

JONES MARESCA & MCQUADE PA  
1730 RHODE ISLAND AVENUE, NW, SUITE 800  
WASHINGTON, DC 20036

May 14, 2019

Meridian Public Charter School  
2120 13th Street NW  
Washington, DC 20009-4824

Meridian Public Charter School:

Enclosed are the organization's 2017 Exempt Organization returns and 2018 estimated tax payments information. The paper filed return(s) should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. The return has been transmitted electronically to the IRS and no further action is required.

FORM 990-T RETURN:

Form 990-T has a balance due of \$2,337.

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at [www.eftps.gov](http://www.eftps.gov) or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

The 990-T return includes a penalty for underpayment of estimated tax from Form 2220 of \$83.

Please sign and mail on or before May 15, 2019.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

ESTIMATED TAX PAYMENTS FOR FORM 990-T:

For your reference we have listed all estimated tax payments and their original due dates below.

Installment No. 1 by 10/15/18 .....	\$570
Installment No. 2 by 12/17/18 .....	\$570
Installment No. 3 by 03/15/19 .....	\$570
Installment No. 4 by 06/17/19 .....	\$570

Payments should be made using the Electronic Federal Tax Payment System (EFTPS). Taxpayers can make deposits online at [www.eftps.gov](http://www.eftps.gov) or by calling EFTPS Customer Service at 1-800-555-4477. For deposits made by EFTPS to be on time, the organization must initiate the transaction during business hours at least 1 business day before the date the deposit is due. If you are using ACH Credit or Same-Day Fedwire methods, please check with the appropriate financial institution for the deadline to ensure timely transmission of funds.

The District of Columbia Form D-20 should be mailed on or before ~~April~~ 15, 2019 to:

*May*

Office of Tax and Revenue  
P.O. Box 96166  
Washington, DC 20090-6166

Enclose a check or money order for \$1,048.00, payable to D.C. Treasurer. Include Form D-20P SUB Payment voucher with your return.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

JONES MARESCA & MCQUADE PA

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

## 2017

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number (Employees' trust, see instructions.)
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		<b>MERIDIAN PUBLIC CHARTER SCHOOL</b>	<b>52-2131742</b>
		Number, street, and room or suite no. If a P.O. box, see instructions.	<b>E</b> Unrelated business activity codes (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code	
		<b>2120 13TH STREET NW</b>	<b>900099</b>
		<b>WASHINGTON, DC 20009-4824</b>	
<b>C</b> Book value of all assets at end of year <b>19,911,640.</b>	<b>F</b> Group exemption number (See instructions.) ▶		
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			
<b>H</b> Describe the organization's primary unrelated business activity. ▶ <b>SEE STATEMENT 1</b>			
<b>I</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶			
<b>J</b> The books are in care of ▶ <b>THE ORGANIZATION</b> Telephone number ▶ <b>202-387-9830</b>			

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) <b>STATEMENT 2</b>	12	13,536.	13,536.
13	<b>Total.</b> Combine lines 3 through 12	13	13,536.	13,536.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)		(A) Income		(B) Expenses	(C) Net
14	Compensation of officers, directors, and trustees (Schedule K)	14			
15	Salaries and wages	15			
16	Repairs and maintenance	16			
17	Bad debts	17			
18	Interest (attach schedule)	18			
19	Taxes and licenses	19			
20	Charitable contributions (See instructions for limitation rules)	20			
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion	23			
24	Contributions to deferred compensation plans	24			
25	Employee benefit programs	25			
26	Excess exempt expenses (Schedule I)	26			
27	Excess readership costs (Schedule J)	27			
28	Other deductions (attach schedule)	28			
29	<b>Total deductions.</b> Add lines 14 through 28	29			0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30			13,536.
31	Net operating loss deduction (limited to the amount on line 30)	31			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32			13,536.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33			1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34			12,536.

