

<b>efile Public Visual Render</b>	<b>ObjectID: 201723189349307932 - Submission: 2017-11-14</b>	<b>TIN: 54-1964039</b>
Form <b>990</b>  Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Return of Organization Exempt From Income Tax</h2> <p style="margin: 0;"><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <p style="margin: 0;">▶ Do not enter social security numbers on this form as it may be made public.                  ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</p>	OMB No. 1545-0047  <h1 style="margin: 0; color: green;">2016</h1> <p style="margin: 0; color: green;">Open to Public Inspection</p>

**A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY PARTNERSHIP FUND INC  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6560 BRADDOCK ROAD  City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22312	<b>D</b> Employer identification number  54-1964039  <b>E</b> Telephone number  (703) 750-8317  <b>G</b> Gross receipts \$ <b>3,245,004</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>F</b> Name and address of principal officer: NICOLE MORSON 6560 BRADDOCK ROAD ALEXANDRIA, VA 22312	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ WWW.TJPARTNERSHIPFUND.ORG		<b>L</b> Year of formation: 1999 <b>M</b> State of legal domicile: VA
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary				
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY PARTNERSHIP FUND, INC. IS FORMED TO ESTABLISH AND MAINTAIN A FUND TO SUPPORT THE UNIQUE LEARNING OPPORTUNITIES, SPECIALIZED CURRICULUM AND INNOVATIVE RESEARCH EXPERIENCES AVAILABLE TO STUDENTS AT THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY. THE PARTNERSHIP FUND WILL HAVE THREE AREAS OF FOCUS: MAINTENANCE OF THE ACADEMIC EXCELLENCE OF TJHSST, PROMOTION OF STEM EDUCATION AND OUTREACH ACROSS TJHSST COMMUNITIES, AND EXPANSION OF TJHSST ALUMNI ENGAGEMENT.			
	<b>2</b> Check this box <input type="checkbox"/>			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	14	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3	
	<b>6</b> Total number of volunteers (estimate if necessary)	6	105	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	805,149	2,565,582	
	<b>9</b> Program service revenue (Part VIII, line 2g)	625,369	623,100	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,279	1,169	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-16,349	-18,254	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,415,448	3,171,597		
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	736,678	1,324,131	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	302,065	317,264	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 163,822			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	257,288	335,629	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,296,031	1,977,024	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	119,417	1,194,573		
Net Assets or Liabilities			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	2,324,896	3,769,783	
	<b>21</b> Total liabilities (Part X, line 26)	285,408	535,722	

Net assets or fund balances. Subtract line 21 from line 20 . . . . . 2,039,488 3,234,061

Part II Signature Block

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

Sign Here Signature of officer 2017-11-13 Date
NICOLE MORSON TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name ANDREW E YOUNG CPA Preparer's signature ANDREW E YOUNG CPA Date Check if self-employed PTIN P01203950
Firm's name RENNER AND COMPANY CPA PC Firm's EIN 54-1498950
Firm's address 700 NORTH FAIRFAX ST SUITE 400 ALEXANDRIA, VA 22314 Phone no. (703) 535-1200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission: THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY PARTNERSHIP FUND, INC. IS FORMED TO ESTABLISH AND MAINTAIN A FUND TO SUPPORT THE UNIQUE LEARNING OPPORTUNITIES, SPECIALIZED CURRICULUM AND INNOVATIVE RESEARCH EXPERIENCES AVAILABLE TO STUDENTS AT THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY. THE PARTNERSHIP FUND WILL HAVE THREE AREAS OF FOCUS: MAINTENANCE OF THE ACADEMIC EXCELLENCE OF TJHSST, PROMOTION OF STEM EDUCATION AND OUTREACH ACROSS TJHSST COMMUNITIES, AND EXPANSION OF TJHSST ALUMNI ENGAGEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,681,360 including grants of \$ 1,324,131 ) (Revenue \$ 526,666 )
GRANTS TO TJHSST HELPED UPGRADE COMPUTERS, UPGRADE VARIOUS SCIENCE AND TECHNOLOGY LAB EQUIPMENT. EXPAND STUDENT LEARNING BY CONNECTING WITH COLLEGE CLASSES, ETC (DISTANCE LEARNING), ENHANCED PROFESSIONAL/CURRICULUM DEVELOPMENT, TEACHER TRAINING, PCR TECHNOLOGY UPGRADE - ALL TO BENEFIT THE STUDENTS' EDUCATIONAL PROGRAMS.

