			Return of Organization Exempt F	From	Income Tax	OMB No. 1545-0047
Forr	n g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	2015		
	-	of the Treasury	Do not enter social security numbers on this form	Open to Public		
		nue Service	Information about Form 990 and its instructions is	sat _{ww}	w.irs.gov/form990.	Inspection
AF	or th	e 2015 calend	ar year, or tax year beginning $ m JUL1$, 2015 and	ending	<u>JUN 30, 2016</u>	
B c a	heck if pplicab	C Name of	organization		D Employer identifica	ition number
	Addre		COMMUNITY PUBLIC CHARTER SCHOOL			
X	Name		usiness as		33-11	01817
	Initial		and street (or P.O. box if mail is not delivered to street address)	Room/s	uite E Telephone number	
	Final return		8TH STREET, NE		202-8	32-7370
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,187,841.
	Amen	WASH	INGTON, DC 20017		H(a) Is this a group ret	
	Applio tion pendi	F Name a	nd address of principal officer: AARON DEAN		for subordinates?	
	-	SAME	AS C ABOVE		H(b) Are all subordinates incl	uded? Yes No
		empt status:		or	· · · · ·	st. (see instructions)
			COMMUNITYCS.ORG		H(c) Group exemption	
	orm o	forganization: Summary	X Corporation Trust Association Other ►	L \	Year of formation: 2004 M	State of legal domicile: DC
Га				CCUO	OT 'C MICCION T	S TO SHAPE
e	1		e the organization's mission or most significant activities: <u>THE</u> RTS AND MINDS OF STUDENTS BY PROVI			5 IU SHAPE
Activities & Governance	2					to
/err	2	Check this bo				11
ğ	4		lependent voting members of the governing body (Part VI, line 1a)			11
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						153
ties	5		of individuals employed in calendar year 2015 (Part V, line 2a)			20
ti			of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12			0.
Ac			business taxable income from Form 990-T, line 34			0.
		Net unrelated			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		15,730,529.	15,993,672.
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.
evel 3	1	•	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ž	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		321,435.	194,169.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,051,964.	16,187,841.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ø	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		8,003,403.	7,538,784.
Expense	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
<u>e</u>	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		7,363,824.	7,634,570.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,367,227.	15,173,354.
	19	Revenue less	expenses. Subtract line 18 from line 12		684,737.	1,014,487.
Net Assets or - und Balances					Beginning of Current Year	End of Year
sets	20	Total assets (F			3,807,511.	4,591,503.
it As	21		(Part X, line 26)		1,335,316.	1,104,821.
			fund balances. Subtract line 21 from line 20		2,472,195.	3,486,682.
	art II					
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules	s and sta	tements, and to the best of my k	nowledge 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	Signature of officer	Date
Here	AARON DEAN, BOARD FINANCE CHAIR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	SHEILA EICHELBERGER AMeria 203/10	/17 self-employed P00743897
Preparer	Firm's name 🕒 SB & COMPANY, LLC	Firm's EIN <b>20-2153727</b>
Use Only	Firm's address 200 INTERNATIONAL CIRCLE, SUITE 5500	
	HUNT VALLEY, MD 21030	Phone no. (410) 584-0060
May the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
532001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2015)
S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CO	NTINUATION

	HOPE COMMUNITY PUBLIC CHARTER SCHOOL 33-1101817 Page rt III Statement of Program Service Accomplishments
Fai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THIS CHARTER SCHOOL IS ORGANIZED EXCLUSIVELY FOR EDUCATIONAL PURPOSES
	AND IS AUTHORIZED BY THE DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL
	BOARD. THE SCHOOL PROVIDES TUITION-FREE EDUCATION FOR PRE-KINDERGARTEN
	THROUGH EIGHTH GRADE STUDENTS. THE SCHOOL'S MISSION IS TO SHAPE THE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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 \$ 12,662,123. including grants of \$) (Revenue \$)
	THE CHARTER SCHOOL PROVIDES STUDENTS WITH AN INTEGRATED EDUCATIONAL
	APPROACH THAT PLACES A HEAVY EMPHASIS ON THE ARTS, MUSIC, AND
	LITERATURE, IN ADDITION TO THE CORE SUBJECTS THAT ARE TRADITIONALLY
	COVERED. THE SCHOOL WORKS TO NURTURE THE CHARACTER OF EACH STUDENT
	THROUGH A STAFF THAT TEACHES AND MODELS EXCELLENCE AND THE
	ESTABLISHMENT OF CHARACTER-FORMING RITUALS AND TRADITIONS. THE STUDENTS
	ARE TAUGHT THE IMPORTANCE OF COMMUNITY BY WORKING ALONGSIDE
	PARENTS/GUARDIANS AND COMMUNITY MEMBERS IN PURSUIT OF OUR MISSION. THE
	FORMATION OF A STRONG COMMUNITY BEGINS WITH THE WAY WE STRUCTURE THE
	SCHOOL INTO SMALLER COMMUNITIES. IN ADDITION TO PRE-KINDERGARTEN FOR
	AGES THREE AND FOUR, THE SCHOOL HAS A PRIMARY ACADEMY (PK-2),
	INTERMEDIATE ACADEMY (3-5), AND PREP ACADEMY (6-8). THESE SMALLER
łc	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1d	Other program services (Describe in Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )
le	Total program service expenses ► 12,662,123.
32002 2-16-	15 SEE SCHEDULE O FOR CONTINUATION(S)
03	2 310 138138 IMA001.1 2015.05050 HOPE COMMUNITY PUBLIC CHA IMA0

Form 990 (2015)		COMMUNITY	PUBLIC	CHARTER	SCHOOL
Part IV Check	list of Required	Schedules			

			Yes	No
1	Is the examination described in section $501(c)(2)$ or $4047(c)(1)$ (other than a private foundation)?		165	
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		- 21
5	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<b>–</b>		
4		4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			- 23
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6				- 23
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		х
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	v	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X	v
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.0		v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G. Part III	19		X

Form 990 (2015)

532003 12-16-15

Form 990 (2		E COMMUNITY		CHARTER	SCHOOL				
Part IV Checklist of Required Schedules (continued)									

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
<u></u>	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
		1 30	<b>4</b> 7	1

Form 990 (2015)

