------------------|-------------------------------------------|
| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
| <u>Secti</u> | on D - Distributions | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| с | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| - | | | | |

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| Schedule A (| Form 990 or 990-EZ) 2017 | C/O ACH | LEVEMENT | FIRST | INC. | | 06-1546695 | Page 8 |
|--------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------|-------------------------------|-------------------------------------------|---------------------------------------------|------------------------------------------------------|----------------|
| | Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8 | 2, 3b, 3c, 4b, 4 ines 2 and 3; P | 4c, 5a, 6, 9a, 9b, art IV, Section E, | 9c, 11a, 11b lines 1c, 2a, | , and 11c; Part IV, 2b, 3a, and 3b; Pa | Section B, lines 1 art V, line 1; Part V | and 2; Part IV, Sectior /, Section B, line 1e; Pa | n C, art V, |
| | (See instructions.) | | | | | | | |
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| | , | | | | | | | EZ) 201 |

| | HEDULE D | | al Financial Statements | | - | OMB No. 1545 | -0047 |
|--------|-------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------|--------------|-------------------------|----------|
| (Forr | n 990) | ► Complete if the org Part IV, line 6, 7, 8, 9, 10 | anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b, | _ | | 201 | 1 |
| | ment of the Treasury | | Attach to Form 990. 90 for instructions and the latest information | | | Open to P Inspection | |
| | I Revenue Service e of the organizatio | | | | nplover ide | ntification | |
| | e er tre er gumzatte | C/O ACHIEVEMENT FI | | | | 154669 | |
| Pa | t I Organizat | tions Maintaining Donor Advise | d Funds or Other Similar Funds o | r Accou | Ints. Con | nplete if the | |
| | organization | answered "Yes" on Form 990, Part IV, lin | | | | | |
| | | | (a) Donor advised funds | (b) Fu | inds and ot | her account | S |
| 1 | | d of year | | | | | |
| 2 | | contributions to (during year) | | | | | |
| 3 4 | | grants from (during year) | | | | | |
| 5 | | end of year | L I I I I I I I I I I I I I I I I I I I | t funds | | | |
| Ū | - | | exclusive legal control? | | | Yes | No |
| 6 | | | dvisors in writing that grant funds can be us | | | | |
| | for charitable purpo | ses and not for the benefit of the donor o | r donor advisor, or for any other purpose co | onferring | | | |
| _ | impermissible privation | te benefit? | | | | Yes | No |
| Pa | | | ganization answered "Yes" on Form 990, Pa | art IV, line 7 | 7. | | |
| 1 | | ervation easements held by the organization | · · · · · · | | | | |
| | | of land for public use (e.g., recreation or e | | | | area | |
| | | natural habitat | Preservation of a certifi | ied historic | structure | | |
| 2 | | of open space brough 2d if the organization held a quali | fied conservation contribution in the form of | a conserv | ation easer | nent on the | last |
| 2 | day of the tax year. | | | | | e End of the | |
| а | | nservation easements | | 2a | | | |
| b | | | | | | | |
| с | Number of conserva | ation easements on a certified historic str | ucture included in (a) | 2c | | | |
| d | Number of conserva | ation easements included in (c) acquired a | after 7/25/06, and not on a historic structure | e | | | |
| | | | | 2d | | | |
| 3 | | ation easements modified, transferred, rel | eased, extinguished, or terminated by the o | rganizatior | n during the | etax | |
| | year | | | | | | |
| 4 5 | | here property subject to conservation eas on have a written policy regarding the per | | | | | |
| 5 | • | rcement of the conservation easements if | | | | Yes | No |
| 6 | | | handling of violations, and enforcing conse | | | | |
| - | • | | ······································ | | | | |
| 7 | Amount of expense | s incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservatio | on easemei | nts during t | he year | |
| | ▶\$ | | | | | | |
| 8 | Does each conserva | ation easement reported on line 2(d) abov | e satisfy the requirements of section 170(h) | (4)(B)(i) | | _ , | |
| | | | | | | Yes | No |
| 9 | | - | on easements in its revenue and expense st | | | | |
| | | - | tion's financial statements that describes the | e organiza | tion's accou | unting for | |
| Pa | conservation easem | | Art, Historical Treasures, or Oth | er Simila | ar Assets | S. | |
| | | the organization answered "Yes" on Form | | | | | |
| 1a | | - | C 958), not to report in its revenue stateme | nt and bala | ance sheet | works of art | t. |
| | | | nibition, education, or research in furtherance | | | | |
| | the text of the footn | ote to its financial statements that descri | bes these items. | | | | |
| b | If the organization e | lected, as permitted under SFAS 116 (AS | C 958), to report in its revenue statement a | nd balance | e sheet wor | ks of art, his | storical |
| | treasures, or other s | similar assets held for public exhibition, e | ducation, or research in furtherance of publi | c service, | provide the | following an | mounts |
| | relating to these iter | | | _ | | | |
| | | | | • | | | |
| ~ | ., | | an una ar athar aimiler assats for financial a | | | | |
| 2 | | | asures, or other similar assets for financial g | jain, provid | Je | | |
| а | - | nts required to be reported under SFAS 1 on Form 990, Part VIII, line 1 | To (ASC 956) relating to these items. | | \$ | | |
| | | | | | | | |
| | | duction Act Notice, see the Instruction | | F | | D (Form 9 | 90) 2017 |
| | - I 10-09-17 | | | | | | |
| | | | 25 | | | | |

^{16160411 147227 0167071-0167082.0990 2017.05050} AMISTAD ACADEMY, INC. C/O 01670711

| | | ACADEMY, | | | | | | | | _ | |
|------------|---------------------------------------------------|------------------------|-----------|----------------|----------------|-------------|------------|-----------------|----------------------|----------|---------------|
| | | IEVEMENT F | | | | | | | 54669 | | Page 2 |
| Pa | rt III Organizations Maintaining C | ollections of A | rt, Hist | torical Tre | easures, o | r Other | Simila | r Asset | s _{(contil} | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ds, chec | k any of the | following that | t are a sig | nificant u | se of its | collection | items | 5 |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | | d 🗌 | Loan or exc | change progra | ams | | | | | |
| b | Scholarly research | | e 🗌 | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | hey further th | he organizatio | on's exem | npt purpo | se in Par | t XIII. | | |
| 5 | During the year, did the organization solicit of | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of t | the orga | nization's co | ollection? | | | [| Yes | | No |
| Pa | rt IV Escrow and Custodial Arran | | | | | | | | line 9, or | | |
| | reported an amount on Form 990, Pa | | | U U | | | | | | | |
| 1 a | Is the organization an agent, trustee, custodi | ian or other intermed | diary for | contribution | s or other as | sets not i | ncluded | | | | |
| | on Form 990, Part X? | | • | | | | | Г | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | ······ <u> </u> | | | |
| | | | | | | | | | Amoun | t | |
| c | Beginning balance | | | | | | 1c | | , | - | |
| | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | |
| | Did the organization include an amount on F | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | ·y: | ∟ | | | |
| Pa | | | | | | | 0 | | | | |
| | | (a) Current year | | Prior year | (c) Two yea | | | lears hack | (e) Fou | r vears | hack |
| 19 | Beginning of year balance | | | i noi yeai | | 13 DUCK | | | | yourd | DUCK |
| | Contributions | | | | | | | | | | |
| b | | | | | | | | | | | |
| c L | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | • • • • • • • • • • • • • • • • • • • • | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | L | | . , | <u> </u> | | | | | | |
| 2 | Provide the estimated percentage of the curr | | • | g, column (a | i)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | | | | | | | | | | |
| С | Temporarily restricted endowment | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation tha | at are held a | nd administer | red for the | e organiza | ation | | | 1 |
| | by: | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | | | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | . 3 b | | |
| 4 | Describe in Part XIII the intended uses of the | | owment | funds. | | | | | | | |
| Pa | rt VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 99 | 0, Part I | 1 | | , Part X, I | line 10. | | | | |
| | Description of property | (a) Cost or o | | | t or other | (c) Ad | ccumulate | ed | (d) Boo | k valu | ie |
| | | basis (invest | ment) | basis | (other) | dep | preciation | | | | |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | - | 37,461. | 12,1 | .63,3 | 64.2 | 29,37 | <u> </u> | |
| | Leasehold improvements | | | | 37,997. | | 16,8 | | | | 15. |
| | Equipment | | | 65 | 57,941. | | 579,48 | | 7 | 8,4 | 60. |
| | Other | | | 20 | 9,949. | 1 | .79,0 | 04. | 3 | 0,9 | 45. |
| | I. Add lines 1a through 1e. (Column (d) must e | | X. colur | mn (B). line 1 | 0c.) | | | | 29,50 | | |
| | | | | | , | | | | e D (Forr | | |

732052 10-09-17

26 2017.05050 AMISTAD ACADEMY, INC. C/O 01670711 16160411 147227 0167071-0167082.0990

| A١ | 1 I; | ST | AD | ACA | DEI | ſΥ, | IN | С | , |
|----|-------------|----|----|-----|-----|-----|----|---|---|
| | | | | | | | | | |

C/O ACHIEVEMENT FIRST INC.

Schedule D (Form 990) 2017 C/O ACHIE Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|----------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--------------------------------------------------------------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) | |

Part X Other Liabilities.

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

| 1. | (a) Description of liability | (b) Book value |
|--------|-------------------------------------------------------------|-----------------------|
| (1) | Federal income taxes | |
| (2) | DUE TO RELATED PARTY | 77,352. |
| (3) | DUE TO OTHER SCHOOLS | 1,230. |
| (4) | DUE TO STATE DEPARTMENT OF | |
| (5) | EDUCATION | 28,112. |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 106,694. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2017

732053 10-09-17

| | AMISTAD ACADEMY, INC. | | | |
|------|----------------------------------------------------------------------------------|-----------------|----------------|----------------|
| Sche | dule D (Form 990) 2017 C/O ACHIEVEMENT FIRST INC. | , | 06- | 1546695 Page 4 |
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With Reven | ue per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 18,605,401. |
| 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 | | |
| с | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 18,605,401. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 18,605,401. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | nents With Expe | nses per Retur | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 17,197,966. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| с | Other losses | | | |
| d | | | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 17,197,966. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 17,197,966. |
| Pa | rt XIII Supplemental Information. | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ACADEMY HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2018. THE

ACADEMY'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2015

ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF

LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW

AUTHORITATIVE RULINGS.

IF APPLICABLE, THE ACADEMY WOULD RECOGNIZE INTEREST AND PENALTIES

ASSOCIATED WITH TAX MATTERS AS PART OF MANAGEMENT AND GENERAL EXPENSES IN

THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS AND INCLUDE ACCRUED

INTEREST AND PENALTIES IN ACCRUED EXPENSES IN THE STATEMENT OF FINANCIAL

POSITION. THE ACADEMY DID NOT RECOGNIZE ANY INTEREST OR PENALTIES

732054 10-09-17

Schedule D (Form 990) 2017

16160411 147227 0167071-0167082.0990 2017.05050 AMISTAD ACADEMY, INC. C/O 01670711

| hedule D (Form 990 | 0.2017 | | AMISTAD C/O ACH | | | | | | | | 06-1546 | 5695 | Dage 5 |
|--------------------|--------|---------|--------------------|-------|-----|-------|---------------|-------|------|-------|------------|---------|----------|
| art XIII Supple | menta | I Infor | mation (conti | nued) | | 1 110 | 1 11(0) | | | | 00 1010 | | |
| SSOCIATED N | WITH | TAX | MATTERS | FOR | THE | YEAR | ENDED | JUNE | 30, | 2018. | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | Schedule D | (Form 9 | 90) 2017 |
| 55 10-09-17 | | | | | | 29 | | | | | | | |
| 411 147223 | 7 016 | 7071 | -0167082 | .099 | 0 2 | | 5050 <i>A</i> | MISTA | D AC | ADEMY | , INC. | c/o (| 01670 |