4b (Code: ) (Expenses \$ 98,100 including grants of \$ ) (Revenue \$ 98,100 )
JOSTI - THE PURPOSE OF THE PROGRAM IS TO PROVIDE 75 FOREIGN TEACHERS WITH IN-DEPTH TECHNOLOGY TRAINING IN AMERICA. THE ORGANIZATION IS REIMBURSED FOR ITS EXPENSES BY A GRANT FROM THE U.S. DEPARTMENT OF STATE.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,779,460

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>		No
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	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 . . . . .		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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? . . . . .	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders . . . . .		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Table with 3 columns: Question, Yes, No. Rows include 13a, 13b, 13c, 14a, 14b.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 [checked]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b.



If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

- 16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .
- b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

<b>16a</b>	No	
<b>16b</b>		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed▶ \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    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 financial 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:  
▶ NICOLE MORSON 6560 BRADDOCK ROAD ALEXANDRIA, VA 22312 (703) 750-8317

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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 . . . . .

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) SRIKANT SASTRY CHAIRMAN	5.00	X		X			0	0	0
(2) MIGUEL BROWNE VICE CHAIRMAN	5.00	X		X			0	0	0
(3) NICOLE MORSON TREASURER	5.00	X		X			0	0	0
(4) CHARLIE GIVANS SECRETARY	5.00	X		X			0	0	0
(5) ALBERT LULUSHI CHAIR, FINANCE & AUDIT COMMITTEE	2.00	X					0	0	0

(6) MICHAEL MARIINKA CHAIR, CORP., GOVERN & FOUNDATION	2.00	X								0	0	0
(7) RAM MATTAPALLI CO-CHAIR, CORP., GOVERN & FOUNDATION ADVISORY BOARD	2.00	X								0	0	0
(8) ANNE APPLER CHAIR, ALUMNI ASSOCIATION	2.00	X								0	0	0
(9) NATALIE GIVANS CHAIR, PARENT ADVISORY BOARD	2.00	X								0	0	0
(10) DEB CARSTOIU CHAIR, EVENTS MANAGEMENT	2.00	X								0	0	0
(11) HUAYING DAVIS CO-CHAIR, EVENTS MANAGEMENT	2.00	X								0	0	0
(12) MARK SKOLNIK CHAIR, CAPITAL CAMPAIGN	2.00	X								0	0	0
(13) SILVIJA STRIKIS VICE CHAIR, CAPITAL CAMPAIGN	2.00	X								0	0	0
(14) HILDE KAHN CHAIR, COMMUNICATIONS COMMITTEE	2.00	X								0	0	0
(15) SHAISTA KEATING CHAIR, TEAM BUILDING	2.00	X								0	0	0
(16) MARTINE KUSIAK REPRESENTATIVE, ALUMNI ASSOCIATION BOARD	2.00	X								0	0	0
(17) MARILENA BARLETTA EX-OFFICIO, PTSA PRESIDENT	2.00	X								0	0	0

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEE ANN HENNING TJ FACULTY REPRESENTATIVE	2.00	X						0	0	0
(19) EVAN GLAZER EX-OFFICIO, TJ PRINCIPAL	2.00	X						0	0	0
(20) GARY GROSICKI SCHOOL LIAISON TO THE PARTNERSHIP FUND	2.00	X						0	0	0
(21) ARISTIA K GLINKA EXECUTIVE DIRECTOR	40.00			X				118,250	0	2,365