532004 12-16-15

Check in schedule O contains a reported on note to any late in the Part V       Yes       Note         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       10       0         0       Enter the number of form 3V02 and lauded in line 1a. Enter -0- if not applicable       10       0         0       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming ignohiling withor within the year covered by this return       12       1       1       2       X         2a       Enter the number of form 3V02 and 2 is greater than year covered by this return       1       1       3       X         3a       D if at least one in ported on line 2a, did the organization file all required to get enstructions)       3a       X         3b       If "Yes," than if field a Form 980-Tfor this year? If "No," to line 3b, provide an explanation or biof realthority over, a financial account?       4a       X         b       If any time during the calendar year, did the organization have an interest in, ca salgrist and than to organization have an interest in calendar year and to regulate the result of the second seco	Pa	<b>TV</b> Statements Regarding Other IRS Filings and Tax Compliance					
1a         Inter the number optical is 0x 3 of Form 1096. Enter -0: in rot applicable         1a         35           0         D         O         O         O         O           c         Define the number of orm SV3 of Roulded in the X. Enter 0: in rot applicable         1b         0           c         Define the number of orm SV3 of Roulded in the X. Enter 0: in rot applicable         1c         X           2a         Enter the number of orm SV3 of Rould and in the X. Enter 0: in rot applicable form AV3. Transmittal of Wage and Tax Statements.         2a         153           1b         at a days on the S, and the organization have integrated tedraxi employment tax returns?         2a         X           Note. If the sum of lines 1 and 2a is greater than 250, your may be required to <i>a</i> dig (see instructions)         3a         X           4         At any time the harm of the froging country.         4a         X           6         TYss, "that if field a from 900 Tor this year? ("Yos," to ne 3b, provide an explanation in Schedulo 0         3b         X           5a         At any time dinging tax prints that as an other franzaction at any time dung the tax year?         5a         X           5a         Was the organization have annot pay to a prohibite tax sheet transaction?         5b         X           5a         Was the organization have annot pay to a prohibite tax sheet transaction? </th <th></th> <th>Check if Schedule O contains a response or note to any line in this Part V</th> <th></th> <th></th> <th></th> <th></th> <th>$\square$</th>		Check if Schedule O contains a response or note to any line in this Part V					$\square$
b       Enter the number of forms W20 included in line 1a. Enter -0. In rot applicable       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10			1.1	25		Yes	No
c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) wrinings to prize wriners?       1c       X         2       Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, the form the sum of time 2, did the organization file all required federal employments tax returns?       2a       X         Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e_r/ig (see instructions)       3a       X         d       At any time as it field a form 900-1 for this year? (if 'No, 'to ine '3b, provide an explanation in keer infraetsi, nor, as the organization have an infraetsi, nor, as							
gambing wrinings to prize wrines?       1c       X         2a       Enter the number of employees reported on frem W3, Transmittal of Wage and Tax Statements, is a 1.53       1.53       1.53         2b       If at least one is reported on line 2a, did the organization fiel all required federal employment tax returns?       2b       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       If "ves," has filed a Form 900 Tor this year?       3a       X         3b       If "ves," has filed a Form 900 Tor this year?       3a       X         3c       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3c       Did the organization have an inferest in, or a signature or other authority over, a financial accounts (FBAP).       5a       X         3c       Did any taxable party not prohibided tax shaft transaction at any time during the tax year?       5a       X         3c       If "Ves," in did the organization that it was or is a party to a prohibided tax shaft transaction at any time during the tax year?       5a       X         3c       If "Ves," in did the organization file for 88867       X       5c       X         3c       If "Ves," indicate the organization file for 88867       X       5c       X				•			
2s       Enter the number of employees reported on Form W-S. Transmittal of Wage and Tax Statements, test field for the calendar year ending with or within the year covered by this return.       153         b       If at least one is reported on line 2a, did the organization field at required tederal employment tax returns?       2b       X         Note. If the sum of line 1a and 2a is greater than 250, you may be required to er/lig (see instructions)       3a       X         a       Twes, 'has it field a Form 800-T for this year? If 'No, 'io (me 2b, provide an explanation in X-stechule 0       3b       X         b       If 'Yes, 'has it field a Form 800-T for this year? If 'No, 'io (me 2b, provide an explanation in X-stechule 0       3b       X         b       If 'Yes, 'has it field a Form 800-T for this year? If 'No, 'io (me 2b, provide an explanation in the tax word?       5a       X         See instructions for fing requirements for FinCEN Form 134, Report of Foreign Bank and Financial Accounts (FBAR), See instructions we annual gross recelus that are normality greater than \$100,000, and d the organization solicit an explanation inte Form 888617       5a       X         D       Does the organization have annual gross recelus that are normality greater than \$100,000, and d the organization solicit an explanation collow the very solicitation an explanation and path for goods and services provided to the payor?       7a       X         D       If 'Yes, 'to line 6a, organization file form 700 for the value of the goods or services provided?       7a       X	с				4.	v	
tied for the calendary year ending with or within the year covered by this return     12     153       b If at least one is reported on line 2a, did the organization file all required to <i>e</i> -file (see instructions)     2b     X       3a Did the organization have anneliade business gross income of \$1,000 or more during the year?     2a     X       3b If 'Yes', hast file of Form 990-16 to the year? 'Yo, 'to <i>ine</i> 2b, provide an explanation in Schedulo O, et al.     3b     X       4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounts for file group country, securities account, securities account, or other financial accounts (FBAR).     5a     X       5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution that we not tax deductible from 8886 17.     See     See       6b Uries, 'to ine ba or Sb, did the organization that It was or is a party to a prohibited tax shelter transaction?     See     See       6c Uries, 'to ine ba or Sb, did the organization that It was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible from 8886 17.     See     X       70 Organization neuka equatible activation an express statement that such contributions or gifts were not tax deductible orthibutions under section 170(c).     See     See       71 Organization receive approximation metric to particulation free anguitation free anguitation texe approximation section approximation secone 1100 (c)	0-				10	~	
b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       26       X         Note. If the sum of lines 1 and 2a is greater than 250, you may be required to <i>e-tile</i> (see instructions)       3a       X         b       If "Yes," has it filed a Form 390-T for this year? <i>II"</i> 'No, ' <i>to line 30, provide an explanation in Schedule O</i> 3b       X         d       At any time during the celeardy year, dift be organization have an infrarest (n, or signature or other enauthority over, a       4a       X         d       H "Yes,' the its the name of the foreign country (such as a bark account, securities account, or other financial account)?       4a       X         b       H "Yes,' there the name of the foreign country (such as a bark account, securities account, or other financial Accounts (FBAR).       5b       X         See instructions for findes manual gross receives party to a prohibited tax shelt ensation?       5c       X         Do dary taxable party notify the organization the 3de 10t the organization accounts and actify the organization account and accounts or gifts were not tax deductible?       5b       X         D       Try es, 'd the organization acce actify the goods or services provided to the part?       7a       X         Types, 'd the organization neck ange, or otherwise dispose of tangible personal property for which it was required to the form 8282?       7b       X         D'Types, 'd the organization neck ange, o	za			153			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-nie (see instructions)       3a       X         Sa       Diff the organization have unrelated business gross income of \$1,000 or more during the year?       3b       X         Sa       Diff the cleandar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toring country (see the a bank account, security account, secount, account, account, account, account, acco	L				0	v	
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If "Yes," has if field a Form 980-T for this year? If "No, " to fine 3b, provide an explanation in Schedule O       3b       4a         A X 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 torrigin country (such as a bank account, securities account, or other infrancial account)?       4a       X         b       If "Yes," that if the origin country (such as a bank account, securities account, or other minorities) accounts (FEAR).       5a       X         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).       5a       X         B       Ded any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         B       Ded any taxable party notify the organization file Form 8886 17.       5a       X         B       Ded any taxable party notify the organization sile Form 8886 17.       5a       X         D       Organization sile, verse verse location sub express statement that such contributions or gifts were not tax deductible?       5a       X         D       Organization sile, verse, to advalue of the goods or services provided 1       7a       X         D       D'ff the organization notify the dorarization sile, adval	D				20	Δ	
b       If 'Yes,' has it field a Form 990-T for this year? # 'No,' to line 3b, provide an explanation in Schedule O       30         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authorky over, a francial account in a foreing nountry (such as a bank account, or other financial account?)       4a       X         b       If 'Yes,' enter the name of the foreign country: >	20				20		x
4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b       If "vise," enter the name of the foreign country.       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR).       Sa       X         b       Uid any taxable party to a prohibited tax shelter transaction at any time during the taxy ser?       Sa       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8886-T?       So       X         C       Do be the organization neither with every solicitation an express statement that such contributions solicit any contributions include with every solicitation and express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       So       X         D       Did the organization neithy explanet in excess of 5/5 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         T''es, " all dhe organization neithy explanet in excess of 5/5 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         If "Yes," all dhe organization neelwe asy funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         If "Yes," all dhe organization neelwe asy funds, directly or indirectly, to pay premiums on a person							
francial account in a foreign country:     4a     X       b If Yes," enter the name of the foreign country:     5     5       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       D di any taxable party notify the organization file Form 8886-17     5a     X       Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that was or is a party to a prohibited tax shelter transaction?     5a     X       b If Yes," did the organization neckee as pharment in excess statement that such contributions or gitts were not tax deductible as charitable contributions and party for granization sectile as paryment in excess of \$5 mode party as a contribution and party for granization sectile as pharment in excess of \$5 mode party as a contribution and party for granization sectile as young the as a contribution and party for granization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7a     X       b If the organization necelve any funds, directly or indirectly, on a personal benefit contract?     7e     7f     7d     7d       c X     If the organization necelve as phote as prohibles, did the organization necelve any funds, directly or indirectly, on a personal benefit contract?     7e     7f       f If Yes, " indicate the number of Forms 8282 filed during the year?     7a     7a     7a </th <th></th> <th></th> <th></th> <th></th> <th>30</th> <th></th> <th></th>					30		