16160411 147227 0167071-0167082.0990

| SC | HEDULE E | Schools | 01 | MB No. ⁻ | 1545-004 | 7 |
|------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------|----------|--------|
| (For | m 990 or 990-EZ) | Complete if the organization answered "Yes" on Form 990, | (| 20 | 17 | , |
| | | Part IV, line 13, or Form 990-EZ, Part VI, line 48. | - | | | |
| | ment of the Treasury I Revenue Service | Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. | | pen to spect | | С |
| Name | e of the organization | · · · · · · · · · · · · · · · · · · · | | • | | nber |
| | 3 | | 06-1 | | | |
| Pa | rt I | | | | | |
| | | | | | YES | NO |
| 1 | - | ion have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | | | |
| | | strument, or in a resolution of its governing body? | | 1 | X | |
| 2 | | ion include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | | | |
| | | her written communications with the public dealing with student admissions, programs, and scholars | nips? | 2 | Х | |
| 3 | • | on publicized its racially nondiscriminatory policy through newspaper or broadcast media during the | | | | |
| | • | on for students, or during the registration period if it has no solicitation program, in a way that makes o all parts of the general community it serves? If "Yes," please describe. If "No," please explain. | | | | |
| | If you need more s | Part I | | 3 | х | |
| | AMISTAD AC | · · · · · · · · · · · · · · · · · · · | N | 5 | | |
| | | ES USED FOR THE SOLICITATION OF STUDENTS, THE POLIC | | | | |
| | | NCLUDED IN THEIR APPLICATION MATERIALS. | | | | |
| | | | | | | |
| | | | | | | |
| 4 | Does the organizat | ion maintain the following? | | | | |
| а | Records indicating | the racial composition of the student body, faculty, and administrative staff? | | 4a | Х | |
| | | ting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis | | 4b | Х | |
| С | | gues, brochures, announcements, and other written communications to the public dealing with stude | | | | |
| | | ams, and scholarships? | | 4c | X | |
| d | | ial used by the organization or on its behalf to solicit contributions? | | 4d | X | |
| | If you answered "N | lo" to any of the above, please explain. If you need more space, use Part II. | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 5 | Does the organizat | ion discriminate by race in any way with respect to: | | | | |
| а | - | privileges? | | 5a | | Х |
| | | s? | | 5b | | Х |
| | | ulty or administrative staff? | | 5c | | Х |
| | | ner financial assistance? | | 5d | | Х |
| | | s? | | 5e | | Х |
| | | | | 5f | | X |
| | |) | | 5g | | X |
| h | | ar activities? | | 5h | | Х |
| | If you answered "Y | es" to any of the above, please explain. If you need more space, use Part II. | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 6- | Does the organizat | ion receive any financial aid or assistance from a governmental agency? | | 60 | x | |
| | • | on receive any financial ald or assistance from a governmental agency? | | 6a 6b | | X |
| U U | | es" on either line 6a or line 6b, explain on Part II. | | 00 | | |
| 7 | | ion certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of | | | | |
| - | | 975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II | | 7 | х | |
| LHA | | eduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule | | 990 or | |) 2017 |

732061 10-06-17

30 2017.05050 AMISTAD ACADEMY, INC. C/O 01670711 16160411 147227 0167071-0167082.0990

| Schedule E (Form 990 or 990 | D-EZ) 2017 C/O ACHIEVEME | NT FIRST INC. | 06-15 | 546695 Page 2 |
|-----------------------------|--------------------------------------------------------------------|--------------------------------------|------------------|---------------------|
| | tal Information. Provide the explain other additional information. | anations required by Part I, lines 3 | | |
| LINE 6 - EXPLAN | NATION OF GOVERNMENT | FINANCIAL AID: | | |
| THE ACADEMY IS | RECOGNIZED AS A CHA | ARTER SCHOOL BY T | HE STATE OF CON | NECTICUT, |
| AS SUCH FUNDING | G IS RECEIVED FROM 7 | THE STATE OF CONN | ECTICUT DEPARTME | ENT OF |
| EDUCATION IN SU | UPPORT OF OPERATIONS | 5 BASED ON A CENS | US OF ENROLLED S | STUDENTS. |
| ADDITIONAL FEDI | ERAL AND STATE GRANT | F FUNDING IS RECE | IVED TO SUPPORT | |
| BREAKFAST AND | LUNCH PROGRAMS, AND | VARIOUS GRANTS T | O SUPPORT TEACH | IRS |
| SALARIES. AMIS | STAD ACADEMY, INC. F | RECEIVES GOVERNME | NT ASSISTANCE TO |) FUND |
| ITS EXEMPT PUR | POSE OF PROVIDING EI | DUCATIONAL SERVIC | :ES. | |
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| | | | | 990 or 990-EZ) 2017 |

AMISTAD ACADEMY, INC.

| SCHEDULE I | | G | rants and Oth | er Assistan | ce to Organ | izations. | | OMB No. 1545-0047 |
|--------------------------------------------------------|-------------------------------------------------------------------------|---------------------|------------------------------------------|---------------------------------------|-----------------------------------------|-----------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| (Form 990) | | Go | vernments, an ete if the organization | d Individual | ls in the Ŭni | ted States | | 2017 |
| Department of the Treasury Internal Revenue Service | | Comp | - | Attach to For s.gov/Form990 for | m 990. | | | Open to Public Inspection |
| Name of the organizati | on AMISTAD A C/O ACHIE | | | - | | | | Employer identification number 06-1546695 |
| Part I General Ir | formation on Grants a | | | | | | | |
| criteria used to a | ation maintain records t ward the grants or assis | tance? | | · · · · · · · · · · · · · · · · · · · | | v | | on 🔣 Yes 🗌 No |
| | IV the organization's pro | | | | | opization answered "N | | N/ line 01 for any |
| | d Other Assistance to I nat received more than \$ | - | | | | anization answered if | es on Form 990, Pan | . IV, III e 2 I, IOF ally |
| 1 (a) Name and ac | Idress of organization vernment | (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 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | er of section 501(c)(3) and the section solution of other organizations | | 4 - 1-1 - | e line 1 table | | | • | · |
| LHA For Paperwork | Reduction Act Notice, | see the Instruction | | | | | | Schedule I (Form 990) (2017) |

AMISTAD ACADEMY, INC.

Schedule I (Form 990) (2017)

C/O ACHIEVEMENT FIRST INC.

06-1546695

Page 2

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.

| (a) Type of grant or assistance | (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 noncash assistance |
|---------------------------------|--------------------------|-----------------------------|---------------------------------------|----------------------------------------------------------|---------------------------------------|
| | | | | | |
| CHOLARSHIP | 16 | 0. | 8,876. | FMV | SCHOLARSHIP |
| | | | | | |
| | | | | | SCHOLARSHIPS TO ATTEND |
| CHOLARSHIP | 41 | 0. | 24,593. | FMV | UNIVERSITY SUMMER PROGRAMS |
| | | | | | |
| | | | | | |
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| | _ | | | | |
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| | | | | | |

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

PART I, LINE 2:

SCHOLARSHIPS ARE APPLIED DIRECTLY AGAINST STUDENT TUITION.

| SC | CHEDULE J Compensation Information | tion | I | OMB No. 1 | 545-004 | 47 |
|-----|-----------------------------------------------------------------------------------------------------------------|---------------------------|-------------|-------------|----------------|------|
| (Fo | For certain Officers, Directors, Trustees, Key Employ | | | 00 | 47 | , |
| • | Compensated Employees | | | 20 | 1/ | |
| _ | Descriment of the Treasury Complete if the organization answered "Yes" on Form Section 2015 Attach to Form 990. | 990, Part IV, line 23. | | Open to | Publ | ic |
| | partment of the Treasury PAttach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the | e latest information. | | Inspe | | |
| Nam | ame of the organization AMISTAD ACADEMY, INC. | | Employer id | entificatio | on nui | nber |
| | C/O ACHIEVEMENT FIRST INC. | | 06-15 | 54669 | 5 | |
| Pa | Part I Questions Regarding Compensation | | | | | |
| | | | | | Yes | No |
| 1a | a Check the appropriate box(es) if the organization provided any of the following to or for a | person listed on Form § | 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding | these items. | | | | |
| | First-class or charter travel Housing allowance | or residence for persor | nal use | | | |
| | Travel for companions Payments for busin | ess use of personal res | idence | | | |
| | Tax indemnification and gross-up payments Health or social club | b dues or initiation fees | ; | | | |
| | Discretionary spending account Personal services (s | such as, maid, chauffeu | ır, chef) | | | |
| | | | | | | |
| b | b If any of the boxes on line 1a are checked, did the organization follow a written policy rega | arding payment or | | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Par | rt III to explain | | 1b | | |
| 2 | 2 Did the organization require substantiation prior to reimbursing or allowing expenses incu | rred by all directors, | | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked | on line 1a? | | . 2 | | |
| | | | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the comper | nsation of the organizat | ion's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used I | by a related organizatio | on to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | | | |
| | X Compensation committee X Written employmen | t contract | | | | |
| | Independent compensation consultant Compensation surv | ey or study | | | | |
| | Form 990 of other organizations X Approval by the box | ard or compensation co | ommittee | | | |
| | | | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respe | ect to the filing | | | | |
| | organization or a related organization: | | | | | |
| а | a Receive a severance payment or change-of-control payment? | | | . 4a | | X |
| b | b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | . 4b | | X |
| с | c Participate in, or receive payment from, an equity-based compensation arrangement? | | | . 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each | item in Part III. | | | | |
| | | | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5- | | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or ac | crue any compensation | า | | | |
| | contingent on the revenues of: | | | | | |
| а | a The organization? | | | 5a | | X |
| | b Any related organization? | | | | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or ac | crue any compensation | า | | | |
| | contingent on the net earnings of: | | | | | |
| а | a The organization? | | | 6a | | X |
| | b Any related organization? | | | | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide a | ny nonfixed payments | | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | | | 7 | Х | |
| 8 | | | | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," descr | | | . 8 | | X |
| 9 | | | | | | |
| | Regulations section 53.4958-6(c)? | | <u></u> | 9 | | |
| LHA | A For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | le J (Forn | n 990) | 2017 |

732111 10-17-17

AMISTAD ACADEMY, INC.

C/O ACHIEVEMENT FIRST INC.

Schedule J (Form 990) 2017

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 of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) | |
|-------------------------|------------------|--------------------------|-------------------------------------------|-------------------------------------------|-------------------------|----------------------|-----------------------------------|------------------------------------------------------------|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denetits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| (1) CATHERINE POYNTER | (i) | 133,756. | 0. | 0. | 2,500. | 24,779. | 161,035. | 0. |
| PRINCIPAL | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JEFFREY SUDMYER | (i) | 181,399. | 0. | 0. | 0. | 18,334. | 199,733. | 0. |
| REGIONAL SUPERINTENDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MORGAN BARTH | (i) | 179,841. | 750. | 0. | 2,500. | 8,946. | 192,037. | 0. |
| PRINCIPAL | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2017

Page 2

06-1546695

Schedule J (Form 990) 2017

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.

PART I, LINE 7:

SOME OF THE INDIVIDUALS LISTED ON FORM 990, PART VII, RECEIVED BONUSES.

THESE AMOUNTS WERE APPROVED BY THE BOARD AND INCLUDED IN THE INDIVIDUALS

W-2S.

| | HEDULE M rm 990) | | Nonc | ash Contri | ibutions | | OMB No. 1 | _ | | |
|---------|-------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------|-----------------------|--------------------------------|--------|------|--|
| Depart | ment of the Treasury I Revenue Service | Complete if the orgative Attach to Form 990. Go to www.irs.gov/ | | | n Form 990, Part IV, lines 2 ation. | 9 or 30. | 20 Open To Inspe | Publi | | |
| Name | e of the organization | AMISTAD ACAD | | | | Employer | Employer identification number | | | |
| | 0 | C/O ACHIEVEM | - | | | | 5-1546 | | | |
| Par | tl Types of I | | | | | | 1010 | | | |
| | | | (a) | (b) | (c) | | (d) | | | |
| | | | Check if applicable | Number of contributions or items contributed | Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method noncash cor | of determin | | 6 | |
| 1 | Art - Works of art | | | | | | | | | |
| 2 | | ures | | | | | | | | |
| 3 | | ests | | | | | | | | |
| 4 | | ons | | | | | | | | |
| 5 | | hold goods | | | | | | | | |
| 6 | | cles | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | traded | | | | | | | | |
| - 10 | | held stock | | | | | | | | |
| 11 | Securities - Partners | | | | | | | | | |
| | | | | | | | | | | |
| 12 | | neous | | | | | | | | |
| 13 | Qualified conservation | | | | | | | | | |
| 13 | | | | | | | | | | |
| | Historic structures | an aantuikutian Othar | | | | | | | | |
| 14 | | on contribution - Other | | | | | | | | |
| 15 | Real estate - Reside | | | | | | | | | |
| 16 | | ercial | | | | | | | | |
| 17 | | | | | | | | | | |
| 18 | | | | 1 | 20 (40 | | | | | |
| 19 | | | X | 1 | 32,642. | FWV | | | | |
| 20 | | supplies | | | | | | | | |
| 21 | | | | | | | | | | |
| 22 | | | | | | | | | | |
| 23 | Scientific specimens | S | | | | | | | | |
| 24 | Archeological artifac | cts | | | | | | | | |
| 25 | Other 🕨 (|) | | | | | | | | |
| 26 | Other 🕨 (|) | | | | | | | | |
| 27 | Other 🕨 (|) | | | | | | | | |
| 28 | Other 🕨 (|) | | | | | | | | |
| 29 | Number of Forms 82 | 283 received by the organiz | zation during | g the tax year for co | ontributions | | | | | |
| | for which the organi | zation completed Form 828 | 33, Part IV, I | Donee Acknowledg | ement 29 | | | | | |
| | | | | | | | | Yes | No | |
| 30a | During the year, did | the organization receive by | / contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | | |
| | must hold for at leas | st three years from the date | e of the initia | l contribution, and | which isn't required to be us | sed for | | | | |
| | exempt purposes fo | r the entire holding period? | · · · · · · · · · · · · · · · · · · · | | | | 30a | | X | |
| b | If "Yes," describe th | e arrangement in Part II. | | | | | | | | |
| 31 | Does the organization | on have a gift acceptance p | oolicy that re | quires the review o | of any nonstandard contribut | ions? | 31 | | Х | |
| 32a | Does the organization | on hire or use third parties | or related or | ganizations to solic | cit, process, or sell noncash | | | Ī | | |
| | contributions? | ····· | | | | | 32a | | Х | |
| b | If "Yes," describe in | | | | | | | | | |
| 33 | · | | olumn (c) foi | r a type of property | for which column (a) is cheo | ked, | | | | |
| _ | describe in Part II. | | | | | | | | | |
| LHA | | eduction Act Notice, see | the Instruct | tions for Form 990 |). | Sched | ule M (Forn | n 990) | 2017 | |
| | | | | | | | | | | |