Program Service							
c _____							
d _____							
e _____							
f All other program service revenue . . . . .							
<b>9 Total.</b> Add lines 2a-2f . . . . .					623,100		
<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .					1,169		1,169
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
<b>5</b> Royalties . . . . .							
<b>6a</b> Gross rents		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses							
<b>c</b> Rental income or (loss)							
<b>d</b> Net rental income or (loss) . . . . .							
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss) . . . . .							
<b>8a</b> Gross income from fundraising events (not including \$ <u>59,191</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>			53,487		
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>a</b>					
<b>b</b> Less: direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>a</b>					
<b>b</b> Less: cost of goods sold . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code					
<b>11a</b> OTHER INCOME		900099			1,666	1,666	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .					1,666		
<b>12 Total revenue.</b> See Instructions. . . . .					3,171,597	624,766	0
							-18,751

**Part VIII Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,324,131	1,324,131		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	125,971	107,075	6,299	12,597
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	147,673	125,523	7,383	14,767
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	22,236	18,900	1,112	2,224
<b>10</b> Payroll taxes . . . . .	21,384	18,177	1,069	2,138
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	24,718	6,180	12,358	6,180
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,121		4,982	10,139
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	337	115	111	111
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	2,722	2,314	136	272
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	267		267	
<b>23</b> Insurance . . . . .	6,022	6,022		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> JOSTI EXPENSES	98,100	98,100		
<b>b</b> FUNDRAISING EXPENSES	90,377			90,377
<b>c</b> BAD DEBT	50,578	50,578		
<b>d</b> DELIVERABLE EXPENSE	25,017			25,017
<b>e</b> All other expenses	22,370	22,345	25	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,977,024	1,779,460	33,742	163,822
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720).

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	197,406	<b>1</b>	32,219
	<b>2</b> Savings and temporary cash investments . . . . .	1,695,201	<b>2</b>	3,077,183
	<b>3</b> Pledges and grants receivable, net . . . . .	403,161	<b>3</b>	633,775
	<b>4</b> Accounts receivable, net . . . . .	20,081	<b>4</b>	19,600
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	8,780	<b>9</b>	7,006
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,925		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,925	<b>10c</b> 267	0
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,324,896	<b>16</b>	3,769,783	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	160,408	<b>17</b>	35,722
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	125,000	<b>19</b>	500,000
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	285,408	<b>26</b>	535,722
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,104,809	<b>27</b>	2,521,879
	<b>28</b> Temporarily restricted net assets . . . . .	887,805	<b>28</b>	665,308
	<b>29</b> Permanently restricted net assets	46,874	<b>29</b>	46,874
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,039,488	<b>33</b>	3,234,061	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,324,896	<b>34</b>	3,769,783	

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Part XI Reconciliation of Net Assets

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	3,171,597
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,977,024
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	1,194,573
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	2,039,488
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,234,061

Part XII Financial Statements and Reporting

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2016)

Form 990 (2016)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Table with 2 columns: Name of the organization (THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY PARTNERSHIP FUND INC) and Employer id (54-1964039)

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1-12. List of reasons for public charity status with checkboxes. Option 7 is checked: An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(vi).

Table with 5 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount monetary sup. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to file a Form 990 or 990-EZ.)



III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,158,850	1,035,215	1,572,678	805,149	
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .					
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..					
<b>4 Total.</b> Add lines 1 through 3	1,158,850	1,035,215	1,572,678	805,149	
<b>5</b> 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) . . .					
<b>6 Public support.</b> Subtract line 5 from line 4.					