b       If "Yes," enter the name of the foreign country. Image: See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).         See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).       Sa         X       bold any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Sa       X         If "Yes," in line 5a or 5b, of the organization file Form 8885-17       Sc       Sc       Sc         Ga       Does the organization nave env tax deductible as charitable contributions?       Ga       X         If "Yes," id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Ga       Dif the organization neelly were apayment in excess of 575 made party as a contribution and party for goods and services provided to the payor?       Ta       X         D id the organization neelly exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       To       Ta       X         If "Yes," indicate the number of Forms 8282 filed during the year       Td	та				45		x
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Image: Comparison of C	h		accourn		та		
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5a       U 'Yes, ' loit be so of 5b, (did the organization file form 8986-17)       5a       X         5a       Did the organization have amual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b If 'Yes,' did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?       6b       7a       X         7 Organization receive department in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7 b If 'Yes, ' indicate the number of Forms 8282 filed during the year       Td       Td       7a       X         7 b Id the organization receive a payment in excess that, airplanes, or other vehicles, did the organization file Form 8282?       7a       X       7a       X         9 If the organization notify the doror of the value of the goods or services provided?       7a       X       7a       X         9 If the organization notify the doror of the value of the goods or services provided?       7a       X       7a       7a	D.		ccount	s (FBAR)			
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8886-7?       5c       5c         B       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit       5a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5b       X         7       Organization stat may receive deductible contributions under section 170(c).       7a       X         9       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d       If "Yes," indicate the number of Forms 8282 field during the year       7d       7f       7f         d       Did the organization received a contribution of cau, boats, airplanes, or other vehicles, did the organization file Form 18989 as required?       7f       7f         f       Did the organization received a contribution or dualified intellectual property, did the organization file a Form 10980?       7g       7f         g       If the organization neave excess business holdings at any t	5a			· ,	5a		x
c       If "Yes," to line 5a or 5b, did the organization file Form 8886-1?       5c         6       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 charibable contributions?       5c         7       Organizations that may receive deductible as charibable contributions?       6a       X         9       Organizations that may receive deductible contributions under section 170(c).       0bit the organization notify the donor of the value of the goods or services provided?       7a       X         16       TYes," did the organization and, circctly or indirectly, to pay memiums on a personal benefit contract?       7c       X         17       Td       Td       7a       X         16       TYes," did the organization factory any premiums, directly or indirectly, on a personal benefit contract?       7c       X         16       Horganization receive any funds, directly or indirectly, on a personal benefit contract?       7d       7d         17       Hit the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7d       7d         18       the organization receive any funds, directly or indirectly, on a personal benefit contract?       7d       7d       7d         19       bit the organization matching donor advised funds.       Did dhe organization file a							
Ge 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?       Ge       X         bit "ves," did the organization include with every solicitation an express statement that such contributions or gits       Ge       X         c Did the organization include with every solicitation an express statement that such contributions or gits       Ge       X         d If "Yes," did the organization netwes a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       Ta       X         b If "Yes," indicate the number of Forms 8282 field during the year       [7d]       Ta       X         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f If "Yes," indicate the number of Forms 8282 field during the year       [7d]       Te       X         f Did the organization receive any funds, directly or indirectly or napersonal benefit contract?       Te       X         g If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098 Cf       Sponsoring organization make and taxable distributions under section 4966?       Spa       Spa         g Sponsoring organization make and taxable distributions under section 4966?       Spa       Spa       Spa       Spa       Spa       Spa       Spa </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts       6a       X         7 Organizations that may receive deductible contributions under section 170(c).       6b       7         7 Organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the par?       7a       X         7 If "Yes," idid the organization notify the donor of the value of the goods or services provided?       7d       7a       X         6 Did the organization neceive apyment in excess of \$16 made partly as a contribution and partly for yould in the sequrised to the par?       7a       X         7 Organization receive apyment in excess of \$16 made partly as a contribution and partly for yould in the sequence part of the organization receive approximation or the sequence part of the organization receive approximation and partly to pay premiums on a personal benefit contract?       7d       X         7 Did the organization received a contribution of qualified thellectual property, did the organization file Form 899 as required?       7t       7d       X         9 Sponsoring organization make any taxable distributions under section 4966?       9a       10a       10a       10a       10a       10a       1							
b       H "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         8       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         7       To ganization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7c       X         10       the organization scile, was dispose of tangible personal property for which it was required to file organization receive any function, directly or indirectly, on a personal benefit contract?       7t       X         11       the organization receive any function of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       8         8       ponsoring organization make any taxable distributions under section 4966?       9a       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       11a       11a       11a       12a         11       Section 501(c)(7) organizations. Enter:       10a       10b       11a       12a       12a       12a			-		6a		x
were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7d       7c       X         b If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         b Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7g         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         g Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         9 Did the sponsoring organization make any taxable distributions under sources against amounts due or resoluted on Form 990. Part VIII, line 12       10a       10a       10a       10a       10b         1 Section 501(c)(7) organization make a distribution to a donor, donor advisor, or related person?       9b       10a       10a       10a       10a       10a       10a       10a	b						
7 Organizations that may receive deductible contributions under section 170(c).       a       Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         7b				-	6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       7f         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       7f         8       Sponsoring organization make avised funds.       Did a donor advised funds.       8       8         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a         11       Section 501(c)(2) organizations. Enter:       10b       11a       11a       11a         12       Section 501(c)(2) organizations. Enter:       10a       10b       11a <t< th=""><th>7</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	7						
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7e         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 8989 as required?       7f       7g         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7d         f       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         9       Sponsoring organizations included on Part VIII, line 12       10a       10a       10a       10a         10       the sponsoring organizations. Enter:       10a       10a </th <th>а</th> <th>Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se</th> <th>rvices pr</th> <th>ovided to the payor?</th> <th>7a</th> <th></th> <th>X</th>	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pr	ovided to the payor?	7a		X
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       Image: Control of Control	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       7f         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n         8 Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       8       9         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 bt he sponsoring organizations. Enter:       10a       10b       10b       9p         11 Section 501(c)(12) organizations. Enter:       10b       10b       11b       12a         12 Section 501(c)(12) organizations. Enter:       10a       10b       11b       12a         13 Gross income from members or shareholders       11b       11b       12a       12a         14 Fryes," enter the amount of tax exempt interest received or accrued during the year       1	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ired			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h         8       9       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         a linitiation fees and capital contributions included on Part VIII, line 12       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b         a Gross income from members or shareholders       11b       12a       10b       11b       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a       13a         13		to file Form 8282?			7c		X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       8a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       9b         10       Gross income from members or shareholders       11a       10b         11       Section 501(c)(12) organizations. Enter:       10a       11b       12a         12       Gross income from members or shareholders       11a       10b       12a         13       Bertion 501(c)(12) organizations. Enter:       11b       12a       12a         14       Gross income from members or shareholders       11a       12a       12a       12a         14       Section 501(c)(12) organization file organization filing Form 990 in lieu of Form 1041?	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       9b         11 Section 501(c)(7) organizations. Enter:       10a       10b       10b         12 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10c         13 Section 501(c)(12) organizations. Enter:       11a       10b       10b       11c         13 Section 501(c)(12) organizations. Enter:       11a       12a       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         14 "Yes," enter the amount of tax-exempt interest received or accrued during the year?       13a       13a       13a         13 S	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		<b> </b>
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       11a         12       Gross income from members or shareholders       11a       11b       12a       12a         13       Section 501(c)(12) organization iterest received or accrued during the year       12b       12a       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         14       Did the organization licensed to issue qualified health plans in more than o	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		<b> </b>
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         9       Sponsoring organizations maintaining donor advised funds.       9         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       11b         b       Gross income from them.)       11b       12a         12       Section 501(c)(12) organization timest received or accrued during the year       12b       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed t	g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 889	9 as required?	7g		L
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HOPE COMMUNITY PUBLIC CHARTER SCHOOL