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **SEE STATEMENT 3** 35c 2,254.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions 37**38 Alternative minimum tax** 38**39 Tax on Non-Compliant Facility Income.** See instructions 39**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 2,254.**Part IV Tax and Payments****41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) 41a

b Other credits (see instructions) 41b

c General business credit. Attach Form 3800 41c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d

e **Total credits.** Add lines 41a through 41d 41e**42 Subtract line 41e from line 40** 42 2,254.**43 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 43**44 Total tax.** Add lines 42 and 43 44 2,254.**45a Payments:** A 2016 overpayment credited to 2017 45a

b 2017 estimated tax payments 45b

c Tax deposited with Form 8868 45c

d Foreign organizations: Tax paid or withheld at source (see instructions) 45d

e Backup withholding (see instructions) 45e

f Credit for small employer health insurance premiums (Attach Form 8941) 45f

g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total 45g**46 Total payments.** Add lines 45a through 45g 46**47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐ 47 83.**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed 48 2,337.**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49**50 Enter the amount of line 49 you want:** Credited to 2018 estimated tax Refunded 50**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ☐ Yes ☒ No

**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ☐ Yes ☒ No

**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title **CHAIRMAN**

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid Preparer Use Only**

Print/Type preparer's name **LISA CHEIFETZ** Preparer's signature *Lisa Cheifetz* Date **5/15/19** Check ☐ if self-employed PTIN **P01444196**

Firm's name **JONES MARESCA & MCQUADE PA** Firm's EIN **52-1853933**

Firm's address **1730 RHODE ISLAND AVE, N.W., SUITE 8 WASHINGTON, DC 20036** Phone no. **202-296-3306**

Form 990-T (2017)

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

## 1. Description of property

(1)
(2)
(3)
(4)

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

## (b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B)

0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0.	0.
Total dividends-received deductions included in column 8				0.

Form 990-T (2017)

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).	
<b>Totals</b>		0.	0.	

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>0.</b>

Form **990-T** (2017)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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TRANSIT AND PARKING BENEFITS PROVIDED TO EMPLOYEES

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
TRANSIT AND PARKING BENEFITS PROVIDED TO EMPLOYEES	13,536.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	13,536.



FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT

3

1.	TAXABLE INCOME . . . . .	12,536	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	12,536	
3.	LINE 1 LESS LINE 2 . . . . .	0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0	
5.	LINE 3 LESS LINE 4 . . . . .	0	
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	0	
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0	
8.	15 PERCENT OF LINE 2 . . . . .	1,880	
9.	25 PERCENT OF LINE 4 . . . . .	0	
10.	34 PERCENT OF LINE 6 . . . . .	0	
11.	35 PERCENT OF LINE 7 . . . . .	0	
12.	ADDITIONAL 5% SURTAX . . . . .	0	
13.	ADDITIONAL 3% SURTAX . . . . .	0	
14.	TOTAL INCOME TAX		1,880
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	2,633	
	DAYS		
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184	948	
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	1,306	
18.	TOTAL TAX PRORATED	365	2,254

2017 **FR-120** Extension of Time to File a  
DC Corporation Franchise Tax Return

ENTER DOLLAR AMOUNTS ONLY

1	Total estimated corporation franchise tax liability for the tax period.	1 \$	1218.00
2	Estimated franchise tax payments (include any tax overpayment credit).	2 \$	.00
3	Other payments.	3 \$	.00
4	Total payments and credits (add Lines 2 and 3).	4 \$	.00
5	Balance due (Line 1 minus Line 4). Payment in full must be submitted with this form or your request will be denied. (Note: you will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this form.)	5 \$	1218.00

Detach at perforation and mail the voucher, with payment attached, to:

Office of Tax and Revenue  
PO Box 96019  
Washington DC 20090-6019

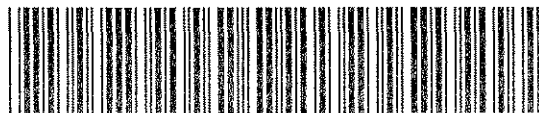
743351 10-11-17

Government of the  
District of Columbia

2017 **FR-120 SUB** Extension of Time  
to File a DC Corporation  
Franchise Tax Return

Amount of payment  
(dollars only) \$

1,218.00



171200S11019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Taxpayer Identification Number

522131742

Business Name or Designated Agent name

**MERIDIAN PUBLIC CHARTER SCHOOL**

Business mailing address (number, street, suite/apartment number if applicable)

**2120 13TH STREET NW**

City

**WASHINGTON**

Tax period ending (MMYY)

Mark

if Combined Report

**0618**

State

ZIP Code + 4

**DC**

**200094824**

A 6 or 7 month extension of time to file until

15, 2018, for calendar year 2017, or until

**APR 15, 2019** for fiscal year ending

, is requested.