732141 09-07-17

37 2017.05050 AMISTAD ACADEMY, INC. C/O 01670711 16160411 147227 0167071-0167082.0990

AMISTAD ACADEMY, INC. C/O ACHIEVEMENT FIRST INC.

 Schedule M (Form 990) 2017
 C/O
 ACHIEVEMENT
 FIRST
 INC.
 06-1546695
 Page 2

 Part II
 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2017

732142 09-07-17

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. AMISTAD ACADEMY, INC.



06-1546695

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

C/O ACHIEVEMENT FIRST INC.

SKILLS NEEDED FOR ALL STUDENTS TO EXCEL IN TOP TIER COLLEGES, TO

ACHIEVE SUCCESS IN A COMPETITIVE WORLD, AND TO SERVE AS THE NEXT

GENERATION OF LEADERS IN THEIR COMMUNITIES. THE SCHOOL SERVES STUDENTS

FROM LOW INCOME HOUSEHOLDS IN NEW HAVEN, CONNECTICUT. THE SCHOOL

OPERATED CLASSES FOR STUDENTS IN KINDERGARTEN THROUGH TWELFTH GRADES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVES STUDENTS FROM LOW INCOME HOUSEHOLDS IN NEW HAVEN, CONNECTICUT.

THE SCHOOL OPERATED CLASSES FOR STUDENTS IN KINDERGARTEN THROUGH

TWELFTH GRADES.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION DELEGATES CERTAIN FINANCIAL FUNCTIONS, SPECIFICALLY

ACCOUNTING AND BOOKKEEPING, TO THE CHARTER MANAGEMENT ORGANIZATION,

ACHIEVEMENT FIRST, INC.

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

FORM 990 IS GIVEN TO THE BOARD TREASURER WHO REVIEWS IT ON BEHALF OF THE

BOARD PRIOR TO SUBMISSION TO THE IRS. FORM 990 IS ALSO REVIEWED BY THE

CONTROLLER OF ACHIEVEMENT FIRST, INC. PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED ANNUALLY, TO DISCLOSE CONFLICTS OF INTEREST.

VENDORS AND OTHER MAJOR CONTRACTORS ARE REQUIRED TO ENSURE THERE ARE NO

CONFLICTS OF INTEREST.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2017)73221109-07-17

39

16160411 147227 0167071-0167082.0990 2017.05050 AMISTAD ACADEMY, INC. C/O 01670711

| Name of the organization | AMISTAD ACADEMY, INC. | |
|--------------------------|-----------------------|------|
| | C/O ACHIEVEMENT FIRST | INC. |

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

SALARIES ARE DETERMINED THROUGH COMPARISON WITH LOCAL SCHOOL DISTRICTS TO

ENSURE WE REMAIN COMPETITIVE. CONTINUING EMPLOYMENT IS REVIEWED AND

APPROVED ANNUALLY BY THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19:

ALL THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AT NO COST TO THE PUBLIC.

THE ORGANIZATION'S 990 FORM IS AVAILABLE BOTH UPON REQUEST AND ON THE

WEBSITE WWW.GUIDESTAR.ORG.

FORM 990, PART VII, LINE 2(B)

CARLA SEEGER RECEIVES COMPENSATION FROM AMISTAD ACADEMY IN HER CAPACITY

AS A TEACHER, AND DOES NOT RECEIVE ANY COMPENSATION FOR HER WORK AS A

BOARD MEMBER OF THE ORGANIZATION.

FORM 990, PART XII, LINE 2C:

COMPARED TO LAST YEAR THE PROCESS HAS NOT CHANGED.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

PUBLIC INSPECTION COPY

| | | | EXTENDED TO MAY 15, 2019 | • | - | OMB No. 1545-0047 |
|--------------------------------|------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|------------------------------|
| For | Q | 90 | Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e | | | |
| | - | | Do not enter social security numbers on this form as it ma | | - | |
| | | of the Treasury enue Service | Go to www.irs.gov/Form990 for instructions and the late | - | - | Open to Public Inspection |
| AF | or th | e 2017 calend | | | 0, 2018 | |
| B c | heck if oplicat | le: C Name of | organization | | ployer identifica | tion number |
| x | Addr | acht | EVEMENT FIRST INC | | | |
| | Name | 9 | usiness as | | 65-12 | 03744 |
| | Initia | | and street (or P.O. box if mail is not delivered to street address) Room/su | ite E Tele | phone number | |
| | Final | 370 | JAMES STREET 404 | | | 73-3223 |
| | termi ated | City or t | own, state or province, country, and ZIP or foreign postal code | G Gross | s receipts \$ | 57,013,087. |
| | Amer returr | | HAVEN, CT 06513 | H(a) Is | this a group retu | |
| | Appli tion pend | F Name a | nd address of principal officer: ANDREW BOAS | | r subordinates? | |
| | - | SAME | AS C ABOVE | | e all subordinates inclu | |
| | | | | | | st. (see instructions) |
| | | | ACHIEVEMENTFIRST.ORG | | | |
| | orm o I rt I | Summary | X Corporation Trust Association Other ► L Ye | ear of formati | | State of legal domicile: CT |
| | | | e the organization's mission or most significant activities: ACHIEVEME | דים יידאיק | | IS A |
| e | 1 | NON-PRO | FIT CHARTER SCHOOLS MANAGEMENT ORGANIZ | | THAT OPE | |
| nan | 2 | | x Figure 1 if the organization discontinued its operations or disposed of mo | | | |
| Governance | 3 | | ing members of the governing body (Part VI, line 1a) | | | 9 |
| ß | 4 | | ependent voting members of the governing body (Part VI, line 1b) | | | 9 |
| Activities & | 5 | | of individuals employed in calendar year 2017 (Part V, line 2a) | | | 314 |
| /itie | 6 | | of volunteers (estimate if necessary) | | | 30 |
| \ctiv | 7 a | | d business revenue from Part VIII, column (C), line 12 | | | 0. |
| 1 | b | Net unrelated | business taxable income from Form 990-T, line 34 | | 7b | 43,132. |
| | | | - | | r Year | Current Year |
| e | 8 | | and grants (Part VIII, line 1h) | | 71,823. | 32,493,326. |
| Revenue | 9 | • | ce revenue (Part VIII, line 2g) | | 38,092. | 23,727,620. |
| Rev | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | | 76,322. | <u>67,496.</u> 724,645. |
| | 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 32,684. | 57,013,087. |
| | 12 13 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3) | | 59,770. | 11,704,324. |
| | 14 | | nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4) | 13,0 | 0. | 0. |
| | 15 | | compensation, employee benefits (Part IX, column (A), lines 5-10) | 23,9 | 69,727. | 25,163,293. |
| Expenses | | | undraising fees (Part IX, column (A), line 11e) | - , - | 0. | 0. |
| per | | | ng expenses (Part IX, column (D), line 25) • 971 , 752 . | | | |
| ш | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 7,3 | 31,313. | 7,425,756. |
| | 18 | Total expense | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 60,810. | 44,293,373. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | 1,2 | 71,874. | 12,719,714. |
| Net Assets or Fund Balances | | | | | f Current Year | End of Year |
| ssets lalar | 20 | Total assets (F | E CONTRACTOR OF CONT | | 67,190. | 28,141,162. |
| et As | 21 | | (Part X, line 26) | | 48,545. | 6,902,803. |
| | 22 rt II | Net assets or Signature | fund balances. Subtract line 21 from line 20 | 8,5 | 18,645. | 21,238,359. |
| | | - | DICCK I declare that I have examined this return, including accompanying schedules and state | monte and t | to the heat of my la | nowladge and ballisf it is |
| | | | Declaration of preparer (other than officer) is based on all information of which prepa | | | nowieuge and beller, it is |
| <u></u> , | UITE | | שלטמומנוטה טי אובאמובו (טנוובו נומה טוונבו א געמונט אומט אווטרוומנוטה טו אוווטרוומנוטה טו אוווטרו אווטרון אופאמ | i u nas any k | inowieuye. | |
| | | | | | | |

| Sign | Signature of officer | | Date | | | | | |
|-------------|--------------------------------------------------------------------------------------------------------|----------------------|--------------------------------|---|--|--|--|--|
| Here | ANDREW BOAS, CHAIRMAN | | | | | | | |
| | Type or print name and title | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date Check PTIN | | | | | |
| Paid | KIMBERLY NARDONE | KIMBERLY NARDONE | 4/08/19 self-employed P0105877 | 1 | | | | |
| Preparer | Firm's name COHNREZNICK LLP | | Firm's EIN 22–147809 | 9 | | | | |
| Use Only | Firm's address 350 CHURCH STREE | T, 12TH FLOOR | | | | | | |
| | HARTFORD, CT 061 | 03 | Phone no. $959 - 200 - 7000$ | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | |
| 732001 11-2 | r32001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017) | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

• (2017)

| | 990 (2017) ACHIEVEMENT FIRST INC | 65-1203744 | F |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Pa | T III Statement of Program Service Accomplishments | | |
| 4 | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: ACHIEVEMENT FIRST, INC. IS A NON-PROFIT CHARTER SCHOOLS | MANAGEMENT | |
| | ORGANIZATION THAT OPERATES A NETWORK OF K-12 PUBLIC CHA | | TN |
| | CONNECTICUT, RHODE ISLAND, AND NEW YORK. THE NETWORK OF | | <u></u> |
| | FOCUSES ON PROVIDING STUDENTS WITH THE ACADEMIC AND CHA | | 5 |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | <u> </u> |
| 2 | | | sΣ |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | | 5 [- |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services' | ? Ye | sΩ |
| • | If "Yes," describe these changes on Schedule O. | | • [_ |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, a | as measured by expenses | S. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | | |
| | revenue, if any, for each program service reported. | , , , | |
| 4a | 00.115.010 | venue \$ 24,452 | ,26 |
| | EDUCATIONAL, FINANCIAL AND MANAGEMENT SERVICES TO CHART | ER SCHOOLS II | N |
| | CONNECTICUT, NEW YORK AND RHODE ISLAND. | | |
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| 4b | (Code:) (Expenses \$11,704,324. including grants of \$11,704,324.) (Rev | venue \$ | |
| 4b | (Code:) (Expenses \$1,704,324. including grants of \$1,704,324.) (Rev SCHOOL GRANTS: TO PROVIDE ASSISTANCE TO A NETWORK OF K- | | |
| 4b | SCHOOL GRANTS: TO PROVIDE ASSISTANCE TO A NETWORK OF K- CHARTER SCHOOLS IN CONNECTICUT, RHODE ISLAND, AND NEW Y | 12 PUBLIC ORK. THE NETW | WOF |
| 4b | SCHOOL GRANTS: TO PROVIDE ASSISTANCE TO A NETWORK OF K- CHARTER SCHOOLS IN CONNECTICUT, RHODE ISLAND, AND NEW Y OF SCHOOLS FOCUSES ON PROVIDING STUDENTS WITH THE ACADE | 12 PUBLIC ORK. THE NETW MIC AND | |
| 4b | SCHOOL GRANTS: TO PROVIDE ASSISTANCE TO A NETWORK OF K- CHARTER SCHOOLS IN CONNECTICUT, RHODE ISLAND, AND NEW Y OF SCHOOLS FOCUSES ON PROVIDING STUDENTS WITH THE ACADE CHARACTER SKILLS THEY NEED TO GRADUATE FROM TOP COLLEGE | 12 PUBLIC ORK. THE NETW MIC AND S, TO SUCCEEN | DI |
| 4b | SCHOOL GRANTS: TO PROVIDE ASSISTANCE TO A NETWORK OF K- CHARTER SCHOOLS IN CONNECTICUT, RHODE ISLAND, AND NEW Y OF SCHOOLS FOCUSES ON PROVIDING STUDENTS WITH THE ACADE CHARACTER SKILLS THEY NEED TO GRADUATE FROM TOP COLLEGE A COMPETITIVE WORLD, AND TO SERVE AS THE NEXT GENERATION | 12 PUBLIC ORK. THE NETW MIC AND S, TO SUCCEEN N OF LEADERS | D I OF |
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| | | | Yes | No |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | - v |
| - | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | - - |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | - v |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G. Part III | 19 | | x |
| | COMORE SCREDUR & PAR III | 1 1 27 | 1 | 1 42 |