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Form 990 (2015)

Form 990	) (2015)
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### HOPE COMMUNITY PUBLIC CHARTER SCHOOL

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

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

number of voting members of the governing body at the end of the tax year	p with any other e direct supervision 990 was filed? sets? ppoint one or tockholders, or ar by the following:	<u>3</u> <u>4</u> <u>5</u> <u>6</u>		X		
Atted broad authority to an executive committee or similar committee, explain in Schedule 0. humber of voting members included in line 1a, above, who are independent ficer, director, trustee, or key employee have a family relationship or a business relationship ector, trustee, or key employee? ganization delegate control over management duties customarily performed by or under the directors, or trustees, or key employees to a management company or other person? ganization make any significant changes to its governing documents since the prior Form 9 ganization become aware during the year of a significant diversion of the organization's ass ganization have members or stockholders? ganization have members, stockholders, or other persons who had the power to elect or are abers of the governing body? bovernance decisions of the organization reserved to (or subject to approval by) members, so ther than the governing body? mittee with authority to act on behalf of the governing body? mittee with authority to act on behalf of the governing body? my officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real on's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	p with any other e direct supervision 990 was filed? sets? ppoint one or tockholders, or ar by the following:	<u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u>				
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hes to ensure their operations are consistent with the organization's exempt purposes?				+		
ganization provided a complete copy of this Form 990 to all members of its governing bod	ly before filing the forr	n? <b>11</b>	a X	_		
n Schedule O the process, if any, used by the organization to review this Form 990.						
ganization have a written conflict of interest policy? If "No," go to line 13				+		
rs, directors, or trustees, and key employees required to disclose annually interests that could give rise		12	5 X	—		
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
le O how this was done						
ganization have a written whistleblower policy?						
ganization have a written document retention and destruction policy?		14	X			
ocess for determining compensation of the following persons include a review and approva	al by independent					
comparability data, and contemporaneous substantiation of the deliberation and decision?						
ization's CEO, Executive Director, or top management official		15				
ers or key employees of the organization		15	5 X			
line 15a or 15b, describe the process in Schedule O (see instructions).						
ganization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a					
tity during the year?		16	3	X		
id the organization follow a written policy or procedure requiring the organization to evaluar						
nture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's					
atus with respect to such arrangements?		16	<b>b</b>			
isclosure						
ates with which a copy of this Form 990 is required to be filed <b>&gt; NONE</b>						
04 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s o	nlv) availal	ole			
inspection. Indicate how you made these available. Check all that apply.						
	n in Schedule O)					
· · · · · · · · · · · · · · · · ·		and fina	ncial			
		, and mai				
	oke and recorde:					
State the name, address, and telephone number of the person who possesses the organization's books and records:  THE ORGANIZATION - 202-832-7370						
		Fo	m <b>990</b>	) (20		
s a	vailable to the public during the tax year. ne, address, and telephone number of the person who possesses the organization's bo GANIZATION - 202-832-7370	vailable to the public during the tax year. ne, address, and telephone number of the person who possesses the organization's books and records: SANIZATION - 202-832-7370 CH STREET NE, WASHINGTON, DC 20017	vailable to the public during the tax year. ne, address, and telephone number of the person who possesses the organization's books and records: <u>SANIZATION - 202-832-7370</u> <u>CH STREET NE, WASHINGTON, DC 20017</u> For 6	ne, address, and telephone number of the person who possesses the organization's books and records:  ANIZATION - 202-832-7370 CH STREET NE, WASHINGTON, DC 20017 Form 990		

Form 990 (20	D15) HOPE	COMMUNITY	PUBLIC	CHARTER	SCHOOL	33-1101817	Page 7
Part VII	Compensation of Office	cers, Directors,	, Trustees,	Key Employ	ees, Highest	t Compensated	
	Employees, and Indep	endent Contra	ctors				
(	Check if Schedule O contain	s a response or note	e to any line in	this Part VII			
Section A.	Officers, Directors, Truste	es, Key Employees	, and Highest	Compensated	Employees		
1a Complet	e this table for all persons re	nuired to be listed. F	Report comper	sation for the c	alendar vear end	ting with or within the organization's ta	ax vear

all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			( Pos	C)	1		(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle:	heck ss pei	more rson i	than o s both	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated Autor		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ROXANE RUCKER	2.00									
BOARD CHAIR		х		Х				0.	0.	0.
(2) AL CAMPBELL	2.00									-
BOARD VICE CHAIR		х		Х				0.	0.	0.
(3) AARON DEAN	2.00	<b>_</b> _		<b>_</b> _				_		•
BOARD TRESASURER		Х		X				0.	0.	0.
(4) LAUVERN WILLIAMS	2.00									•
BOARD SECRETARY		Х		X				0.	0.	0.
(5) RANA JOHNSON	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(6) CHRISTOPHER CODY	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(7) ADAM ADLER	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(8) MARCUS SMALLWOOD	2.00									-
BOARD MEMBER		Х						0.	0.	0.
(9) STACY BOYKIN	2.00									•
PARENT MEMBER		Х						0.	0.	0.
(10) SHATE JACKSON	2.00									•
PARENT MEMBER		Х						0.	0.	0.
(11) ORINTHIA HARRIS	2.00									•
BOARD MEMBER	45 00	Х						0.	0.	0.
(12) CAMILLE DARDEN	45.00							110 000	•	11 000
PRINCIPAL	45 00			X				119,977.	0.	11,927.
(13) DIANA THARPE HAYDEN	45.00							100 000	•	1 6 1 4 6
PRINCIPAL				X				107,650.	0.	16,146.
						-				
		1								
		-				-				
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532007 12-16-15	1							1		Form <b>990</b> (2015)

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Form 990 (2015)	HOPE COM									33-11	1018	317	Pa	age <b>8</b>
	ers, Directors, Trus		oloye	ees,			ghes	t C	ompensated Employee	, ,	—			
(A)		(B)			<b>(C</b> Posi				(D)	(E)			(F)	
Name and ti	tle	Average hours per		not cl	heck r	nore t	than o s both		Reportable compensation	Reportable compensatio	I		imate ount o	
		week					r/trust		from	from related			other	
		(list any	ector						the	organization			pensat	tion
		hours for	or dire	e			ated		organization	(W-2/1099-MIS	3C)		om the	
		related organizations	ustee	truste		e	bens		(W-2/1099-MISC)			•	anizati I relate	
		below	Individual trustee or director	In stitutional trustee	_	key employee	st con yee	-					nizatio	
		line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former				3		
											$ \rightarrow $			
											-+			
1b Sub-total								•	227,627.		0.	28	3,07	73.
c Total from continuatio	n sheets to Part V	II, Section A					I		0.		0.			0.
d Total (add lines 1b and									227,627.		0.	28	3,07	/3.
2 Total number of individu compensation from the		not limited to th	ose	liste	d ab	ove)	) who	o re	eceived more than \$100,	000 of reportable	÷			2
													Yes	No
3 Did the organization list	anv former officer	. director. or tru	ustee	. ke	v em	volar	vee.	or I	highest compensated er	nplovee on	ſ			
•						• •			5 1			3		х
4 For any individual listed														
and related organizatior	ns greater than \$15	0,000? If "Yes,	" coi	mple	ete S	che	dule	J f	or such individual			4		Х
5 Did any person listed or	n line 1a receive or	accrue comper	nsatio	on fr	om a	any	unre	late	ed organization or individ	lual for services				
		nplete Schedule	e J fo	or su	ich p	perso	on .				<u></u>	5		Х
Section B. Independent Co 1 Complete this table for		mpensated inc		nder		ntra	actor	e th	nat received more than \$	100 000 of comr		ion fro	m	
		-							the organization's tax y					
	(A)								(B)		~	(C		
	Name and business							_	Description of s	ervices	C	ompen	Isatior	1
IMAGINE SCHOOLS					יחכ	70	c				1	0.2/	1 61	1
4415 NICOLE DR. REVOLUTION FOOD		LANGAM,	141.		20	/ 01	0	-	STRATEGIC MA	NAGEMENI		,934	E, 01	
PO BOX 742769,		25 CA 9	0.0	74					FOOD CONTRAC	TOR		491	.,02	28
IMAGINE SCHOOLS		10, Ch J	00	/ =				f	CONTINC				.,02	10.
1005 GLEBE ROAD		LINGTON,	V	A	222	203	1		MANAGEMENT C	OMPANY		472	2,92	25.
PARADIGM THERAP								_	SPECIAL THER		-			
6368 COVENTRY W	AY #363, (	CLINTON,	M	D	20'	73!	5	-	SERVICES			259	9,26	54.
2 Total number of indepen	ndent contractors (i	ncluding but no	ot lin	nitec	to t			ed	above) who received mo	ore than				
\$100,000 of compensat	tion from the organi	zation 🕨				4	L					Form <b>S</b>	000	
												⊢orm `	ノンし (2	(U15)