**2017 D-20P SUB Payment Voucher for**

**Instructions**

**Corporation Franchise Tax**

Use the D-20P Payment Voucher to make any payment due on your **D-20** return.

- Do not use this voucher to make estimated tax payments.
- Enter your Taxpayer Identification Number (FEIN).
- Enter name and address exactly as they appear on your return.
- Enter the amount of your payment.
- Make the check or money order payable (US dollars) to DC Treasurer.
- Write your FEIN, tax period and type of return (D-20) on the payment.
- **Staple your check or money order to the D-20P voucher only.** Do not attach your payment to the D-20 return.
- Mail the D-20P **with**, but not attached to, your D-20 tax return to:  
Office of Tax and Revenue  
PO Box 96166  
Washington, DC 20090-6166

**Notes:**

- If your payment exceeds \$5,000 in any period, **you must pay electronically.**  
Visit [MyTax.DC.gov](http://MyTax.DC.gov).
- **For electronic filers**, in order to comply with banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by money order (US dollars) or credit card.  
Please notify this agency if your response changes in the future.

743331 10-06-17

*Detach at perforation before mailing*

Government of the  
District of Columbia

**2017 D-20P SUB Payment Voucher for  
Corporation Franchise Tax**



17020PS11019

Amount of Payment \$ **1048 .00**  
(dollars only)  
Federal Employer Identification Number  
**522131742**

To avoid penalties and interest, your payment must  
be postmarked no later than the due date of your return.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# **1019**

Business or Designated Agent Name  
**MERIDIAN PUBLIC CHARTER SCHOOL**

Tax period ending (MMYY)  
**0618**

Business mailing address (number, street and suite/apartment number if applicable)  
**2120 13TH STREET NW**

Business mailing address (number, street and suite/apartment number if applicable)

City  
**WASHINGTON**

State  
**DC**

ZIP code + 4  
**200094824**

2018 D-20ES SUB Declaration of Estimated Franchise  
Tax for Corporations

**Instructions**

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.
- Make your check or money order (US dollars) payable to the DC Treasurer.
- Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:  
DC Office of Tax and Revenue  
Corporation Estimated Franchise Tax  
PO Box 96019  
Washington, DC 20090-6019

**Notes:**

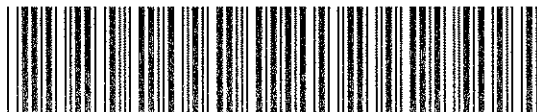
- If the amount of your payment due for a period exceeds \$5,000, you shall pay electronically.  
Visit [www.MyTax.DC.gov](http://www.MyTax.DC.gov)
- For **electronic filers**, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States?". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

*Detach at perforation before mailing*

743472 10-13-17

Government of the  
District of Columbia

2018 D-20ES SUB Declaration of Estimated  
Franchise Tax for Corporations



180204S11019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Quarterly Payment \$ 340 .00 (dollars only)

Federal Employer ID Number Tax Period Ending (MMYY)

522131742 0619

Business name or Designated Agent Name

**MERIDIAN PUBLIC CHARTER SCHOOL**

Business mailing address line #1

**2120 13TH STREET NW**

Business mailing address line #2

City  
**WASHINGTON**

State  
**DC**

ZIP Code + 4  
**200094824**

Voucher Number: 1 Due Date: 101518

2018 D-20ES SUB Declaration of Estimated Franchise  
Tax for Corporations

**Instructions**

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.
- Make your check or money order (US dollars) payable to the DC Treasurer.
- Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:  
DC Office of Tax and Revenue  
Corporation Estimated Franchise Tax  
PO Box 96019  
Washington, DC 20090-6019