Form 990 (2017)

Form 990 (2017)

ACHIEVEMENT FIRST INC Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 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 | Х | |
| 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 | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 210 | | |
| U | | 24c | | |
| А | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | | <u>24u</u> | | |
| 208 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transportion with a discussified person during the voor? | 25a | | x |
| L | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 258 | | |
| 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 | 0.51 | | x |
| | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | v |
| | complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | x |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | 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 | |

Form 990 (2017)

| Form | ACHIEVEMENT FIRST INC 65 | -120374 | 4 | Pa | age 5 |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|-------------|-------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | |
| | | |) | /es | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 768 | | | |
| b | | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | |
| - | (gambling) winnings to prize winners? | | c | x | |
| 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 | 314 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | h | x | |
| 2 | 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? | | a | x | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | | x | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | ······ | ~ | | |
| iu | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 | a | | Х |
| h | If "Yes," enter the name of the foreign country: | ····· — | | | |
| D | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 52 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 | a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | ····· – | | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | - | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so | | | | |
| 0u | any contributions that were not tax deductible as charitable contributions? | | | | Х |
| h | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | |
| D D | | 6 | h | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| 'a | | he payor? 7 | | | Х |
| | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | ······ / | | | |
| U | | 7 | _ | | Х |
| d | to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | |
| | | 7 | | | Х |
| f | | | | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | ······ – | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1 | | _ | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | |
| 0 | | 8 | | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. | ····· | , | | |
| a | Did the encouring experimetics make any tayable distributions under costing 10000 | 9; | | | |
| b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | |
| b | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| ''a | | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| D D | amounts due or received from them.) | | | | |
| 1 2 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 |)a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13 | 12 | | |
| d | Note. See the instructions for additional information the organization must report on Schedule O. | | <i></i> | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| b | organization is licensed to issue qualified health plans | | | | |
| ~ | Enter the amount of reserves on hand | | | | |
| | | 14 | | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | | | | |
| | | <u> </u> | | <u>1990</u> | (2017 |

| Form | 990 | (2017) |
|------|-----|--------|
|------|-----|--------|

ACHIEVEMENT FIRST INC

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

| Check if Schedule O contains a response or note to any line in this Part VI | |
|-----------------------------------------------------------------------------|--|
| Section A. Governing Body and Management | |

| | | | | | Yes | No |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|-----------|-------------|--------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 9 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 9 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | r | | | |
| | officer, director, trustee, or key employee? | | | 2 | | x |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | |
| °. | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | 4 | | X |
| - 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | 5 | | X |
| 6 | Did the organization become aware during the year of a significant diversion of the organization s ass Did the organization have members or stockholders? | | | 6 | | X |
| | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | 0 | | |
| 7a | | - | | 7- | | x |
| | more members of the governing body? | | | 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | - - |
| | persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | , | 0- | | | |
| а | The governing body? | | | <u>8a</u> | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses in Schedule O | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue Code.) | | | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | • | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | | 11a | | X |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | , 201010 iiiiig ii | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | х | |
| | | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | Δ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | , | | | v | |
| | 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 approva | l by independe | ent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| b | Other officers or key employees of the organization | | | 15b | Х | |
| | 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 arrangen | nent with a | | | | |
| | taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | 100 | | I |
| | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY, CT, RI | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (Caption E01/a | v/(2) a and v) av | ailabl | | |
| 10 | | (Section 501(C | (3)5 Uniy) av | allable | 3 | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | | in Schedule O | · | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor | ntlict of interest | policy, and | tinanc | ial | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks and records | s: 🕨 | | | |
| | GAYLORD BOURNE, CPA - 203-773-3223 | | | | | |
| | 370 JAMES STREET, NO. 404, NEW HAVEN, CT 06513 | | | | | |
| | 5 11-28-17 | | | _ | 9 90 | (201 |

| Form 990 | (2017) |
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| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated |
|----------|-----------------------------------------------------------------------------------|
| - | Employees, and Independent Contractors |

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

Т

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

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

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

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

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|--------------------------------------------------|----------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|-------|-----------------|-----------------|----------------------------------|
| Name and Title | Average | (do | | Pos | | l than c | ne | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | rson i | s both | an | compensation | compensation | amount of |
| | week | | cer an | d a di | irecto | r/trust | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | e | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | Istee | truste | | e. | pensi | | (W-2/1099-MISC) | | organization |
| | organizations | ual tru | ional | | ploye | t com ee | | | | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | ormer | | | organizations |
| (1) ANDREW BOAS | 1.00 | = | <u> </u> | Ó | ž | БН | Ъ | | | |
| CHAIRMAN | | х | | х | | | | 0. | Ο. | 0. |
| (2) ANTHONY L. DAVIS | 1.00 | | | | | | | | | |
| TREASURER AND SECRETARY | | х | | х | | | | 0. | Ο. | 0. |
| (3) ARIELA ROZMAN | 1.00 | | | | | | | | ••• | |
| MEMBER | | х | | | | | | 0. | Ο. | 0. |
| (4) ELSA NUNEZ | 1.00 | | | | | | | | | |
| MEMBER | | х | | | | | | 0. | Ο. | 0. |
| (5) JOHN MOTLEY | 1.00 | | | | | | | | | |
| MEMBER | | х | | | | | | 0. | 0. | 0. |
| (6) THOMAS LEHRMAN | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) VINCENT DOWLING | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) WILLIAM R. BERKLEY | 1.00 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) VALERIE ROCKEFELLER | 1.00 | | | | | | | | | - |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) DACIA TOLL | 40.00 | | | | | | | | | |
| CO-CEO AND PRESIDENT | 40.00 | | | Х | | | | 290,683. | 0. | 11,446. |
| (11) DOUGLAS MCCURRY | 40.00 | | | | | | | 000 040 | 0 | 01 45 6 |
| CO-CEO AND SUPERINTENDENT | 40.00 | | | Х | | | | 288,340. | 0. | 21,456. |
| (12) VICTOR DE LA PAZ CHIEF FINANCIAL OFFICER | 40.00 | | | х | | | | 104 040 | 0. | 2 500 |
| (13) AMY D'ANGELO | 40.00 | | | Δ | | | | 194,040. | 0. | 2,500. |
| REGIONAL SUPERINTENDENT | | | | | | x | | 190,158. | 0. | 20,167. |
| (14) CHI YOUNG TSCHANG | 40.00 | | | | | | | 19071901 | | 2071071 |
| REGIONAL SUPERINTENDENT | | | | | | x | | 192,681. | Ο. | 18,983. |
| (15) MAX KOLTUV | 40.00 | | | | | | | | | |
| REGIONAL SUPERINTENDENT | | | | | | x | | 202,554. | 0. | 18,015. |
| (16) RALPH HARRIS FERRELL | 40.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | | | | | | X | | 213,029. | 0. | 24,778. |
| (17) THOMAS KAISER | 40.00 | | | | | | | | | |
| CHIEF TALENT OFFICER | | | | | | X | | 195,825. | 0. | 8,946. Form 990 (2017) |
| 732007 11-28-17 | | | | - | , | | | | | Form 990 (2017) |

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| Form 990 (2 | | | | | | | | | | 65-12 | 203' | 744 | Page 8 |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|------------------------|---------|--------------------------|---------------------------------|---------------|-------------------------------------------|---------------------------------------------------------|--------|---------------------|------------------------------------------------------|
| Part VII | Section A. Officers, Directors, Trus | tees, Key Emp | loye | ees, | and | Hig | ghes | t C | ompensated Employee | s (continued) | | | |
| | (A) Name and title | (B) Average hours per week | box, offic | not cl unles | ss per | tion nore t son is | than o s both r/trust | an | (D) Reportable compensation from | (E) Reportable compensatio from related | n | Esti amo | (F) mated ount of ther |
| | | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MIS | I | fro orgai and | ensation m the nization related izations |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | total from continuation sheets to Part VI | | | | | | | | 1,767,310. | | 0. | 126 | <u>,291.</u> 0. |
| | (add lines 1b and 1c) | | | | | | | | 1,767,310. | | 0. | 126 | ,291. |
| | number of individuals (including but n pensation from the organization | ot limited to the | ose l | liste | d ab | ove) |) who | o re | ceived more than \$100, | 000 of reportable | 9 | | 58 |
| | | | | | | | | | | | | ١ | /es No |
| | ne organization list any former officer, | , | | · · | | • • | | | 0 | . , | | | v |
| | a? If "Yes," complete Schedule J for s ny individual listed on line 1a, is the su | | | | | | | | | | | 3 | X |
| | elated organizations greater than \$150 | | | | | | | | | | | 4 | x |
| | ny person listed on line 1a receive or a | , | | • | | | | | | | | | |
| | ered to the organization? If "Yes." com | plete Schedule | e J fo | or su | ich p | perso | on . | | | | | 5 | X |
| | Independent Contractors | mpensated ind | eper | nder | nt co | ntra | ctor | s th | nat received more than \$ | 100,000 of comp | pensat | ion fron | <u></u> า |
| the o | rganization. Report compensation for | the calendar ye | ear e | ndin | ıg wi | th o | or wit | hin | the organization's tax y | ear. | | | |
| (A) (B) Name and business address Description of services | | | | | | ervices | С | (C) ompens | | | | | |
| | L BACK OFFICE | D 000 0 | ~ • | ~ ~ | | | | | | | 1 | 200 | 010 |
| | UGATUCK AVE, MILFOR GRADUATE SCHOOL OF | | | 60 | | | | + | INTERNET SER | VICES | | ,208 | <u>,012.</u> |
| <u>40 W 2</u> | OTH STREET, NEW YOR | | | 11 | | | | | EDUCATION SE | RVICES | | 287 | ,000. |
| <u>187 pi</u> | Y IMRICH NEHURST AVE, NEW YC | RK, NY | 10 | 03 | 3 | | | _ | CONSULTANT S | ERVICES | | 192 | <u>,351.</u> |
| <u>159 LI</u> | END INC NCOLN AV, HASTING-I | N-HUDSO | N, | N | Y 1 | 10 | 706 | | CURRICULUM DEVELOPMENT | | | 176 | ,433. |
| LISA S 539 EA | STONE AST LURAY AVENUE, AL | EXANDRI | A, | v | A 2 | 223 | 301 | L | CONSULTANT S | ERVICES | | 130 | <u>,366.</u> |
| | number of independent contractors (in ,000 of compensation from the organized or the structure of the struc | - | ot lim | nited | l to t | hos 5 | | ed | above) who received mo | ore than | | | 90 (2017) |