grad     1 a     1 a     b     b     b     b     b     coverage     b     b     coverage     b     coverage     b     coverage					Y PUBLIC	CHARTER SC	CHOOL	33-1101	817 Page 9
Total revenue         Total revenue         Construction         Constructi	Par	t VII	Statement of Rever	nue					
Total revenue     Relativo conservation       1 a Federated campaigns     1a       b Membership dues     1b       c Fundaming events     1c       c Fundaming events     1c       d Related organizations     1d			Check if Schedule O cont	ains a response o	or note to any line				
By Membership dues       10         Ge - E-Fordasing events       16         H detated organizations       14         H detated organizations       15,993,672.         H detated organizations       15,993,672.         I and there program service revenue       15,993,672.         H and there program service revenue       1         H and there pr							Related or exempt function	Unrelated business	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
group       2 a	ts t	1 a	Federated campaigns	1a					
growth and the state of t	our								
growth and the state of t	a, c								
group       2 a	ar Gift	d	Related organizations	1d					
group       2 a	ini,				15,889,596.				
group       2 a	r S	f	All other contributions, gifts, gran	its, and					
group       2 a	<u>i p</u>		similar amounts not included abo	ve <b>1f</b>	104,076.				
group and set of the se	nd tr	-							
9000000000000000000000000000000000000	ŭ Ē	h	Total. Add lines 1a-1f			15,993,672.			
Objective       b					Business Code				
g Total. Add lines 22:21       >         3       Investment income (including dividends, interest, and other similar amounts)          4       Income from Investment of tax-exempt bond proceeds       >         5       Royaties       (i) Real       (ii) Personal         6 a Gross rents       (iii) Personal       >       >         b Less: rental income or (loss)       (iii) Personal       >       >         7 a Gross amount from sales of the basis and sales expenses       (iii) Personal       >       >         a for (loss)	e								
g Total. Add lines 2a.27       ▶         3       Investment income (including dividends, interest, and other similar amounts).       ↓         4       Income from linestment of tax-exempt bond proceeds       ↓         5       Royaties       (i) Real       (ii) Personal         6       Gross rents       (iii) Personal       ↓         b       Less: rental income or (loss)	erv	b							
g Total. Add lines 2a.27       ▶         3       Investment income (including dividends, interest, and other similar amounts).       ↓         4       Income from linestment of tax-exempt bond proceeds       ↓         5       Royaties       (i) Real       (ii) Personal         6       Gross rents       (iii) Personal       ↓         b       Less: rental income or (loss)	n S Ieni	С							
g Total. Add lines 2a.27       ▶         3       Investment income (including dividends, interest, and other similar amounts).       ↓         4       Income from linestment of tax-exempt bond proceeds       ↓         5       Royaties       (i) Real       (ii) Personal         6       Gross rents       (iii) Personal       ↓         b       Less: rental income or (loss)	Bev	d							
g Total. Add lines 2a.27       ▶         3       Investment income (including dividends, interest, and other similar amounts).       ↓         4       Income from linestment of tax-exempt bond proceeds       ↓         5       Royaties       (i) Real       (ii) Personal         6       Gross rents       (iii) Personal       ↓         b       Less: rental income or (loss)	5 C								
3       Investment income (including dividends, interest, and other similar amounts)         4       Income from investment of tax exempt bond proceeds         5       Royafties         6 a       Gross rents         0       Detail (0) Personal         6 a       Gross mount from sales of assets other than inventory         0       Detail (0) Detail (0) Other         7 a       Gross income from fundraising events (not including 5	-								
other similar amounts) <ul> <li>income from investment of tax-exempt bond proceeds</li> <li>Foyalties</li> <li>Foyalties</li></ul>									
4       income from investment of tax-exempt bond proceeds         5       Royatties         6 a       Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         d       Net rental income or (loss)         b       Less: cost or other basis and sales expenses         a Gross income from fundraising events (not including \$ or         for contributions reported on line 1c). See         Part IV, line 18         b       Less: direct expenses         d       Net income or (loss) from fundraising events and allowances         a       Less: direct expenses         b       Less: direct expenses         b       Less: direct expenses         b       Less: cost of goods sold         b       Less: cost of goods sold         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         Metellan REVENUE       900039         11a       OTHER REVENUE         b       Southers         c       Internet expense         d       Internet expense         a		3							
5       Royatlies       0) Real       (i) Personal         6       a Gross rents       0) Real       (i) Personal         b Less: rental expenses       0) Securities       0) Other         a sasets other than inventory       0       0) Securities       0) Other         b Less: cost or other basis       0) Securities       0) Other       0         a dross anount from sales of assets other than inventory       0       0       0         b Less: cost or other basis       0) Securities       0) Other       0         a dross income from fundraising events (not including \$		4							
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses					· · · ·				
6 a Gross rents		3	noyanies						
b       Less: rental expenses		6 9	Gross rents		(ii) Feisonai				
c       Rental income or (loss)		-							
d Net rental income or (loss) <ul> <li>7 a Gross amount from sales of assets other than inventory</li> <li>b Less: cost or other basis and sales expenses</li> <li>c Gain or (loss)</li> <li>d Net gain or (loss)</li> <li>d Securities</li> <li>of contributions reported on line 1c). See</li> <li>Part IV, line 18</li> <li>a Gross income from fundraising events (not including \$\sum contributions reported on line 1c). See</li> <li>Part IV, line 18</li> <li>a Gross income from gaming activities. See</li> <li>Part IV, line 19</li> <li>a Gross sales of inventory, less returns and allowances</li> <li>a Gross sales of inventory, less returns and allowances</li> <li>a Less: cost of goods sold</li> <li>b Less: cost of goods sold</li> <li>c Net income or (loss) from sales of inventory</li> <li>Miscellaneous Revenue</li> <li>Business Code</li> <li>11 a OTHER REVENUE</li> <li>900099</li> <li>194,169.</li> <li>Miscellaneous Revenue</li> <li>All Other start.11d</li> </ul> <ul> <li>194,169.</li> <li>194,169.</li> </ul>									
7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses       (i) Securities       (ii) Other         c Gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         d Net gain or (loss)       (iii) Other       (iii) Other         g Gross income from fundraising events (not including \$ of       (iii) Other       (iii) Other         g Gross income from gaming activities. See       0       (iii) Other       (iii) Other         g Gross income from gaming activities. See       0       (iii) Other       (iii) Other         g Gross alse of inventory, less returns and allowances       0       (iii) Other       (iiii) Other         g C THER REVENUE       900099       194,169.       194,169.       (iii) Other         g OTHER REVENUE       900099       194,169.       (iii) Other       (iii) Other         g OTHER REVENUE       900099       194,169.       (iii) Other       (iii) Other         g Other Revenue									
assets other than inventory									
b Less: cost or other basis   and sales expenses   c   Gain or (loss)      d   Net gain or (loss)      a   c   a   contributions reported on line 1c). See   Part IV, line 18   b   c   conso income from gaming activities. See   Part IV, line 19   a   b   Less: direct expenses   b   c   conso income from gaming activities. See   Part IV, line 19   a   b   Less: direct expenses   b   c   c   not allowances   a   b   Less: cost of goods sold   b   c   Miscellaneous Revenue   Business Code   11 a   OTHER REVENUE   900099   194,169.		7 4							
and sales expenses   c   Gain or (loss)   d   Net gain or (loss)   a   Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18   b   Less: direct expenses   c   Net income or (loss) from fundraising events   b   c   Net income or (loss) from fundraising events   b   a   b   Less: direct expenses   b   c   net IV, line 19   a   b   Less: direct expenses   b   c   Net income or (loss) from gaming activities   b   Less: direct expenses   b   c   c   Net income or (loss) from gaming activities   b   Less: coirect expenses   b   c   c   Miscellaneous Revenue   Business Code   111 a   OTHER REVENUE   90009   194,169   194,169		b							
e Gain or (loss)   d Net gain or (loss)   8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18 a   b Less: direct expenses   b c   c Net income or (loss) from fundraising events   9 a Gross sincome from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b Less: cost of goods sold   c Miscellaneous Revenue   Miscellaneous Revenue Business Code   11 a OTHER REVENUE   b									
d Net gain or (loss)   8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18 a   b Less: direct expenses   b b   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b b   c Net income or (loss) from gaming activities   9 a Gross sales of inventory, less returns and allowances   and allowances a   b Less: cost of goods sold   b Miscellaneous Revenue   Business Code   11 a OTHER REVENUE   900099 194,169.   11 a OTHER REVENUE   900099 194,169.		с							
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c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   a   b   Less: direct expenses   c   Net income or (loss) from gaming activities   10 a   Gross sales of inventory, less returns   and allowances   a   b   Less: cost of goods sold   b   c   Miscellaneous Revenue   Business Code   11 a   OTHER REVENUE   900099   194,169.	ane		Gross income from fundraisin	g events (not					
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   b b   c Net income or (loss) from gaming activities a difference or (loss) from gaming activities 10 a a Gross sales of inventory, less returns and allowances a difference or (loss) from sales of inventory b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER REVENUE 900099 194,169. 194,169. 194,169.	iver								
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   a   b   Less: direct expenses   c   Net income or (loss) from gaming activities   10 a   Gross sales of inventory, less returns   and allowances   a   b   Less: cost of goods sold   b   c   Miscellaneous Revenue   Business Code   11 a   OTHER REVENUE   900099   194,169.	Å		•	,					
c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19 a   b Less: direct expenses   b b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Miscellaneous Revenue   11 a OTHER REVENUE   y 900099   11 a OTHER REVENUE   b 194,169.	the	b							
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances   and allowances   a b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a OTHER REVENUE   900099   194,169.   Intervention of All other revenue Intervention of All other revenue Intervention of All lines 11a-11d	Ö								
Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a OTHER REVENUE   b 00099   11 a OTHER REVENUE   b 00099   194,169 194,169									
b Less: direct expenses b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a OTHER REVENUE   b 900099   11 a OTHER REVENUE   b 11 a   o 11 a   b 11 a   o 11 a   b 11 a   a 11 a   b 11 a   c <td></td> <th></th> <td></td> <td></td> <td>  </td> <td></td> <td></td> <td></td> <td></td>									
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10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       >         Miscellaneous Revenue       Business Code         11 a OTHER REVENUE       900099         b					►				
b       Less: cost of goods sold       b          c       Net income or (loss) from sales of inventory            Miscellaneous Revenue       Business Code            11 a       OTHER REVENUE       900099       194,169.          b		10 a	Gross sales of inventory, less	returns					
b       Less: cost of goods sold       b          c       Net income or (loss) from sales of inventory           Miscellaneous Revenue       Business Code          11 a       OTHER REVENUE       900099       194,169.          b			and allowances	а					
Miscellaneous Revenue       Business Code       Image: Code       Image		b							
11 a       OTHER REVENUE       900099       194,169.       194,169.         b		с			🕨				
b				Ie					
c		11 a	OTHER REVENUE		900099	194,169.	194,169.		
d All other revenue		b							
e Total. Add lines 11a-11d > 194,169.		С							
					L				
L 12 Total revenue. See instructions ► 1 16 187 841.1 194 169.1 0 1									-
		12			🕨	10,187,841.	194,169.	Ο.	0. Form <b>990</b> (2015