**Notes:**

- If the amount of your payment due for a period exceeds \$5,000, you shall pay electronically.  
Visit [www.MyTax.DC.gov](http://www.MyTax.DC.gov)
- For **electronic filers**, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States?". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

*Detach at perforation before mailing*

743472 10-13-17

Government of the  
District of Columbia

2018 D-20ES SUB Declaration of Estimated  
Franchise Tax for Corporations



180204S11019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Quarterly Payment \$ 340.00 (dollars only)

Federal Employer ID Number Tax Period Ending (MMYY)

522131742 0619

Business name or Designated Agent Name

MERIDIAN PUBLIC CHARTER SCHOOL

Business mailing address line #1

2120 13TH STREET NW

Business mailing address line #2

City  
WASHINGTON

State  
DC

ZIP Code + 4  
200094824

Voucher Number: 2 Due Date: 121718

## 2018 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

### Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.
- Make your check or money order (US dollars) payable to the DC Treasurer.
- Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:  
DC Office of Tax and Revenue  
Corporation Estimated Franchise Tax  
PO Box 96019  
Washington, DC 20090-6019

### Notes:

- If the amount of your payment due for a period exceeds \$5,000, you shall pay electronically.  
Visit [www.MyTax.DC.gov](http://www.MyTax.DC.gov)
- For electronic filers, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States?". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

*Detach at perforation before mailing*

743472 10-13-17

Government of the  
District of Columbia

## 2018 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations



Quarterly Payment \$ 340 .00 (dollars only)

Federal Employer ID Number Tax Period Ending (MMYY)  
522131742 0619

Business name or Designated Agent Name

**MERIDIAN PUBLIC CHARTER SCHOOL**

Business mailing address line #1

**2120 13TH STREET NW**

Business mailing address line #2

180204S11019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

City  
**WASHINGTON**

State ZIP Code + 4  
**DC 200094824**

Voucher Number: 3 Due Date: 031519

## 2018 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

### Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.
- Make your check or money order (US dollars) payable to the DC Treasurer.
- Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:  
DC Office of Tax and Revenue  
Corporation Estimated Franchise Tax  
PO Box 96019  
Washington, DC 20090-6019

### Notes:

- If the amount of your payment due for a period exceeds \$5,000, you shall pay electronically.  
Visit [www.MyTax.DC.gov](http://www.MyTax.DC.gov)
- For electronic filers, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States?". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

*Detach at perforation before mailing*

743472 10-13-17

Government of the  
District of Columbia

## 2018 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations



180204S11019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Quarterly Payment \$ 340 .00 (dollars only)

Federal Employer ID Number Tax Period Ending (MMYY)

522131742 0619

Business name or Designated Agent Name

**MERIDIAN PUBLIC CHARTER SCHOOL**

Business mailing address line #1

**2120 13TH STREET NW**

Business mailing address line #2

City  
**WASHINGTON**

State  
**DC**

ZIP Code + 4  
**200094824**

Voucher Number: **4** Due Date: **061719**

2017 D-20 SUB Corporation  
Franchise Tax Return



170203S11019

Taxpayer Identification Number (TIN)  
522131742

Number of business locations  
In DC: 1 Outside DC: 0

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1019

Name of corporation  
MERIDIAN PUBLIC CHARTER SCHOOL

Tax period ending (MMYY)  
0618

Mark if:  
QHTC located in DC  
Ballpark TIF area  
AMENDED RETURN  
FINAL RETURN  
CERTIFIED QHTC  
COMBINED REPORT\*

Business mailing address #1  
2120 13TH STREET NW

Business mailing address #2

\*You must fill in the Designated Agent info below

City  
WASHINGTON

State ZIP code  
DC 200094824

WORLDWIDE\*\*  
\*\*Worldwide form must be filed with this return

Designated Agent Name

Designated Agent TIN

• READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank.  
If minus, enter amount and fill in space.