732008 11-28-17

Form **990** (2017)

| | | Check if Schedule O conta | ains a respoi | nse or note to any line | e in this Part VIII | (D) | (0) | |
|-----------------------------------------------------------|------|-----------------------------------------------|---------------|-------------------------|-----------------------------|-------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| s s | 1 a | Federated campaigns | 1a | | | | | |
| nur | | Membership dues | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Fundraising events | | | | | | |
| | | Related organizations | | | | | | |
| | | Government grants (contribution | | | | | | |
| | | All other contributions, gifts, grant | | | | | | |
| the | | similar amounts not included abov | | 32,493,326. | | | | |
| ē | g | Noncash contributions included in lines 1 | a-1f: \$ | | | | | |
| and | h | Total. Add lines 1a-1f | | ► | 32,493,326. | | | |
| | | | | Business Code | | | | |
| e | 2 a | MANAGEMENT FEE | | 541610 | 19,021,031. | 19,021,031. | | |
| Program Service Revenue | b | ANCILLARY SCHOOL SERVIC | ES SUPPOR | T 541610 | 2,878,001. | 2,878,001. | | |
| Sei | с | FEDERAL E-RATE FUNDING | | 541610 | 1,068,748. | 1,068,748. | | |
| eve | d | CHARTER START UP | | 541610 | 759,840. | 759,840. | | |
| - Ba | е | | | | | | | |
| ۲ ۲ | f | All other program service rever | nue | | | | | |
| | g | Total. Add lines 2a-2f | | ▶ | 23,727,620. | | | |
| Γ | 3 | Investment income (including of | dividends, ir | terest, and | | T | | |
| | | other similar amounts) | | ► | 67,496. | | | 67,496. |
| | 4 | Income from investment of tax | exempt bor | nd proceeds 🛛 🕨 | | | | |
| | 5 | Royalties | | 🕨 | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | . <u></u> | 🕨 | | | | |
| | 7 a | Gross amount from sales of | (i) Securiti | es (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| Other Revenue | 8 a | Gross income from fundraising including \$ | g events (not | | | | | |
| eve | | contributions reported on line | 1c). See | | | | | |
| r R | | Part IV, line 18 | | a | | | | |
| the | b | Less: direct expenses | | b | | | | |
| 0 | С | Net income or (loss) from fund | raising even | ts ► | | | | |
| | 9 a | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gami | | ▶ | | | | |
| | 10 a | Gross sales of inventory, less r | | | | | | |
| | | and allowances | | | | | | |
| | | Less: cost of goods sold | | | | | | |
| ļ | С | Net income or (loss) from sales | | | | | | |
| ŀ | | Miscellaneous Revenue | | Business Code | 600 AA6 | 602.000 | | |
| | 11 a | CURRICULUM DEVELOPMENT | REVENUE | 900099 | 683,000. | 683,000. | | |
| | b | MISCELLANEOUS REVENUE | | 900099 | 41,645. | 41,645. | | |
| | c | | | - | | | | + |
| | d | All other revenue | | | F04 645 | | | |
| | | Total. Add lines 11a-11d | | | 724,645. | 24 452 265 | ^ | 67.400 |
| | 12 | Total revenue. See instructions. | | 🕨 | 57,013,087. | 24,452,265. | 0 | . 67,496. |

13000422 147227 0167071-0179715.0990

2017.05050 ACHIEVEMENT FIRST INC

01670711

Form 990 (2017) ACHIEVE ACHIEVEMENT FIRST INC

Form 990 (2017) ACHIEVEMENT FIRST INC Part IX Statement of Functional Expenses

| <u>Secti</u> | on 501(c)(3) and 501(c)(4) organizations must comp | olete all columns. All othe | er organizations must con | nplete column (A). | |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------|--------------------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respor | nse or note to any line in | this Part IX | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 11,694,076. | 11,694,076. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 10,248. | 10,248. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | ~~ ~~ ~ | ~~~~ |
| | trustees, and key employees | 815,292. | 692,560. | 93,895. | 28,837. |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| | persons described in section 4958(c)(3)(B) | 00 445 000 | 10 205 400 | 0 252 550 | |
| 7 | Other salaries and wages | 20,445,088. | 17,365,487. | 2,353,772. | 725,829. |
| 8 | Pension plan accruals and contributions (include | | 210 210 | 12 610 | 11 000 |
| _ | section 401(k) and 403(b) employer contributions) | 374,739. | 319,319. | 43,618. | 11,802. |
| 9 | Other employee benefits | 1,833,770. 1,694,404. | | 213,446. 197,223. | 57,750. 53,361. |
| 10 | Payroll taxes | 1,094,404. | 1,443,820. | 197,223. | 55,501. |
| 11 | Fees for services (non-employees): | | | | |
| | Management | 115,319. | 98,723. | 12,505. | 1 001 |
| | | 51,100. | | 5,541. | 4,091. 1,813. |
| | Accounting | 82,500. | 45,740. | 82,500. | 1,013. |
| | Lobbying Professional fundraising services. See Part IV, line 17 | 02,500. | | 02,500: | |
| f | Investment management fees | | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch 0.) | 1,060,497. | 978,503. | 41,444. | 40,550. |
| 12 | Advertising and promotion | 203,090. | | 16,734. | |
| 13 | Office expenses | 372,254. | 275,917. | 94,872. | 1,465. |
| 14 | Information technology | 458,665. | 415,573. | 42,672. | 420. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 913,801. | 824,865. | 88,936. | |
| 17 | Travel | 618,268. | 485,648. | 116,480. | 16,140. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 34,636. | 31,172. | 3,464. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 184,044. | 184,044. | | |
| 23 | Insurance | 8,713. | 8,033. | 553. | 127. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | SCHOOL PROGRAM SUPPORT | 1,875,256. | 1,706,750. | 166,435. | 2,071. |
| b | PROFESSIONAL DEVELOPMEN | 833,198. | 712,976. | 113,970. | 6,252. |
| с | RECRUITMENT OF SCHOOL A | 421,832. | 415,156. | 5,201. | 1,475. |
| d | GOVERNANCE, ADVOCACY AN | 109,145. | 79,335. | 10,572. | 19,238. |
| е | All other expenses | 83,438. | 71,431. | 11,476. | 531. |
| 25 | Total functional expenses. Add lines 1 through 24e | 44,293,373. | 39,606,312. | 3,715,309. | 971,752. |
| 26 | $\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOR 08-2 (ASC 058-720) | 1 | | | |

732010 11-28-17

Check here

Form **990** (2017)

if following SOP 98-2 (ASC 958-720)

10

2017.05050 ACHIEVEMENT FIRST INC

ACHIEVEMENT FIRST INC

(A) Beginning of year (B) End of year 4,746,934. 108,450. Cash - non-interest-bearing 1 1 9,874. 5,122. 2 Savings and temporary cash investments 2 6,888,493. 18,301,526. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 5,942,669. 2,004,038. 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 1,044,418. 474,304. 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 1,659,023. basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation _____ 10b 1,381,212. 461,855. 277,811. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 2,331,427. 3,411,431. 15 Other assets. See Part IV, line 11 15 28,141,162. **Total assets.** Add lines 1 through 15 (must equal line 34) 17,867,190. 16 16 1,523,833. 17 2,057,597. 17 Accounts payable and accrued expenses 18 18 Grants payable 150,967. 82,740. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 5,514,849. 24 3,339,196. Unsecured notes and loans payable to unrelated third parties 24 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 1,423,270. 2,158,896. 25 Schedule D 9,348,545. 6,902,803. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 and complete lines 27 through 29, and lines 33 and 34. 2,867,280. 3,974,672. 27 27 Unrestricted net assets 5,651,365. 17,263,687. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 8,518,645. 21,238,359. Total net assets or fund balances 33 33 28,141,162. 17.867.190. 34 34 Total liabilities and net assets/fund balances

Form 990 (2017)

| Part X | Balance Sheet |
|--------|----------------------------------------------------------------------------|
| | Check if Schedule O contains a response or note to any line in this Part X |
| | |

Form 990 (2017)

Assets

Liabilities

Net Assets or Fund Balances

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01670711

11 2017.05050 ACHIEVEMENT FIRST INC

13000422 147227 0167071-0179715.0990

| Form | ACHIEVEMENT FIRST INC | 65-12 | 203744 | Page 12 |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|----------------------------|
| Pa | rt XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | |
| 1 2 3 4 5 6 7 8 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments | 1 2 3 4 5 6 7 8 | 57,013 44,293 12,719 8,518 | 8,373. 9,714. 8,645. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 21,238 | 3,359. |
| Pa | rt XII Financial Statements and Reporting | | | 77 |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | X Yes No |
| 1 2a | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: | | - | X |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | v |
| | 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 audited on a separate consolidated basis, or both: X Separate basis Consolidated basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e basis, | <u>2b</u> | X |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | х |
| 3a | If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133? | dule O. | 3a | x |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | x |
| - | | | | |

Form **990** (2017)

12 13000422 147227 0167071-0179715.0990 2017.05050 ACHIEVEMENT FIRST INC 01670711

| SCI | HED | UL | Ε. | Α |
|-----|-----|----|----|---|
|-----|-----|----|----|---|

| (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.

| OMB No. 1545-0047 |
|-------------------|
| 2017 |
| Open to Public |

| Department of Internal Reve | of the Treasury | | | Attach to Form 990 or F | | | | | Open to Public |
|--------------------------------|-------------------|-------------------------|-------------------------|-------------------------------------------------------|------------------|-----------------------------------|---------------------------------------|----------------------------------------|----------------------------|
| | | | ► Go to www.irs.go | v/Form990 for instruction | ons and th | ne latest ir | nformation. | | Inspection |
| Name of | the organization | | | | | | | | identification number |
| Devel | Decem | | EVEMENT FI | | | | | | 5-1203744 |
| Part I | | | | All organizations must co | | | e instructions | S. | |
| The orgar | nization is not a | private found | ation because it is: (I | For lines 1 through 12, c | heck only | one box.) | | | |
| 1 | - | | | on of churches described | | | 1)(A)(i). | | |
| 2 | A school desc | cribed in sect | ion 170(b)(1)(A)(ii).(| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | |
| 3 🔛 | A hospital or a | a cooperative | hospital service orga | anization described in se | ection 170 |)(b)(1)(A)(ii | ii). | | |
| 4 | A medical res | earch organiz | ation operated in co | njunction with a hospital | described | l in sectio | on 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | city, and state | e: | | | | | | | |
| 5 | An organizatio | on operated fo | or the benefit of a co | llege or university owned | l or operat | ed by a go | overnmental u | nit describe | ed in |
| | section 170(| b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 📃 | A federal, stat | te, or local gov | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 X | An organizatio | on that norma | lly receives a substa | ntial part of its support fr | rom a gove | ernmental | unit or from th | ne general p | oublic described in |
| | section 170(b |)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| 8 🔛 | A community | trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | An agricultura | al research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | unction with a | land-grant | college |
| | or university o | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | the college | e or |
| | university: | | | | | | | | |
| 10 | - | | • | than 33 1/3% of its sup | | | | - | - |
| | | | | ct to certain exceptions, | | | | | |
| | | | | (less section 511 tax) fro | om busines | sses acqui | red by the org | anization a | after June 30, 1975. |
| | | | mplete Part III.) | | | | | | |
| | • | - | - | ively to test for public sa | • | | | | |
| 12 | - | - | - | ively for the benefit of, to | | | | - | |
| | | | | ed in section 509(a)(1) o | | | | | Check the box in |
| | _ | - | • • | f supporting organizatior | | - | | - | |
| a 🗌 | | | - | upervised, or controlled | • • • | - | | | |
| | | - | | gularly appoint or elect a | majority c | of the aired | ctors or truste | es of the sl | ipporting |
| ь Г | | | complete Part IV, Se | | | | | ······································ | |
| b 🗌 | | | - | l or controlled in connect | | | - | | - |
| | | • | | anization vested in the sa | ame perso | ns that co | | ye ine supp | Joned |
| c | | | t complete Part IV, | g organization operated | in connoc | tion with | | ly intograte | od with |
| | | - | |). You must complete I | | | | iy integrate | a with, |
| d | | - | | orting organization oper | | | | tod organi- | zation(c) |
| u | | - | | zation generally must sat | | | | - | |
| | | - | | nplete Part IV, Sections | • | | - | anallenin | 1611633 |
| e | | - | - | written determination fro | | | | II Type III | |
| • | | • | | nally integrated supporti | | | , , , , , , , , , , , , , , , , , , , | n, rype m | |
| f Ent | er the number o | 0 | | | 0 0 | | | | |
| | | | about the supporte | | | | | | |
| | (i) Name of suppo | | (ii) EIN | (iii) Type of organization | (iv) Is the orga | anization listed ing document? | (v) Amount of | f monetary | (vi) Amount of other |
| | organization | | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

Schedule A (Form 990 or 990-EZ) 2017 ACHIEVEMENT FIRST INC

65-1203744 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.)