532009 12-16-15

HOPE COMMUNITY PUBLIC CHARTER SCHOOL Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	<u>se or note to any line in</u> (A) Total expenses	this Part IX (B) Program service	(C) Management and	
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	255,700.	251,642.	4,058.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,957,645.	5,863,047.	94,598.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	829,854.	804,958.	24,896.	
10	Payroll taxes	495,585.	480,717.	14,868.	
11	Fees for services (non-employees):				
а	Management	1,934,611.		1,934,611.	
	Legal	25,796.	12,898.	12,898.	
С	Accounting	23,830.	11,915.	11,915.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	48,182.	24,091.	24,091.	
12	Advertising and promotion	40,835.	20,417.	20,418.	
13	Office expenses	198,606.	99,302.	99,304.	
14	Information technology	35,277.	17,638.	17,639.	
15	Royalties			1.50.500	
16	Occupancy	3,273,749.	3,110,061.	163,688.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 1 1 1 1 1 1			
22	Depreciation, depletion, and amortization	174,446.	165,724.	8,722.	
23	Insurance	135,659.	128,876.	6,783.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT STUDENT COSTS	1,512,834.	1,512,834.		
b	CHARTER ADMINISTRATION	158,003.	158,003.		
c	START UP DEVELOPMENT AL	60,000.		60,000.	
d	BOARD EXPENSES	12,742.		12,742.	
	All other expenses	,		,,	
25	Total functional expenses. Add lines 1 through 24e	15,173,354.	12,662,123.	2,511,231.	0.
26	Joint costs. Complete this line only if the organization	-,,	_,,,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2015)

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HOPE	COMMUNITY	PUBLIC	CHARTER	SCHOOL
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33-1101817 Page 11

		Check if Schedule O contains a response or note	e to any	line in this Part X		<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,925,362.	1	3,406,812.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			683,634.	3	679,287.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	mer off	icers, directors,			
		trustees, key employees, and highest compensat	ted emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi	ed pers	ons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section					
ets		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use		·····  -	7,305.	8	13,803.
	9	-		····· -	7,305.	9	13,003.
	10a	Land, buildings, and equipment: cost or other	10-	1 325 702			
	h	basis. Complete Part VI of Schedule D	10a	1 057 156.	191,210.	10c	268,546.
	11	Investments - publicly traded securities			19172100	11	200,0100
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	223,055.
	16	Total assets. Add lines 1 through 15 (must equa			3,807,511.	16	4,591,503.
	17	Accounts payable and accrued expenses			1,335,316.	17	1,104,821.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Se	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employees					
iab.		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines				05	
	26	Schedule D Total liabilities. Add lines 17 through 25			1,335,316.	25 26	1,104,821.
	20	Organizations that follow SFAS 117 (ASC 958)		bere <b>X</b> and	1,000,0100	20	1/101/0210
		complete lines 27 through 29, and lines 33 and					
Sec	27	Unrestricted net assets			2,472,195.	27	3,486,682.
alan	28					28	. , ,
dB	29					29	
nn		Organizations that do not follow SFAS 117 (AS					
orF		and complete lines 30 through 34.					
sts.	30	Capital stock or trust principal, or current funds				30	
ASSE	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
Z	33	Total net assets or fund balances		·····	2,472,195.	33	3,486,682.
	34	Total liabilities and net assets/fund balances			3,807,511.	34	4,591,503.
							Form <b>990</b> (2015)

Form 990 (2015)
Part X Bal

115	)		Г
Ra	ance	Sheet	

Form	m 990 (2015) HOPE COMMUNITY PUBLIC CHARTER SCHOOL 33-1101817 Page 12						
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,18				
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,17				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,01				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,472	2,1	<u>95.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	3,48	5,6	82.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a	Х	L		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х			
				000			

Form **990** (2015)

532012 12-16-15

Department of the Treasury Internal Revenue Service

(Form	990	or	990-	·EZ)
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# **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.