GROSS INCOME

1	Gross receipts, minus returns and allowances		1	\$	13536 .00
2	Cost of goods sold (from Form D-20 Schedule A) and/or operations (attach statement)		2	\$	.00
3	Gross profit from sales and/or operations Line 1 minus Line 2	Mark if minus	3	\$	13536 .00
4	Dividends from Form D-20, Schedule B		4	\$	.00
5	Interest (attach statement)		5	\$	.00
6	Gross rental income from D-20, Schedule I, Column 3, Line 6		6	\$	.00
7	Gross royalties (attach statement)		7	\$	.00
8	(a) Net capital gain (attach copy of federal Form 1120, Schedule D)	Mark if minus	8(a)	\$	.00
	(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus	8(b)	\$	.00
9	Other income (loss) (attach statement)	Mark if minus	9	\$	.00
10	Total gross income Add Lines 3 - 9	Mark if minus	10	\$	13536 .00

DEDUCTIONS

11	Compensation of officers from Form D-20, Schedule C		11	\$	.00
12	Salaries and wages		12	\$	.00
13	Repairs		13	\$	.00
14	Bad debts		14	\$	.00
15	Rent		15	\$	.00
16	Taxes From Form D-20, Schedule D		16	\$	.00
17	(a) Interest payments	.00			
	(b) Minus nondeductible payments to related entities	.00 =	17(c)	\$	.00
18	Contributions and/or gifts (attach statement)		18	\$	.00
19	Amortization (attach a copy of your federal Form 4562)		19	\$	.00
20	Depreciation (attach a copy of your federal Form 4562. Do not include any additional federal sec. 179 expenses or bonus depreciation.)		20	\$	.00
21	Depletion (attach statement)		21	\$	.00
22	(a) Enter royalty payments made	.00			
	(b) Minus nondeductible payments to related entities	.00 =	22(c)	\$	.00



Taxpayer Name: **MERIDIAN PUBLIC CHARTER**Taxpayer Identification Number (TIN) **522131742**

170203S21019

Enter dollar amounts only

DEDUCTIONS	23 Pension, profit-sharing plans	23	\$	.00
	24 Other deductions (attach statement)	24	\$	.00
	25 <b>Total deductions</b> Add Lines 11-24	25	\$	.00

TAXABLE INCOME	26 Net income Line 10 minus Line 25	Mark if minus	26	\$	13536 .00
	27 Net operating loss deduction (For years before 2000)		27	\$	.00
	28 Net income after net operating loss deduction Line 26 minus Line 27	Mark if minus	28	\$	13536 .00
	29 (a) Non-business income/state adjustment (attach statement)	Mark if minus	29a	\$	.00
	(b) Expense related to non-business income (attach statement)		29b	\$	.00
	(c) 29(a) minus 29(b)	Mark if minus	29c	\$	.00

TAXABLE INCOME	30 Net income subject to apportionment Line 28 minus Line 29(c)	Mark if minus	30	\$	13536 .00
	31 DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5		31		1.000000
	32 Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor	Mark if minus	32	\$	13536 .00
	33 Other income/deductions attributable to DC (attach statement - see instructions)	Mark if minus	33	\$	0 .00
	34 Total taxable income <i>before</i> apportioned NOL deduction Line 32 plus or minus Line 33	Mark if minus	34	\$	13536 .00
	35 Apportioned NOL deduction (Losses occurring in year 2000 and later)		35	\$	.00
	36 <b>Total DC taxable income</b> Line 34 minus Line 35 If QHTC, skip Lines 37-39. Complete QHTC Schedule on Page 4, Lines 1-10.	Mark if minus	36	\$	13536 .00
37 <b>TAX 9.0%</b> of Line 36.		37	\$	1218 .00	