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016
<b>7</b> Amounts from line 4. . .	1,158,850	1,035,215	1,572,678	805,149	
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,460	1,075	1,581	1,279	
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .					
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .		5,847	3,317	1,604	
<b>11 Total support.</b> Add lines 7 through 10					
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>

**16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, or line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2015.** 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 the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

**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 the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .					
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in					

	performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .				
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .				
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge				
<b>6</b>	<b>Total.</b> Add lines 1 through 5				
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons				
<b>b</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.				
<b>c</b>	Add lines 7a and 7b. . .				
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)				

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016
<b>9</b> Amounts from line 6. . . . .					
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .					
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
<b>c</b> Add lines 10a and 10b.					
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.					
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .					
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .					
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . .					

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>1</b>
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	<b>1</b>

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>1</b>
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . . .	<b>1</b>

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is 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 did not check a box on line 14, 19a, or 19b, check this box and see instructions for **Part VII** on **Schedule A (Form 990-EZ) 2016**.

Schedule A (Form 990 or 990-EZ) 2016

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

- 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.
- 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) below.*
- b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and sat the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made 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 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 support 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 section 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 (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 any of the following: (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 defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *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, an entity 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 line 10b below.*
- b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine the organization had excess business holdings).*

Schedule A (Form 990)

Page 5

Schedule A (Form 990 or 990-EZ) 2016

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** 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?
- b** A family member of a person described in (a) above?
- 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.*

**Section B. Type I Supporting Organizations**

- 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.*

**2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such be carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

**Section C. Type II Supporting Organizations**

**1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustee of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

**Section D. All Type III Supporting Organizations**

**1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of 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?

**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).*

**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 year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

**Section 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**):

- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity.

**2** Activities Test. **Answer (a) and (b) below.**

**a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*

**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.*

**3** Parent of Supported Organizations. **Answer (a) and (b) below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of the supported organizations? *Provide details in **Part VI**.*

**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.*

**Schedule A (Form 990 or 990-EZ) 2016**

Schedule A (Form 990 or 990-EZ) 2016

**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** if "Yes"). All other Type III non-functionally integrated supporting organizations must complete Sections A through F.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	

<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>			(A) Prior Year
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting c instructions)		

Schedule A (F

Schedule A (Form 990 or 990-EZ) 2016

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b>	Distributable amount for 2016 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	
<b>Section E - Distribution Allocations (see instructions)</b>		
	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>
<b>1</b>	Distributable amount for 2016 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2016 (reasonable cause required-- explain in Part VI). See instructions.	
<b>3</b>	Excess distributions carryover, if any, to 2016:	
<b>a</b>		

<b>b</b>		
<b>c</b> From 2013. . . . .		
<b>d</b> From 2014. . . . .		
<b>e</b> From 2015. . . . .		
<b>f</b> Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2016 distributable amount		
<b>i</b> Carryover from 2011 not applied (see instructions)		
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
<b>4</b> Distributions for 2016 from Section D, line 7: \$		
<b>a</b> Applied to underdistributions of prior years		
<b>b</b> Applied to 2016 distributable amount		
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7</b> Excess distributions carryover to 2017. Add lines 3j and 4c.		
<b>8</b> Breakdown of line 7:		
<b>a</b>		
<b>b</b> Excess from 2013. . . . .		
<b>c</b> Excess from 2014. . . . .		
<b>d</b> Excess from 2015. . . . .		
<b>e</b> Excess from 2016. . . . .		

Schedule A (Fo

Schedule A (Form 990 or 990-EZ) 2016

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; 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 D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; 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 instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (F

Additional Data

Software ID:  
Software Version:



efile Public Visual Render ObjectID: 201723189349307932 - Submission: 2017-11-14

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY PARTNERSHIP FUND INC	<b>Employer id</b> 54-1964039
--	----------------------------------

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions total \$5,000 or more. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990,

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b> THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY PARTNERSHIP FUND INC	<b>Employer identificat</b> 54-1964039
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Ty
<u>RESTRICTED</u>	_____	\$ <u>RESTRICTED</u>	Perso Payro Nonc  (Comp contrib
	_____		
	_____		
-	_____	\$ _____	Perso Payro Nonc  (Comp contrib
	_____		
	_____		
-	_____	\$ _____	Perso Payro Nonc  (Comp contrib
	_____		
	_____		
-	_____	\$ _____	Perso Payro Nonc  (Comp contrib
	_____		
	_____		
-	_____	\$ _____	Perso Payro Nonc  (Comp contrib
	_____		
	_____		
-	_____	\$ _____	Perso Payro Nonc  (Comp contrib
	_____		
	_____		