OMB No. 1545-0047
2015
Open to Public Inspection

Namo	of the	organization
Name	or the	organization

Nam	e of t	he organization						Employer	identification number
		HOPE	COMMUNITY	PUBLIC CHAR	FER SC	CHOOL		3	3-1101817
Pa	τI	Reason for Public (	Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instructions	6.	
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 11, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2	Х	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma						-	•
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	om busines	sses acquii	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor							
10		An organization organized a							
11		An organization organized a	-	•	-			•	
		more publicly supported or	-						JNECK THE DOX IN
		lines 11a through 11d that	• •			-		-	aivina
а		Type I. A supporting orga the supported organization			• • • •	-			
		organization. You must c			majonty c				ipporting
b		<b>Type II.</b> A supporting org	-		tion with it	s sunnorte	d organizatio	n(s) hy hay	vina
		control or management o	-				-		-
		organization(s). You mus						ge the edp	
с		] Type III functionally inte			in connect	tion with. a	and functional	lv integrate	d with.
		its supported organization							,
d		] Type III non-functionally		-				ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	r the number of supported o							
g		vide the following information							
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i	rganization in your	(v) Amount o	-	(vi) Amount of
		organization		above (see instructions))	governing		support instruct		other support (see instructions)
					Yes	No			
Tota	I								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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# Schedule A (Form 990 or 990 EZ) 2015 HOPE COMMUNITY PUBLIC CHARTER SCHOOL 33-1101817 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					-	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4			(0) = 0 + 0			(.)
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	0	, ,		,	()()	. —
Sa	organization, check this box and stor ction C. Computation of Publi	) here	rcontago				·····
	•		•	(f)			
	Public support percentage for 2015 (I		-			14	<u>%</u>
	Public support percentage from 2014 33 1/3% support test - 2015. If the o					· · · · ·	
102	stop here. The organization qualifies						
ŀ	<b>33 1/3% support test - 2014.</b> If the c		-		d line 15 is 33 1/3%		
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac		-				
	meets the "facts-and-circumstances"			=	-	-	
k	10% -facts-and-circumstances test						
	more, and if the organization meets th		-				
	organization meets the "facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
					Sch	edule A (Form 990	) or 990-EZ) 2015

532022 09-23-15

# Schedule A (Form 990 or 990-EZ) 2015 HOPE COMMUNITY PUBLIC CHARTER SCHOOL Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	)▶ (a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and						
membership fees received. (Do no	ot					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpos						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit	to					
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, a 3 received from disqualified perso						
<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						
8 Public support. (Subtract line 7c from line 6						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	) ► (a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 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 busines	ses					
acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busine activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>	ess					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 1	.2.)	<u> </u>				
14 First five years. If the Form 990 i	s for the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
check this box and stop here Section C. Computation of Pu	ublic Support Pe	rcentage				
15 Public support percentage for 20			clump (f)		15	07
<ul><li>16 Public support percentage from 2</li></ul>					16	<u> </u>
Section D. Computation of In						70
17 Investment income percentage for	or 2015 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage fro	om 2014 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2015.					3 1/3%, and lir	e 17 is not
more than 33 1/3%, check this bo	ox and stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2014.						
line 18 is not more than 33 1/3%,	check this box and s	top here. The org	anization qualifies	as a publicly supp	orted organizat	ion ►
20 Private foundation. If the organiz						<b>&gt;</b>
532023 09-23-15				Sch	edule A (Form	990 or 990-EZ) 2015
		15	)			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 10b | | Schedule A (Form 990 or 990-EZ) 2015

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# Schedule A (Form 990 or 990-EZ) 2015 HOPE COMMUNITY PUBLIC CHARTER SCHOOL Part IV Supporting Organizations (continued)

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

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532025 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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	edule A (Form 990 or 990-EZ) 2015 HOPE COMMUNITY PUBLIC CH			33-1101817 Page 6
		-		
1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com			structions. All
Sect	ion A - Adjusted Net Income	piete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-	integra	ted Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15 instructions).

# Schedule A (Form 990 or 990 EZ) 2015 HOPE COMMUNITY PUBLIC CHARTER SCHOOL

Par	v   Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	\$	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
с	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Schedule A	(Form 990 or 990-EZ) 2015	5 HOPE	COMMUNITY	PUBLIC	CHARTER	SCHOOL	33-1101817	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 6, 9a, 9 3; Part IV, Section	b, 9c, 11a, 11b E, lines 1c, 2a,	), and 11c; Part , 2b, 3a and 3b;	IV, Section B, lines Part V, line 1; Part	s 1 and 2; Part IV, Section V, Section B, line 1e; Pai	n C, t V,
	Section D, lines 5, 6, and (See instructions.)	8; and Par	t V, Section E, lines	2, 5, and 6. Al	so complete the	s part for any addit	ional information.	
532028 09-23-1	15			20		Sched	lule A (Form 990 or 990-	EZ) 2015

Department of the Treasury

Internal Revenue Service

(Form	990)
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 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.

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



Name of the organization

_ _ _ _ _ _ _ _ _

Employer identification number

Dec	HOPE COMMUNITY PUB		33-1101817
Par			<b>FACCOUNTS.</b> Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's of	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histor	ically important land area
	Protection of natural habitat	Preservation of a certifi	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			
c	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
u		-	
2	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year	annant in Innatari 🖎	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consei	rvation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	e organization's accounting for
Dee	conservation easements.		
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2015

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Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Sim	ilar As	sets _{(co}	ontinu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	k any of the	following that	t are a si	gnifica	int use of	its collec	tion it	ems	
	(check all that apply):											
а	Public exhibition	c	1 L	Loan or exc	hange progra	ams						
b	Scholarly research	e	•	Other								
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explair	n how th	ney further th	ne organizatio	on's exer	mpt pı	irpose in l	Part XIII.			
5	During the year, did the organization solicit o											
_	to be sold to raise funds rather than to be ma								Ye			No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" or	n Form	990, Parl	t IV, line 9	, or		
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custodi											
	on Form 990, Part X?								Ye	S		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:								
							- H		Am	ount		
	Beginning balance											
	Additions during the year							1d				
	Distributions during the year							1e				
	Ending balance							1f				N
	Did the organization include an amount on Fe						•		. 🛄 Ye		$\square$	No
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i											
		(a) Current year		Prior year	(c) Two yea			raa vaare h		Four v	oare h	ack
10	Beginning of year balance	(a) Ourient year		nor year		13 Dack	(u) 11			r our y		aur
	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
	Other expenditures for facilities											
C	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 10	a column (a	)) held as:							
	Board designated or quasi-endowment	•	%	g, column (a								
	Permanent endowment	%										
	Temporarily restricted endowment	%										
-	The percentages on lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administer	red for th	ne ora	anization				
	by:	0					Ũ			Y	'es	No
	(i) unrelated organizations								3	a(i)		
	(ii) related organizations									n(ii)		
b	If "Yes" on line 3a(ii), are the related organiza									ßb		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	funds.								
Par	t VI Land, Buildings, and Equipm	ient.										
	Complete if the organization answere	d "Yes" on Form 990	), Part I\	/, line 11a. S	See Form 990	, Part X,	line 1	0.				
	Description of property	<b>(a)</b> Cost or c basis (investr		• •	t or other (other)		Accum eprecia		(d)	Book	value	
1a	Land											
	Buildings											
	Leasehold improvements				8,408.			,752.			,65	
d	Equipment				1,416.			,031.			<u>, 38</u>	
е	Other				5,878.			,373.		122		
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. colun</u>	nn (B), line 1	0c.)		<u></u>			268		
								<u> </u>	dula D /F			