TAX - PAYMENTS AND CREDITS	38 Minus nonrefundable credits from Schedule UB, Line 9		38	\$	.00
	39 Total DC Gross Receipts (from Line '4' MTLGR worksheet)	\$	.00	STATEMENT 1	
	40 Net Tax Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M		40	\$	1218 .00
	41 Payments and Refundable Credits:				
	(a) Tax paid, if any, with request for an extension of time to file		41a	\$	250 .00
	(b) Tax paid, if any, with original return if this is an amended return		41b	\$	.00
	(c) 2017 estimated franchise tax payments		41c	\$	.00
	(d) Refundable credits from Schedule UB, Line 12		41d	\$	.00
	42 Add Lines 41(a), 41(b), 41(c) and 41(d)		42	\$	250 .00
	43	<b>RESERVED</b>			
44 Estimated tax interest (Mark if D-2220 attached) <input checked="" type="checkbox"/>		44	\$	80 .00	
45 <b>Total Amount Due.</b> If Line 42 amount is smaller than the total of Lines 40 and 44, enter amount due Will this payment come from an account outside the U.S.? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> See instructions		45	\$	1,048 .00	
46 <b>Overpayment</b> If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid		46	\$	.00	
47 <b>Amount you want to apply to your 2018 estimated franchise tax</b>		47	\$	.00	
48 <b>Amount to be refunded</b> Line 46 minus Line 47		48	\$	.00	

Third Party Designee To authorize another person to discuss this return with OTR, mark here and enter the name and phone number  
Designee's name \_\_\_\_\_ Phone \_\_\_\_\_

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

PLEASE  
SIGN  
HERE  
PAID  
PREPARER  
ONLY

Officer's signature

Title

Date

2023879830

Telephone number of person to contact

Preparer's signature (If other than taxpayer)

Date

Firm name

Firm address

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here. ☒Preparer's PTIN **P01444196**

743411 10-10-17

Taxpayer Name: **MERIDIAN PUBLIC CHARTER**

170203S31019

Taxpayer Identification Number (TIN) **522131742****Schedule A - Cost of Goods Sold** (See specific instructions for Line 2.)**Schedule B - Dividends** (See specific instructions for Line 4.)

		NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
1. Inventory at beginning of year	\$		
2. Merchandise bought for manufacture or sale			\$
3. Salaries and wages			
4. Other costs per books (attach statement) (Additional federal bonus deprec. is not allowable.)			
5. Total	\$		
6. Minus: Inventory at end of tax year			
7. Cost of goods sold (Enter here and on D-20, Line 2.)	\$		
<b>Method of inventory valuation:</b>			
		<b>Total Dividends</b>	\$
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		<b>TOTAL</b> (Enter here and on D-20, Line 4.)	\$

**Schedule C - Compensation of officers** (See specific instructions for Line 11. If more than 3 offices attach additional sheets as needed.)

Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$	\$
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)					\$	

**Schedule D - Taxes** (See specific instructions for Line 16.)

EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		TOTAL (Enter here and on D-20, Line 16.)	\$

**Schedule E - Reconciliation of the net income reported on Federal and DC returns**

1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$ 13536.	7. Total DC taxable income reported (from D-20, Line 36).	\$ 13536.
<b>UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME</b>		<b>NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS</b>	
2. Income taxes (see specific instructions for line 16).	0.	8. Net income apportioned or allocated to outside DC.	0.
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.	0.	9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.	0.	(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal bonus depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			0.
(b) _____			
6. TOTAL of Lines 1-5.	\$ 13536.	10. TOTAL of Lines 7, 8 and 9.	\$ 13536.

Taxpayer Name: **MERIDIAN PUBLIC CHARTER**Taxpayer Identification Number (TIN) **522131742**

170203S41019

**Schedule F - DC apportionment factor (See instructions.)**

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places.

For all businesses other than financial institutions:

Column 1 TOTAL

Column 2 in DC

Column 3 Factor  
(Column 2 divided by Column 1)

1. **SALES FACTOR:** All gross receipts of the business other than gross receipts from non-business income.

\$ .00 \$ .00

For Financial Institutions:

2. **SALES FACTOR:** All gross income of the financial institution other than gross income from non-business income.

\$ .00 \$ .00

3. **PAYROLL FACTOR:** Total compensation paid or accrued by the financial institution.