| Sec | ction A. Public Support | | | | | | |
|------|-------------------------------------------------------------------------|------------------------|-----------------------------------------|--------------------------|----------------------------|----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | | 20937868. | 18827529. | 23318462. | 21871823. | 32493326. | 117449008 |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| - | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 20937868. | 18827529. | 23318462. | 21871823. | 32493326. | 117449008 |
| 5 | • | | | | | | |
| · | 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) | | | | | | 23160703. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 94288305. |
| | tion B. Total Support | | | | | | J=200303. |
| | | (=) 2012 | (h) 0014 | (a) 2015 | (4) 2016 | (a) 2017 | |
| | ndar year (or fiscal year beginning in) | (a) 2013 20937868 • | (b) 2014 1 8 8 2 7 5 2 9 | (c) 2015 | (d) 2016 21871823 | (e) 2017 32493326 | (f) Total |
| | | 209570000 | 1002/529. | 23310402. | 210/1023. | 52495520. | 11/449000 |
| ð | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 109,601. | 180,811. | 192,386. | 76,322. | 67,496. | 626,616. |
| | and income from similar sources | 109,001. | 100,011. | 192,300. | 10,322. | 07,490. | 020,010. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | 000 100 | 00 005 | 140 000 | 746 447 | | 252547 |
| | assets (Explain in Part VI.) | 820,130. | 88,225. | 146,000. | 746,447. | | 120601071 |
| | Total support. Add lines 7 through 10 | | <u>.</u> | | | | |
| | Gross receipts from related activities, | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | ,727,490. |
| 13 | First five years. If the Form 990 is for | r the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a sectior | n 501(c)(3) | . — |
| 800 | organization, check this box and stop ction C. Computation of Public | o here | | | | | |
| | | | | | | | |
| | Public support percentage for 2017 (I | | • | ••• | | 14 | 78.18 % |
| | Public support percentage from 2016 | | | | | 15 | 56.34 % |
| 16a | 33 1/3% support test - 2017. If the o | | | | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | | - | | | | |
| b | 33 1/3% support test - 2016. If the o | - | | | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | - 2017. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | ind line 14 is 10% o | or more, |
| | and if the organization meets the "fac | ts-and-circumstand | ces" test, check th | is box and stop h | tere. Explain in Pa | rt VI how the orgar | nization |
| | meets the "facts-and-circumstances" | test. The organizat | ion qualifies as a p | oublicly supported | organization | | ▶∟ |
| b | 10% -facts-and-circumstances test | - 2016. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne "facts-and-circur | mstances" test, ch | eck this box and | stop here. Explair | n in Part VI how the | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization q | ualifies as a public | ly supported organ | nization | ▶∐ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | | | |
| | | | | | Coho | dulo A (Earm 000 | or 000 E7) 0047 |

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990 EZ) 2017 ACHIEVEMENT FIRST INC

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

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(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.)

| Section A. Public Support | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|------------------------|---------------------|------------------|---------------------|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a 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 | | | | | | |
| c 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.) | L | | | | | |
| 14 First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a sectio | n 501(c)(3) orga | anization, |
| check this box and stop here | <u></u> | | | | | > |
| Section C. Computation of Publi | c Support Per | centage | | | | |
| 15 Public support percentage for 2017 (I | ine 8, column (f) di | ivided by line 13, o | column (f)) | | 15 | % |
| 16 Public support percentage from 2016 | | | | | 16 | % |
| Section D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 Investment income percentage for 20 |)17 (line 10c, colur | mn (f) divided by li | ne 13, column (f)) | | 17 | % |
| 18 Investment income percentage from | 2016 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2017. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and lii | ne 17 is not |
| more than 33 1/3%, check this box ar | nd stop here. The | e organization qua | lifies as a publicly | supported organiz | ation | |
| b 33 1/3% support tests - 2016. If the | organization did r | not check a box or | n line 14 or line 19 | a, and line 16 is m | ore than 33 1/3 | %, and |
| line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | anization qualifies | as a publicly supp | orted organizat | ion ► |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ins | structions | |
| 732023 10-06-17 | | | | Sch | edule A (Form | 990 or 990-EZ) 2017 |
| | | 15 | 5 | | | |

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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 (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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

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16

01670711

| | | | 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) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | 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. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 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 supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| <u></u> | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | Y. | N |
| 4 | Ware a majority of the argenization's directors of the stage during the tay year clash a majority of the directors | | 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)? <i>If "No," describe in</i> Part VI <i>how control</i> | | | |
| | | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | tion 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 | | |
| Sec | tion 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 instructions) | • | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions) | | |
| 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 | 0- | | |
| L | that these activities constituted substantially all of its activities. | 2a | | |
| a | 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 | 2b | | |
| 3 | activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. | 20 | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| a | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| 2 | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| 73202 | 5 10-06-17 Schedule A (Form 9 | | 90-EZ) | 2017 |
| | 17 | | | |

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Schedule A (Form 990 or 990-EZ) 2017 ACHIEVEMENT FIRST INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------------------------------------------------------|----|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the erganization's first as a pop functional | | | |

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) 2017

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Schedule A (Form 990 or 990 EZ) 2017 ACHIEVEMENT FIRST INC

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

Schedule A (Form 990 or 990-EZ) 2017

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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, LINE 10, EXPLANATION FOR OTHER INCOME:

| OTHER | |
|------------------|-------------------------------------|
| 2013 AMOUNT: \$ | 820,130. |
| 2014 AMOUNT: \$ | 15,725. |
| LEGAL SERVICES | |
| 2014 AMOUNT: \$ | 72,500. |
| 2015 AMOUNT: \$ | 146,000. |
| MISCELLANEOUS IN | ICOME |
| 2016 AMOUNT: \$ | 2,447. |
| 2017 AMOUNT: \$ | 41,645. |
| CURRICULUM DEVEI | JOPMENT REVENUE |
| 2016 AMOUNT: \$ | 744,000. |
| 2017 AMOUNT: \$ | 683,000. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 732028 10-06-17 | Schedule A (Form 990 or 990-EZ) 201 |

SCHEDULE C Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

ZU1/ Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization

| Name of organization Employer identification nur | | | | | | | on number | |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------|--------------------------|----------------------|---------|----------------------------------|-------|
| | ACHIEVEMENT FIRST INC | | | | | | 65-1203 | 744 |
| Pa | art I-A | Complete if the org | anization is exempt under | section 501(c) or | r is a section 52 | ?7 org | anization. | |
| | | | | | | | | |
| 1 | 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. | | | | | | | |
| 2 Political campaign activity expenditures | | | | | | | | |
| 3 | 3 Volunteer hours for political campaign activities | | | | | | | |
| D | art I-B | Complete if the ora | anization is exempt under | section 501(c)(3) | | | | |
| - | | · · · | • | . , . , | | | | |
| 1 | | • | incurred by the organization under | | | | | |
| 2 | | | incurred by organization managers | | | | | |
| 3 | 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? | | | | | | | No No |
| | - | | | | | | Yes | No |
| _ | art I-C | describe in Part IV. | anization is exempt under | section 501(c) | vcent section 5 | 01(c) | (3) | |
| | | | • | | | | | |
| 1 | | | by the filing organization for section | | | . 🏲 🖣 _ | | |
| 2 | | | ization's funds contributed to other | • | | | | |
| | | | | | | ►\$_ | | |
| 3 | | | . Add lines 1 and 2. Enter here and | | | ς. | | |
| | | | | | | | | |
| 4 | | | 1120-POL for this year? | | | | Yes | No |
| 5 | | | nployer identification number (EIN) | - | - | | | |
| | made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political | | | | | | | |
| | contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a | | | | | | | |
| | political a | action committee (PAC). If | additional space is needed, provide | e information in Part IV | /. | | | |
| | | (a) Name | (b) Address | (c) EIN | (d) Amount paid f | | (e) Amount o | |
| | | | | | filing organizatio | | contributions re promptly and | |
| | | | | | funds. If none, ente | ər -U | delivered to a | |

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

Schedule C (Form 990 or 990-EZ) 2017

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| Schedule C (Form 990 or 990-EZ) 2017 ACHIEVEMENT FIRST INC 65-1203744 Page 2 | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------|------------------------|------------------|--|--|--|
| Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under | | | | | | | | |
| section 501(h)). | | | | | | | | |
| A Check b if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, | | | | | | | | |
| expenses, and share of | excess lobbying e | expenditures). | | | | | | |
| B Check 🕨 🔄 if the filing organization | checked box A ar | nd "limited control" pro | ovisions apply. | I | 1 | | | |
| | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | | | | | | |
| 1a Total lobbying expenditures to influence | e public opinion (| grass roots lobbying) | | | | | | |
| b Total lobbying expenditures to influence | | | | | | | | |
| c Total lobbying expenditures (add lines | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | |
| e Total exempt purpose expenditures (a | | n | | | | | | |
| f Lobbying nontaxable amount. Enter th | e amount from the | e following table in bot | h columns. | | | | | |
| If the amount on line 1e, column (a) or (b) | is: The lob | bying nontaxable am | ount is: | | | | | |
| Not over \$500,000 | | the amount on line 1e. | | | | | | |
| Over \$500,000 but not over \$1,000,00 | 0 \$100,00 | 00 plus 15% of the exc | ess over \$500,000. | | | | | |
| Over \$1,000,000 but not over \$1,500,0 | 000 \$175,00 | 00 plus 10% of the exc | ess over \$1,000,000. | | | | | |
| Over \$1,500,000 but not over \$17,000 | | 00 plus 5% of the exce | | | | | | |
| Over \$17,000,000 | \$1,000, | | . , , | | | | | |
| | · · / / | | | | | | | |
| g Grassroots nontaxable amount (enter 2 | 25% of line 1f) | | | | | | | |
| h Subtract line 1g from line 1a. If zero or | less, enter -0- | | | | | | | |
| i Subtract line 1f from line 1c. If zero or | less, enter -0- | | | | | | | |
| j If there is an amount other than zero o | | | | | | | | |
| reporting section 4911 tax for this year | | | | | Yes No | | | |
| | 4-Year Ave | eraging Period Under | section 501(h) | | | | | |
| (Some organizations that | | 01(h) election do not ate instructions for lin | | of the five columns be | elow. | | | |
| | Lobbying Expe | nditures During 4-Yea | ar Averaging Period | | - | | | |
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total | | | |
| 2a Lobbying nontaxable amount | | | | | | | | |
| b Lobbying ceiling amount | | | | | | | | |
| (150% of line 2a, column(e)) | | | | | | | | |
| | | | | | | | | |
| c Total lobbying expenditures | | | | | | | | |
| | | | | | | | | |
| d Grassroots nontaxable amount | | | | | | | | |
| e Grassroots ceiling amount | | | | | | | | |
| (150% of line 2d, column (e)) | | | | | | | | |
| f Grassroots lobbying expenditures | | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2017

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65-1203744 Page 3

Schedule C (Form 990 or 990-EZ) 2017 ACHIEVEMENT FIRST INC 65-12037 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | | (a) | | (b) | | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|---------------------------------------|---------|--|
| | e lobbying activity. | Yes | No | Amo | ount | |
| 1 | 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: | | X | | | |
| a | Volunteers? | x | | | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | x | | | |
| C | Media advertisements? | | X | | | |
| | Mailings to members, legislators, or the public? | | X | | | |
| | Publications, or published or broadcast statements? | | X | | | |
| | Grants to other organizations for lobbying purposes? | | X | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | x | A | 01 | L,660. | |
| | Other activities? | A | | | L,660. | |
| | Total. Add lines 1c through 1i | | X | ر و | 1,000. | |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | A | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4) | n 501(c)(| 5), or sec | tion | | |
| | 501(c)(6). | | | Ma a | N | |
| | | | | Yes | No | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from th t III-B Complete if the organization is exempt under section 501(c)(4), sectio | | | tion | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | | | | e 3, is | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). | cal | | | | |
| а | Current year | | 2a | | | |
| | Carryover from last year | | | | | |
| | Total | | | | | |
| 3 | | | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | | | | | |
| • | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | | | | | |
| | expenditure next year? | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| | t IV Supplemental Information | | | | | |
| | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list): Part II | A. lines 1 a | nd 2 (see | | |
| instru | uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES: | ,, | , | , , , , , , , , , , , , , , , , , , , | | |
| THE | E ORGANIZATION HAS STAFF MEMBERS WHO ENGAGE IN VARIO | US FOI | RMS OF | | | |
| LOI | BYING TO FURTHER THE CAUSE OF CHARTER SCHOOLS IN NE | W YORI | K AND | | | |
| <u>C01</u> | CONNECTICUT. IT ALSO HAS A CONTRACT WITH RICAN FOR LOBBYING ACTIVITY IN | | | | | |
| RHO | DDE ISLAND. | | | | | |
| | | | | | | |