Schedule B (Form 990,

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b> THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY PARTNERSHIP FUND INC	<b>Employer identification</b> 54-1964039
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____





SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

Table with 2 columns: Name of the organization (THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY PARTNERSHIP FUND INC) and Employer id (54-1964039)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,

Table with 3 columns: Question number, description, and Held a. Rows include purpose(s) of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, description, and amount. Rows include reporting requirements for art and historical treasures, and revenue/assets included.

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

Cat. No. 52283D **Sche**

Schedule D (Form 990) 2016

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant u items (check all that apply):
  - a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpos Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amou line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .
  - b** If "Yes," explain the arrangement in Part XIII and complete the following table:
  - c** Beginning balance . . . . .
  - d** Additions during the year . . . . .
  - e** Distributions during the year . . . . .
  - f** Ending balance . . . . .
- |           |           |
|-----------|-----------|
|           | <b>Ar</b> |
| <b>1c</b> |           |
| <b>1d</b> |           |
| <b>1e</b> |           |
| <b>1f</b> |           |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
  - b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three year
<b>1a</b> Beginning of year balance . . . . .	1,682,268	1,382,318	1,651,419	1,3
<b>b</b> Contributions . . . . .	877,459	1,228,911	1,092,737	7
<b>c</b> Net investment earnings, gains, and losses				
<b>d</b> Grants or scholarships . . . . .				
<b>e</b> Other expenditures for facilities and programs . . . . .	1,016,100	928,961	1,361,838	5
<b>f</b> Administrative expenses . . . . .				
<b>g</b> End of year balance . . . . .	1,543,627	1,682,268	1,382,318	1,6

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
  - a** Board designated or quasi-endowment ▶ 53.860 %
  - b** Permanent endowment ▶ 3.040 %
  - c** Temporarily restricted endowment ▶ 43.100 %
 The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
  - (i)** unrelated organizations . . . . .
  - (ii)** related organizations . . . . .
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
<b>1a</b> Land . . . . .			
<b>b</b> Buildings . . . . .			
<b>c</b> Leasehold improvements			
<b>d</b> Equipment . . . . .		1,925	1,925
<b>e</b> Other . . . . .			



Total. Add lines 1a through 1e. (Column (a) must equal Form 990, Part X, column (B), line 10(c).)

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Schedule D (Form 990) 2016

Part VII Investments  Other Securities. Complete if the organization answered "Yes" on Form 990, Part X, line 12. See Form 990, Part X, line 12.

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

Part VIII Investments  Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part IV, line 11c.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part IV, line 11d.

(a) Description
(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 See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)		

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements regarding the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been

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Schedule D (Form 990) 2016

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	29,000
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	492
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	29,000
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	492
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>

**5** Total expenses. Add lines **3** and **4c**. (This must equal Form 990, Part I, line 18.) . . . . . **5**

**Part 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUNDS REPRESENT CONTRIBUTIONS RECEIVED FROM DONORS TO UNLESS PURPOSE RESTRICTIONS HAVE BEEN RELEASED AS IN THE CASE OF TEM ENDOWMENTS. ENDOWMENTS ALSO INCLUDE AMOUNTS DESIGNATED BY THE OF DIRECTORS FOR A PARTICULAR PURPOSE.
PART X, LINE 2:	IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARD RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS THAN THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. MANAGEMEN ORGANIZATION'S TAX POSITION AND CONCLUDED THERE ARE NO UNCERTAIN TA REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PF GUIDANCE.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RECLASSIFICATION OF FUNDRAISING EXPENSES 492.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	RECLASSIFICATION OF FUNDRAISING EXPENSES 492.