\$ .00 \$ .00

4. **SUM OF FACTORS:** (For Financial Institutions add Lines 2 and 3 of Column 3)

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Col 3. Enter on D-20, Line 31  
For financial institutions divide Line 4, Column 3 by 2. If there are less than two factors, use Line 4, Column 3. Enter on D-20, Line 31

**For Combined Reporters**

Enter the number of members in the combined group

Complete Schedule 1 from the DC Combined Reporting Schedule 1A Designated Agent

**Schedule 1 - Combined Report Tax Due**

Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5	

**Qualified High Technology Companies Tax, Exemption and Credits Schedule (See instructions)**

- 1 Initial Date of Taxable Income (MMYY)
- 2 Cumulative Amount of QHTC Exemption Previously Used \$ .00
- 3 Total DC taxable income. D-20 Line 36. Mark if minus: 3 \$ .00
- 4 Qualified High Technology Companies Franchise Tax 6.0% of Line 3 4 \$ .00
- 5 Minus nonrefundable credits from Schedule UB, Line 9 5 \$ .00
- 6 Tentative Tax. Subtract Line 5 from Line 4 6 \$ .00
- 7 Minus QHTC Exemption This Return 7 \$ .00
- 8 Total DC gross receipts from Line '4' MTLGR Worksheet 8 \$ .00
- 9 Net tax. Line 6 minus Line 7. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Enter here and on page 2, Line 40. Complete page 2, Lines 41 through 48. 9 \$ .00
- 10 Amount of QHTC Exemption Remaining 10 \$ .00

Taxpayer Name: **MERIDIAN PUBLIC CHARTER**Taxpayer Identification Number (TIN) **522131742****Schedule G- Balance Sheets**

		Beginning of Taxable Year		End of Taxable Year	
		(A) Amount	(B) Total	(A) Amount	(B) Total
<b>ASSETS</b>	1. Cash .....				
	2. Trade notes and accounts receivable .....				
	(a) MINUS: Allowance for bad debts .....				
	3. Inventories .....				
	4. Gov't obligations: (a) U.S. and its instrumentalities .....				
	(b) States, subdivisions thereof, etc. ....				
	5. Other current assets (attach statement) .....				
	6. Loans to stockholders .....				
	7. Mortgage and real estate loans .....				
	8. Other investments (attach statement) .....				
	9. Buildings and other fixed depreciable assets .....				
	(a) MINUS: Accumulated depreciation .....				
	10. Depletable assets .....				
	(a) MINUS: Accumulated depletion .....				
<b>LIABILITIES AND CAPITAL</b>	11. Land (net of any amortization) .....				
	12. Intangible assets (amortizable only) .....				
	(a) MINUS: Accumulated amortization .....				
	13. Other assets (attach statement) .....				
	14. TOTAL ASSETS .....				
	15. Accounts payable .....				
	16. Mortgages, notes, bonds payable in less than 1 year .....				
	17. Other current liabilities (attach statement) .....				
	18. Loans from stockholders .....				
	19. Mortgages, notes, bonds payable in 1 year or more .....				
	20. Other liabilities (attach statement) .....				
	21. Capital stock (a) Preferred stock .....				
	(b) Common stock .....				
	22. Paid-in or capital surplus (attach statement) .....				
	23. Retained earnings - Appropriated (attach statement) .....				
	24. Retained earnings - Unappropriated .....				
	25. MINUS: Cost of treasury stock .....				
	26. TOTAL LIABILITIES AND CAPITAL .....				

**Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

1. Net income per books .....	\$ .....	7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest \$ .....	\$ .....
2. Federal income tax .....			
3. Excess of capital losses over capital gains .....			
4. Taxable income not recorded on books this year (itemize) .....			
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation ..... \$ ..... (b) Depletion ..... \$ .....		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation ..... \$ ..... (b) Depletion ..... \$ .....	
6. TOTAL of Lines 1 through 5 .....	\$ .....	9. TOTAL of Lines 7 and 8 .....	\$ .....
		10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	\$ .....

**Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books**

1. Balance at beginning of year .....	\$ .....	5. Distributions: (a) Cash .....	\$ .....
2. Net income per books .....		(b) Stock .....	
3. Other increases (itemize) .....		(c) Property .....	
		6. Other decreases (itemize). ....	
4. TOTAL of Lines 1, 2 and 3 .....	\$ .....	7. TOTAL of Lines 5 and 6 .....	\$ .....
		8. Balance at end of year (Line 4 minus Line 7) .....	\$ .....