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Schedule C (Form 990 or 990-EZ) 2017

| 90 | HEDULE D | | OMB No. 1545-0047 | | | | |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| | n 990) | | II Financial Statements anization answered "Yes" on Form 990, | | 2 0 ⁻ | 17 | |
| | , | Part IV, line 6, 7, 8, 9, 10, | 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. | | Open to | Public | |
| ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | |
| Nam | e of the organization | | | Emplo | yer identification | | |
| De | | ACHIEVEMENT FIRST I | | | 65-12037 | | |
| Pa | | _ | d Funds or Other Similar Funds or Ac | counts | Complete if the second se | ie | |
| | organizatio | n answered "Yes" on Form 990, Part IV, line I | | | and ather access | | |
| | - | | (a) Donor advised funds | b) Funds | and other accou | nis | |
| 1 | | d of year | | | | | |
| 2 | | contributions to (during year) | | | | | |
| 3 | | grants from (during year) | | | | | |
| 4 | | end of year | · · · · · · | | | | |
| 5 | - | | vriting that the assets held in donor advised func | | Yes | No | |
| 6 | | | exclusive legal control? dvisors in writing that grant funds can be used o | | | | |
| 6 | • | c | donor advisor, or for any other purpose conferm | | | | |
| | impermissible priva | | donor advisor, or for any other purpose comern | J. J | Yes | No | |
| Pa | | | anization answered "Yes" on Form 990, Part IV, | | | | |
| | Protection o | of land for public use (e.g., recreation or ed natural habitat of open space | ducation) Preservation of a historically Preservation of a certified hi | • | | | |
| 2 | Complete lines 2a | through 2d if the organization held a qualifi | ed conservation contribution in the form of a co | nservatio | n easement on th | e last | |
| | day of the tax year | | | H | eld at the End of th | e Tax Year | |
| а | Total number of co | nservation easements | | 2a | | | |
| b | • | | | 2b | | | |
| С | | | icture included in (a) | 2c | | | |
| d | | | fter 7/25/06, and not on a historic structure | | | | |
| _ | | | | 2d | | | |
| 3 | | ation easements modified, transferred, rele | eased, extinguished, or terminated by the organi | zation du | ring the tax | | |
| - | year | <u> </u> | | | | | |
| 4 | | where property subject to conservation eas | | | | | |
| 5 | | ion have a written policy regarding the peri | | | | | |
| c | , | procement of the conservation easements it | | | | | |
| 6 | | fiburs devoted to morntoning, inspecting, i | nandling of violations, and enforcing conservatio | ii easeine | ents during the ye | ai | |
| 7 | Amount of expens | | ling of violations, and enforcing conservation eas | comonte (| during the year | | |
| ' | ► \$ | es incurred in monitoring, inspecting, nandi | ing of violations, and emotioning conservation eas | Sements | during the year | | |
| 8 | | ration easement reported on line 2(d) above | e satisfy the requirements of section 170(h)(4)(B) | (i) | | | |
| - | | | | | Yes | No | |
| 9 | | | on easements in its revenue and expense statem | | ···· <u> </u> | | |
| - | | - | ion's financial statements that describes the orga | | | | |
| | conservation ease | | | | 5.5 | | |
| Pa | | | Art, Historical Treasures, or Other S | imilar / | Assets. | | |
| | Complete if | the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | |
| 1a | If the organization | elected, as permitted under SFAS 116 (AS | C 958), not to report in its revenue statement an | d balance | e sheet works of a | art, | |

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| | treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts |
| | relating to these items: |
| | |

| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ | | | |
|-----|-------------------------------------------------------------------------------------------------|--|----------------------------|--|--|--|
| | (ii) Assets included in Form 990, Part X | | \$ | | | |
| 2 | | | | | | |
| | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ | | | |
| b | Assets included in Form 990, Part X | | \$ | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | Schedule D (Form 990) 2017 | | | |

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30

| Sche | | MENT FIRST | | | | | | <u>65-12</u> | | | |
|--------|---------------------------------------------------------------------------------|------------------------|---------------|----------------|----------------|-------------|-------------|---------------|--------------|---------|----------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, His | torical Tre | easures, or | Other | Simila | r Assets | conti | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, chec | k any of the | following that | are a sig | nificant u | ise of its c | ollectior | , items | S |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | 1 🗌 | Loan or exc | hange progra | ms | | | | | |
| b | Scholarly research | e | , | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explair | n how t | hey further th | ne organizatio | n's exem | npt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations of | of art, h | istorical trea | sures, or othe | r similar : | assets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | ete if th | e organizatio | on answered " | Yes" on | Form 990 |), Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | | | | | | | _ | _ | _ |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | llowing | table: | | | | | | | |
| | | | | | | | | | Amour | ıt | |
| С | Beginning balance | | | | | | | | | | |
| d | Additions during the year | | | | | | | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1 f | | | | |
| | Did the organization include an amount on Fe | | | | | | ty? | L | Yes | | |
| Par | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Fai | t V Endowment Funds. Complete i | | | | | | | | () F | | <u> </u> |
| | | (a) Current year | (b) | Prior year | (c) Two year | s back | (d) Three y | /ears back | (e) Fou | r years | 5 Dack |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| c | 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 | | | | <u> </u> | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | e (line 1 | lg, column (a |)) held as: | | | | | | |
| a | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c sho | | | - 4 | | | | | | | |
| за | Are there endowment funds not in the posse | ssion of the organiza | ation th | at are held a | nd administere | ed for the | e organiza | ation | | V | |
| | by: | | | | | | | | 0-(1) | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| h | (ii) related organizations If "Yes" on line 3a(ii), are the related organiza | tiona liatod oo roquir | | | | | | | 3a(ii) 3b | | + |
| U A | Describe in Part XIII the intended uses of the | | | | | | | | | | <u> </u> |
| Par | t VI Land, Buildings, and Equipm | <u>u</u> | witterit | iunus. | | | | | | | |
| | Complete if the organization answere | |) Part I | V line 11a S | See Form 990 | Part X I | ine 10 | | | | |
| | Description of property | (a) Cost or c | | | t or other | | cumulate | bd | (d) Boc | | |
| | Description of property | basis (investr | | | (other) | • • | preciation | | | n vait | 10 |
| 19 | Land | | | 2.510 | · ····/ | | | | | | |
| b | LandBuildings | | | | | | | | | | |
| | Leasehold improvements | | | 86 | 3,651. | 6 | 530,4 | 78. | 23 | 3.1 | 73. |
| d | Equipment | | | | 5,062. | | 322,5 | | | | 44. |
| | Other | | | | 0,310. | | 28,2 | | | | 94. |
| | Add lines 1a through 1e. (Column (d) must e | | X colu | | | | - | | | - | 11. |
| | | quari onn 330, Fall | <u>, coiu</u> | ישי וווופ ו | <u>vv</u> , | <u></u> | | Schedule | | | |

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|----------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|------------------------------------------------------------------|----------------|
| (1) DUE FROM SCHOOLS | 2,279,969. |
| (2) SECURITY DEPOSIT | 51,458. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990 Part X col. (B) line 15.) | 2,331,427. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| (2) DUE TO SCHOOLS | 1,423,270. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,423,270. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🛽 🛣

Schedule D (Form 990) 2017

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| Sche | dule D (Form 990) 2017 ACHIEVEMENT FIRST INC | | | | | | 1203/ | 44 | Page 4 |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------|---------|--------|----------------------------|--------------------|---------------------|---------------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | ents Wi | th Rev | enue pe | r Retu | irn. | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | | L | 1 | <u>45,3</u> | <u>, 819</u> | 011. |
| 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 | | | | | | | |
| с | Recoveries of prior year grants | . 2c | | | | | | | |
| d | Other (Describe in Part XIII.) | . 2d | -11, | 694,0 | 76. | | | | |
| е | Add lines 2a through 2d | | | | [: | 2e - | <u>-11,6</u> | | |
| 3 | Subtract line 2e from line 1 | | | | L | 3 | <u>57,0</u> |)13, | 087. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | | | | | |
| L. | Other (Describe in Part XIII.) | . 4b | | | | | | | |
| D | | | | | | 4c | | | Ο. |
| D C | Add lines 4a and 4b | | | | | | | | |
| с 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) | | | | | 5 | |)13, | 087. |
| с 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | ents W | | | | 5 | |)13, | 087. |
| с 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ents W | /ith Exp | oenses | per Re | 5 | n. | | |
| с 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | ents W | /ith Exp | oenses | per Re | 5 | n. | | 087. 297. |
| c 5 Pa | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ents W | /ith Exp | oenses | per Re | 5 eturr | n. | | |
| с 5 Ра | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements | ents W | /ith Exp | oenses | per Re | 5 eturr | n. | | |
| c 5 Par 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | ients W | /ith Exp | oenses | per Re | 5 eturr | n. | | |
| c 5 Pai 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | ents W a. <u>2a</u> <u>2b</u> | /ith Exp | oenses | per Re | 5 eturr | n. | | |
| c 5 Par 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b 2c | /ith Exp | oenses | per Re | 5 eturr | n. | | |
| c 5 Par 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c 2d | /ith Exp | penses | per Re | 5 eturr | n. 32,5 | 599, | <u>297.</u> 0. |
| c 5 Par 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | /ith Exp | penses | | 5 eturr | n. 32,5 | 599, | |
| c 5 Pai 1 2 a b c d e | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.) | 2a 2b 2c 2d | /ith Exp | penses | | 5 eturn 1 2e | n. 32,5 | 599, | <u>297.</u> 0. |
| c 5 Pai 1 2 a b c d e 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | /ith Exp | penses | | 5 eturn 1 2e | n. 32,5 | 599, | <u>297.</u> 0. |
| c 5 Pai 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d | /ith Exp | penses | | 5 eturn 1 2e | n. 32,5 32,5 | <u>599,</u> | <u>0.</u> 297. |
| c 5 Pai 1 2 a b c d e 3 4 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 2d | /ith Exp | 694,0 | 76. | 5 eturn 1 2e | n. 32,5 32,5 | <u>599,</u> 599, | <u>0.</u> 297. 297. |
| c 5 Par 1 2 a b c d e 3 4 a b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 4a 4b | /ith Exp | 694,0 | 76. | 5 eturr 1 2e 3 | n. 32,5 32,5 | <u>599,</u> 599, | <u>0.</u> 297. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

AF HAS NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2018. AF'S FEDERAL TAX

RETURNS PRIOR TO FISCAL YEAR 2015 ARE CLOSED AND MANAGEMENT CONTINUALLY

EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS,

CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

IF APPLICABLE, AF WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH

TAX MATTERS AS PART OF MANAGEMENT AND GENERAL EXPENSES IN THE STATEMENT OF

ACTIVITIES AND CHANGES IN NET ASSETS AND INCLUDE ACCRUED INTEREST AND

PENALTIES IN ACCRUED EXPENSES IN THE STATEMENT OF FINANCIAL POSITION. AF

DID NOT RECOGNIZE ANY INTEREST OR PENALTIES ASSOCIATED WITH TAX MATTERS

33

FOR THE YEAR ENDED JUNE 30, 2018.