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**Additional Data**

**Software ID:**  
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Revenue		(a)Event #1	(b) Event #2	(c)Other events	
		<b>ALUMNI</b> (event type)	<b>TJ STAR</b> (event type)	<b>3</b> (total number)	
Revenue	1	Gross receipts . . . . .	32,881	25,750	54,000
	2	Less: Contributions . . . . .	356	25,750	33,000
	3	Gross income (line 1 minus line 2) . . . . .	32,525		20,900
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .		600	300
	7	Food and beverages . . . . .	16,258	11,794	8,300
	8	Entertainment . . . . .		3,050	
	9	Other direct expenses . . . . .	9,751	6,147	17,000
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶			

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming
		1	Gross revenue . . . . .	
Direct Expenses	2	Cash prizes . . . . .		
	3	Noncash prizes . . . . .		
	4	Rent/facility costs . . . . .		
	5	Other direct expenses . . . . .		
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶			
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Schedule G

Schedule G (Form 990 or 990-EZ) 2016

11	Does the organization conduct gaming activities with nonmembers? . . . . .	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility . . . . .	13:

**b** An outside facility . . . . . **13**

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and record

Name ▶ -----

Address ▶ -----

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii), III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informati

Return Reference	Explanation
<b>Schedule G</b>	

**Additional Data**

**Software ID:**  
**Software Version:**



Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY PARTNERSHIP FUND INC

Employer 54-19640

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance. Row 1: (1) THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE & TECHNOLOGY, 54-0805373, N/A, 1,324,131, FMV, N/A.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

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

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Schedule I (Form 990) 2016

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.

Table with 6 columns: (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. Rows 1-7 are empty.

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

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2: GRANTS ARE GIVEN TO THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE & TECHNOLOGY TO PROVIDE GENERAL SUPPORT OF THE REQUESTED FOR THE USE OF THE FUNDS.

Additional Data

Software ID:
Software Version:

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE  
AND TECHNOLOGY PARTNERSHIP FUND INC

**Employer ident**  
54-1964039

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cc
<b>1</b> Art—Works of art . . . . .	X	1	8,000	FAIR VALUE
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .				
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( <u>COMPUTER EQUIPMENT</u> )	X	1	283,917	FAIR VALUE
<b>26</b> Other ▶ ( <u>ROUTER</u> )	X	1	35,105	FAIR VALUE
<b>27</b> Other ▶ ( _____ )				
<b>28</b> Other ▶ ( _____ )				
<b>29</b> Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

**b** If "Yes," describe in Part II.

**33** If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization has provided the information required by Part I, column (b), the number of contributions, the number of items received, or a combination of the above, for any additional information.

Return Reference	Explanation
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**Schedule**

**Additional Data**

**Software ID:**  
**Software Version:**

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization THOMAS JEFFERSON HIGH SCHOOL FOR SCIENCE AND TECHNOLOGY PARTNERSHIP FUND INC	Employer identification number 54-1964039
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BOARD OF THE ORGANIZATION AMENDED THEIR BYLAWS ON JUNE 26, 2017 BY NOTE OF THE DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B	A COMPLETE COPY OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING. THE BOARD RECEIVES A PUBLIC INSPECTION COPY FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C	NEW BOARD MEMBERS ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST POLICY. ALL OFFICERS AND DIRECTORS ARE REMINDED OF THEIR RESPONSIBILITIES UNDER THE CONFLICT OF INTEREST POLICY AND ASKED TO INDICATE WHETHER OR NOT THEY HAVE A CONFLICT. IF THERE IS A CONFLICT, IT MUST BE DISCLOSED TO THE CHAIR OF THE BOARD AND THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED THIS PROCESS FROM THE PRIOR YEAR. THE AUDIT COMMITTEE OF THE ORGANIZATION IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDITORS AND CONDUCTING AN INDEPENDENT AUDIT.

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

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