Taxpayer Name: **MERIDIAN PUBLIC CHARTER**Taxpayer Identification Number (TIN) **522131742**

170203S61019

**Schedule I - Income from Rent**

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.		\$	\$	\$	\$
2.					
3.					
4.					
5.					
<b>6. TOTAL</b> (Enter the total of Col. 3 on D-20, Line 6. Enter total of Col 4, 5, and 6 on appropriate deduction lines.)		\$	\$	\$	\$

\*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses deductions.

Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

**Supplemental Information**

1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN: <b>CINCINNATI, OH</b>
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF -		5. LOCATED AT - <b>2120 13TH STREET NW WASHINGTON, DC 20009-4824</b>	
6. During 2017, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns.			
If you have already provided OTR with a detailed statement, enter the date it was sent. MM/DD/YYYY			
7. Is this corporation unitary with another entity?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain:	
8. Is this return made on the accrual basis?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, indicate basis used: <input type="checkbox"/> Cash Basis <input type="checkbox"/> Other (specify)	
9. Did you file a franchise tax return with DC for the year 2016?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If no, state reason: <b>NO TAXABLE INCOME IN PRIOR YEAR</b>	
10. Did you withhold DC income tax from wages paid to your DC resident employees during 2017?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If no, state reason:	
11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2017?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12. (a) Has the business been terminated?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, explain and give date:	
(b) Have you moved out of DC?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
13. Did you file an annual ballpark fee return?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

DC FORM D-20	MINIMUM TAX LIABILITY GROSS RECEIPTS (MTLGR)	STATEMENT	1
1. AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20. FINANCIAL INSTITUTIONS MUST USE AMOUNT ON SCHEDULE F, LINE 2, COLUMN 2 OF D-20.			0.
2. ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION) FOR WHICH GAINS REPORTED IN LINE 1			0.
3. ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED PER D-20, LINE 33			0.
4. TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3) TOTAL TO D-20, LINE 39			0.

2017 D-2220 Underpayment of Estimated  
Franchise Tax By Businesses  
**IMPORTANT: Please read the instructions before completing this form.**

Business name (from your D-20 or D-30 return)

MERIDIAN PUBLIC CHARTER SCHOOL

Federal Employer Identification Number (FEIN) or

522131742

Person to contact if there are questions

Social Security Number (SSN)

Daytime telephone number

2023879830

**No underpayment interest is due and this form should not be filed if:**

- A. Your tax liability on taxable income after deducting your DC applicable credits and estimated tax payments is less than \$1001, or
- B. You have made the required periodic DC estimated franchise tax payments and the total is equal to or more than 110% of last year's taxes or 90% of current year's taxes. Note: In order to use the prior year 110% exception, you must have filed a DC franchise tax return last year and you must have been in business in DC for the entire year.

**Computation of Underpayment Interest**

1	2017 DC franchise tax liability from Forms D-20 or D-30.	\$	1218
2	Multiply the amount on Line 1 by 90% (.90).	\$	1096
3	2016 DC franchise tax liability from Forms D-20 or D-30 X 110%.	\$	
4	Minimum estimated tax requirement for tax year 2017 (lesser of Lines 2 and 3).	\$	1096
5	Multiply the amount on Line 4 by 25% (.25).	\$	274

Note: If your income was not evenly received over 4 periods, see instructions on the "Annualized Income" method.

		Due date of Payments			
Due dates shown are for calendar year; for fiscal year, use the 15th day of the 4th, 6th, 9th and 12th months after the end of the fiscal year.		1st Period	2nd Period	3rd Period	4th Period
		04/15/17	06/15/17	09/15/17	12/15/17
6	Enter the amount from Line 5 or the annualized income amount in each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts). Check here if you are using the "Annualized Income" method.	274	548	822	1096
7	DC estimated taxes paid each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts).				
8	Underpayment each period (Line 6 minus Line 7).	274	548	822	1096
9	Underpayment Interest Factors.	.0175	.0265	.0262	.0348
10	Line 8 multiplied by Line 9.	5	15	22	38
11	Underpayment Interest - Total of amounts from Line 10. Pay this amount. (See instructions).			\$	80

Make check or money order payable to: DC Treasurer