732054 10-09-17

| | (Form 990) 2017 | ACHIEVEMENT | FIRST | INC |
|-----------|-----------------|-------------------------|-------|-----|
| Part XIII | Supplemental | Information (continued) | | |

| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
|----------------------------------------|----------------------------|
| GRANTS TO SCHOOLS | -11,694,076. |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| GRANTS TO SCHOOLS | 11,694,076. |
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| 732055 10-09-17 34 | Schedule D (Form 990) 2017 |

| SCHEDULE I (Form 990) | Go | irants and Oth vernments, an ete if the organization | d Individual | s in the Ŭni | ted States | | OMB No. 1545-0047 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------|---------------------------------|------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------|
| Department of the Treasury | Compl | ete ir the organization | Attach to For | | 1 IV, line 2 I of 22. | | Open to Public |
| Internal Revenue Service | | Go to www.ir | s.gov/Form990 fo | | nation. | | Inspection |
| Name of the organization ACHIEVEME | NT FIRST | INC | | | | | Employer identification number 65-1203744 |
| Part I General Information on Grants a | nd Assistance | | | | | | |
| Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- | tance? | | | | | | on X Yes No |
| Part II Grants and Other Assistance to | Domestic Organiz | ations and Domestic | Governments. C | complete if the org | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| recipient that received more than \$ | 5,000. Part II can | be duplicated if addition | onal space is need | ed. | | | |
| 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 |
| ACHIEVEMENT FIRST BRIDGEPORT ACADEMY - 403 JAMES STREET - NEW HAVEN, CT 06513 | 37-1543858 | 501(C)(3) | 1,476,413. | 0. | | | TO SUPPORT THE GENERAL OPERATING EXPENSES OF THE SCHOOL. |
| ACHIEVEMENT FIRST BROOKLYN CHARTER SCHOOL - 403 JAMES STREET - NEW HAVEN, CT 06513 | 20-5118947 | 501(C)(3) | 15,020. | 0. | | | TO SUPPORT THE GENERAL OPERATING EXPENSES OF THE SCHOOL. |
| ACHIEVEMENT FIRST HARTFORD ACADEMY 495 BLAKE STREET NEW HAVEN, CT 06515 | 26-2236909 | 501(C)(3) | 2,572,500. | 0. | | | TO SUPPORT THE GENERAL OPERATING EXPENSES OF THE SCHOOL. |
| ACHIEVEMENT FIRST RHODE ISLAND INC. – 495 BLAKE STREET – NEW HAVEN, CT 06515 | 46-1986417 | 501(C)(3) | 712,285. | 0. | | | TO SUPPORT THE GENERAL OPERATING EXPENSES OF THE SCHOOL. |
| AMISTAD ACADEMY, INC. 495 BLAKE STREET NEW HAVEN, CT 06515 | 06-1546695 | 501(C)(3) | 1,904,364. | 0. | | | TO SUPPORT THE GENERAL OPERATING EXPENSES OF THE SCHOOL. |
| ELM CITY COLLEGE PREPARATORY, INC 495 BLAKE STREET NEW HAVEN, CT 06515 | 20-5196171 | 501(C)(3) | 3,128,913. | 0. | | | TO SUPPORT THE GENERAL OPERATING EXPENSES OF THE SCHOOL. |
| 2 Enter total number of section 501(c)(3) a | nd government org | ganizations listed in the | e line 1 table | | | · | ► 6. |
| 3 Enter total number of other organizations | s listed in the line 1 | I table | | | | | |

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

ACHIEVEMENT FIRST INC

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.

| (a) Type of grant or assistance | (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 noncash assistance |
|------------------------------------------|--------------------------|---------------------------------|---------------------------------------|----------------------------------------------------------|---------------------------------------|
| | | | | | |
| SCHOLARSHIP TO ATTEND UNIVERSITY PROGRAM | 4 | 10,248. | 0. | FMV | |
| | | | | | |
| | | | | | |
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS GIVEN TO THE SCHOOLS ARE FOR OPERATING AND FACILITY

ACQUISITION/RENOVATION EXPENSES. ACHIEVEMENT FIRST, INC. PLAYS AN OVERSIGHT

ROLE FOR EACH SCHOOL IN MONITORING THE USE OF GRANT FUNDS.

| sc | HEDULE J | Compensation Information | | | OMB No. 1 | 1545-004 | 47 |
|-------|----------------------------------------------|----------------------------------------------------------------------------------------|---------------------|-----------|---------------|----------|------|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and I | Highest | | 00 | 47 | , |
| - | - | Compensated Employees | | | 20 | 1/ | |
| Deres | | Complete if the organization answered "Yes" on Form 990, Part I Attach to Form 990. | v , line 23. | | Open to | Publ | ic |
| | rtment of the Treasury al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest info | ormation. | | Inspe | ction | |
| Nan | ne of the organizatio | 1 | | Employer | identificatio | on nui | mber |
| | | ACHIEVEMENT FIRST INC | | 65-3 | 120374 | 4 | |
| Pa | rt I Question | s Regarding Compensation | | | | | |
| | | | | | | Yes | No |
| 1a | Check the appropri | ate box(es) if the organization provided any of the following to or for a person list | ed on Form | 990, | | | |
| | Part VII, Section A, | line 1a. Complete Part III to provide any relevant information regarding these iten | ıs. | | | | |
| | First-class or d | harter travel Housing allowance or residence | ce for perso | nal use | | | |
| | Travel for com | panions Payments for business use of | personal res | sidence | | | |
| | Tax indemnific | ation and gross-up payments Health or social club dues or i | nitiation fees | 6 | | | |
| | | spending account Personal services (such as, ma | aid, chauffei | ur, chef) | | | |
| | | | | | | | |
| b | If any of the boxes | on line 1a are checked, did the organization follow a written policy regarding payr | ment or | | | | |
| | • | rovision of all of the expenses described above? If "No," complete Part III to expl | La 1 | | 1b | | |
| 2 | Did the organization | n require substantiation prior to reimbursing or allowing expenses incurred by all | | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a | ? | | 2 | | |
| | | | | | | | |
| 3 | Indicate which, if a | ny, of the following the filing organization used to establish the compensation of t | he organiza | tion's | | | |
| | CEO/Executive Dire | ector. Check all that apply. Do not check any boxes for methods used by a related | d organizatio | on to | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | - | | | | |
| | X Compensation | committee X Written employment contract | | | | | |
| | | ompensation consultant Compensation survey or study | / | | | | |
| | Form 990 of o | ther organizations X Approval by the board or com | | ommittee | | | |
| | | | | | | | |
| 4 | During the year, did | l any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fi | ling | | | | |
| | organization or a re | lated organization: | | | | | |
| а | Receive a severance | e payment or change-of-control payment? | | | 4a | | X |
| b | Participate in, or re | ceive payment from, a supplemental nonqualified retirement plan? | | | 4b | | X |
| с | Participate in, or re | ceive payment from, an equity-based compensation arrangement? | | | 4c | | X |
| | If "Yes" to any of lir | nes 4a-c, list the persons and provide the applicable amounts for each item in Par | t III. | | | | |
| | | | | | | | |
| | Only section 501(c |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | | |
| 5 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c | ompensatio | n | | | |
| | contingent on the r | evenues of: | | | | | |
| а | The organization? | | | | <u>5</u> a | | X |
| | | ation? | | | | | X |
| | | or 5b, describe in Part III. | | | | | |
| 6 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c | ompensatio | n | | | |
| | contingent on the r | et earnings of: | | | | | |
| а | The organization? | | | | <u>6a</u> | | X X |
| b | | ation? | | | | | X |
| | | or 6b, describe in Part III. | | | | | |
| 7 | For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe | d payments | | | | |
| | not described on lir | nes 5 and 6? If "Yes," describe in Part III | | | 7 | Х | |
| 8 | Were any amounts | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was | subject to th | е | | | |
| | initial contract exce | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part | III | | 8 | | X |
| 9 | If "Yes" on line 8, d | id the organization also follow the rebuttable presumption procedure described ir | า | | | | |
| | Regulations section | 1 53.4958-6(c)? | | | 9 | | |
| LHA | | eduction Act Notice, see the Instructions for Form 990. | | | dule J (Forn | n 990) | 2017 |

732111 10-17-17

65-1203744

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.

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MIS | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|---------------------------|------|--------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------|-------------------------|------------------------------------|-------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denents | (B)(I)-(D) | reported as deferred on prior Form 990 |
| (1) DACIA TOLL | (i) | 270,503. | 20,000. | 180. | 2,500. | 8,946. | 302,129. | 0. |
| CO-CEO AND PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DOUGLAS MCCURRY | (i) | 268,160. | 20,000. | 180. | 2,500. | 18,956. | 309,796. | 0. |
| CO-CEO AND SUPERINTENDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) VICTOR DE LA PAZ | (i) | 193,920. | 0. | 120. | 2,500. | 0. | 196,540. | 0. |
| CHIEF FINANCIAL OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) AMY D'ANGELO | (i) | 190,038. | 0. | 120. | 2,500. | 17,667. | 210,325. | 0. |
| REGIONAL SUPERINTENDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) CHI YOUNG TSCHANG | (i) | 192,561. | 0. | 120. | 2,500. | 16,483. | 211,664. | 0. |
| REGIONAL SUPERINTENDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) MAX KOLTUV | (i) | 202,434. | 0. | 120. | 2,500. | 15,515. | 220,569. | 0. |
| REGIONAL SUPERINTENDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) RALPH HARRIS FERRELL | (i) | 212,849. | 0. | 180. | 2,500. | 22,278. | 237,807. | 0. |
| CHIEF OPERATING OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) THOMAS KAISER | (i) | 195,698. | 0. | 127. | 2,500. | 6,446. | 204,771. | 0. |
| CHIEF TALENT OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2017

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.

PART I, LINE 7:

SOME OF THE INDIVIDUALS LISTED ON FORM 990, PART VII, RECEIVED BONUSES.

THESE AMOUNTS WERE APPROVED BY THE BOARD AND INCLUDED IN THE INDIVIDUALS

W-2S.

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ 2017 Open to Public Inspection Employer identification number

OMB No. 1545-0047

ACHIEVEMENT FIRST INC

65-1203744

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NETWORK OF K-12 PUBLIC CHARTER SCHOOLS IN CONNECTICUT, RHODE ISLAND,

AND NEW YORK. THE NETWORK OF SCHOOLS FOCUSES ON PROVIDING STUDENTS WITH

THE ACADEMIC AND CHARACTER SKILLS THEY NEED TO GRADUATE FROM TOP

COLLEGES, TO SUCCEED IN A COMPETITIVE WORLD, AND TO SERVE AS THE NEXT

GENERATION OF LEADERS OF THEIR COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEY NEED TO GRADUATE FROM TOP COLLEGES, TO SUCCEED IN A COMPETITIVE

WORLD, AND TO SERVE AS THE NEXT GENERATION OF LEADERS OF THEIR

COMMUNITIES.

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

FORM 990 IS GIVEN TO THE BOARD CHAIR WHO REVIEWS IT ON BEHALF OF THE BOARD

PRIOR TO SUBMISSION TO THE IRS. FORM 990 IS ALSO REVIEWED BY THE CONTROLLER PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED ANNUALLY, TO DISCLOSE CONFLICTS OF INTEREST.

VENDORS AND OTHER MAJOR CONTRACTORS ARE REQUIRED TO ENSURE THERE ARE NO

CONFLICTS OF INTEREST.

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

13000422 147227 0167071-0179715.0990

THE CONCERNED PARTY'S SALARIES ARE DETERMINED THROUGH COMPARISON TO SIMILAR

ORGANIZATIONS AND REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

| Schedule O (Form 990 or 990-EZ) (2017) Name of the organization | Page Employer identification number |
|--------------------------------------------------------------------|----------------------------------------|
| ACHIEVEMENT FIRST INC | 65-1203744 |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| ALL THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AT | NO COST TO THE PUBLIC. |
| THE ORGANIZATION'S FORM 990 IS AVAILABLE BOTH UPON | N REQUEST AND ON THE |
| WEBSITE WWW.GUIDESTAR.ORG. | |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR. | |
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| | |

(Rev. January 2017)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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/efile, click on Charities & Non-Profits, and click on 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.

| | | | | Enter file | er's identifyi | ng number |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------|--------------------------|--------------------------------|------------------------------------|
| Type or print | Name of exempt organization or other filer, see instruct | Employe | r identificatio | n number (EIN) or | | |
| print | ACHIEVEMENT FIRST INC | | 65-12 | 03744 | | |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, so | Social se | curity numbe | | | |
| instruction | | oreign addi | ress, see instructions. | | | |
| Enter th | e Return Code for the return that this application is for (file | e a separat | te application for each return) | | | |
| Applica | tion | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 99 | 00 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 99 | 00-BL | 02 | Form 1041-A | | | 08 |
| Form 47 | '20 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 99 | 00-PF | 04 | Form 5227 | | | 10 |
| Form 99 | 00-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 99 | 0-T (trust other than above) GAYLORD BOURNE , | 06 | Form 8870 | | | 12 |
| If this box | e organization does not have an office or place of business is for a Group Return, enter the organization's four digit (| Group Exe] and atta | | f this is fo all memb | r the whole g ers the exter | group, check this nsion is for. |
| fo | r the organization named above. The extension is for the o | organizatio | n's return for: d ending <u>JUN 30, 2018</u> | Final retur | | |
| 3a If | this application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6069, e | enter the tentative tax, less any | | | |
| n | onrefundable credits. See instructions. | | | 3a | \$ | 0. |
| b If | this application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter any | refundable credits and | | | |
| es | stimated tax payments made. Include any prior year overp | ayment all | owed as a credit. | 3b | \$ | 0. |
| сB | alance due. Subtract line 3b from line 3a. Include your pa | yment witl | h this form, if required, | | | |
| by | / using EFTPS (Electronic Federal Tax Payment System). | See instruc | ctions. | 3c | \$ | 0. |
| Caution instructi | : If you are going to make an electronic funds withdrawal ons. | (direct det | bit) with this Form 8868, see Form 84 | 53-EO an | d Form 8879 | -EO for payment |
| LHA | For Privacy Act and Paperwork Reduction Act Notice, | see instru | ictions. | | Form 8 | 3868 (Rev. 1-2017) |

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