Schedule D (Form 990) 2015

(-) Deseri	Complete if the organization answered "Yes"				
	ption of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or er	nd-of-year market value
•	ial derivatives				
	y-held equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VII	I Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990,	Part X, line 13.	
	(a) Description of investment	(b) Book value			nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(8)					
(9)	(h) must equal Form 000, Part V, col. (P) line 12 )				
(9) otal. (Col. (	(b) must equal Form 990, Part X, col. (B) line 13.)				
(9)	Other Assets.	on Form 990, Part IV, line	a 11d See Form 990	Part Y line 15	
(9) otal. (Col. (	Other Assets. Complete if the organization answered "Yes"		9 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) otal. (Col. ( Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	9 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) <u>otal. (Col. )</u> Part IX (1)	Other Assets. Complete if the organization answered "Yes"		9 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) otal. (Col. ( Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"		2 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) otal. (Col. ) Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) otal. (Col. ( Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		9 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		9 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) (9) (1) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		9 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) htal. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		9 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) tal. (Col. ( Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		9 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) ptal. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		9 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) otal. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line	Description	9 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) otal. (Col. ) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold	Other Assets. Complete if the organization answered "Yes" (a)	Description	9 11d. See Form 990,	, Part X, line 15.	(b) Book value
(9) otal. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990. Part X. col. (B) line	Description			<pre></pre>
(9) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (2) (7) (8) (9) (9) (2) (7) (8) (9) (7) (8) (9) (7) (8) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description			<pre></pre>
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(9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (2) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	a 11e or 11f. See Forr		<pre></pre>
(9) otal. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold Part X (1) Fee (1) Fee	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	a 11e or 11f. See Forr		<pre></pre>
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(9) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Cold Part X (1) Fee (2) (3) (4) (5) (6) (3) (4) (5) (6) (6) (6)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	a 11e or 11f. See Forr		<pre></pre>

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

### Schedule D (Form 990) 2015 HOPE COMM Part VII Investments - Other Securities. HOPE COMMUNITY PUBLIC CHARTER SCHOOL

Complete if the organization answered "Yes" on Form 990, Part IV, line TTD. See Form 990, Part X, line T2.					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(E)					

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Sche	edule D (Form 990) 2015 HOPE COMMUNITY PUBLIC C	HARTER SCHOOL	33-	1101817 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue p	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	16,187,841.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			16,187,841.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.	)		16,187,841.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Sta	) atements With Expenses		<u>16,187,841.</u> n.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	atements With Expenses		n.
	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expenses	s per Retur	<u>16,187,841.</u> n. <u>15,173,354.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With Expenses	s per Retur	n.
<b>Pa</b>	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lir           Total expenses and losses per audited financial statements	atements With Expenses	s per Retur	n.
Pa 1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With Expenses	s per Retur	n.
Pa 1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	atements With Expenses           12a.	s per Retur	n.
<b>Pa</b> 1 2 a b	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	atements With Expenses           12a.           2a           2b           2c	s per Retur	n.
<b>Pa</b> 1 2 a b	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	Image: 2a         Image: 2a           2a         Image: 2b           2c         Image: 2c           2d         Image: 2c	s per Returi	n. <u>15,173,354</u> . 0.
Pa 1 2 b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a         2b           2c         2d	s per Return	n. 15,173,354.
Pa 1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a         2b           2c         2d	s per Return	n. <u>15,173,354</u> . 0.
Pa 1 2 b c d 3	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a       2b       2c       2d	s per Return	n. <u>15,173,354</u> . 0.
Pa 1 2 b c d e 3 4	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	Image: Provide with Expenses           12a.           2a           2b           2c           2d           2d	s per Return	n. <u>15,173,354</u> . 0.
Pa 1 2 b c d e 3 4	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a       2a         2b       2c         2c       2d         2d       2d	s per Return	n. <u>15,173,354.</u> <u>0.</u> <u>15,173,354.</u> 0.
Pa 1 2 a b c 3 4 a b c 5	<b>rt XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a       2a         2b       2c         2c       2d         2d       2d	s per Return	n. <u>15,173,354</u> . <u>0.</u> <u>15,173,354</u> .

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

### PART X, LINE 2:

THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A

THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN

OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SCHOOL PERFORMED AN

EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2016,

AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION

IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT 532054
09-21-15
Schedule D (Form 990) 2015

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2015.05050 HOPE COMMUNITY PUBLIC CHA IMA001.1

Schedule D (Form 990) 2015 HOPE COMMUNITY PUBLIC CHARTER SCHOOL 33-1101817 Page Part XIII Supplemental Information (continued)
STATUS. AS OF JUNE 30, 2016, THE STATUTE OF LIMITATIONS FOR FISCAL YEARS
2013 THROUGH 2016, REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE
VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE SCHOOL FILES TAX
RETURNS. IT IS THE SCHOOL'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES
RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE.
Schedule D (Form 990) 20
532055 09-21-15

12240310 138138 IMA001.1

	HEDULE E	Schools	Ļ	OMB No.	1545-004	47
(For	(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.			2015		
_		Attach to Form 990 or Form 990-EZ.				-
	ment of the Treasury I Revenue Service	-		Open to Inspect		IC
Name	e of the organization	▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/fc</u>	Emplover i			mber
	· · · · · · · · · · · · · · · · · ·	HOPE COMMUNITY PUBLIC CHARTER SCHOOL		3-1101		
Par	tl	******				
					YES	NO
1	Does the organizat	ion have a racially nondiscriminatory policy toward students by statement in its charter, byla	ws,			
	other governing ins	strument, or in a resolution of its governing body?		1	Х	
2		tion include a statement of its racially nondiscriminatory policy toward students in all its broc				
	catalogues, and ot	her written communications with the public dealing with student admissions, programs, and	scholarships	s? 2		X
3	Has the organization	on publicized its racially nondiscriminatory policy through newspaper or broadcast media du	ring the			
	period of solicitation	on for students, or during the registration period if it has no solicitation program, in a way tha	t makes			
	the policy known to	o all parts of the general community it serves? If "Yes," please describe. If "No," please expla	ain.			
	If you need more s			3		X
		L IS A PUBLIC CHARTER SCHOOL AND IS OPERATING U		_		
		WITH THE DC GOVERNMENT. REV. PROC 75-50 DOES NO	<u>),T.</u>	-		
		PUBLIC CHARTER SCHOOLS. ALL FEDERAL RULES AND 5 FOR FEDERAL FUNDING APPLY TO THE CHARTER SCHO		_		
	GOIDELINE?	5 FOR FEDERAL FUNDING APPLY TO THE CHARTER SCHO	<u>, 101</u>	_		
4	Deap the exception	ion maintain the following?		-		
4 a	•	ion maintain the following? the racial composition of the student body, faculty, and administrative staff?		4a		x
		ting that scholarships and other financial assistance are awarded on a racially nondiscrimina	tony basis?	4b		X
		by the scholarships and other mandal assistance are awarded on a radially nondiscriminal by the public dealing w				<u> </u>
Ū		ams, and scholarships?		4c	x	
d		ial used by the organization or on its behalf to solicit contributions?			X	
-		lo" to any of the above, please explain. If you need more space, use Part II.				
		L IS PUBLIC CHARTER SCHOOL AND IS OPERATING UNI	DER A			
	CONTRACT V	NITH THE DC GOVERNMENT. REV. PROC 75-50 DOES NO	)T			
	APPLY.					
				_		
5	Does the organizat	ion discriminate by race in any way with respect to:				
		privileges?		<u>5a</u>		X
b	Admissions policie	s?		<u>5</u> b		X
С	Employment of fac	ulty or administrative staff?		<u>5c</u>		X
		ner financial assistance?				X
		us?				X
						X
		) 				X X
n	Other extracurricul	ar activities? ′es" to any of the above, please explain. If you need more space, use Part II.		<u>5h</u>		
	il you answered i	es to any of the above, please explain. If you need more space, use Part II.				
				-		
				_		
6a	Does the organizat	ion receive any financial aid or assistance from a governmental agency?		6a	х	
		on's right to such aid ever been revoked or suspended?				X
		es" on either line 6a or line 6b, explain on Part II.				
7		ion certify that it has complied with the applicable requirements of sections 4.01 through 4.0	)5 of			
	Rev. Proc. 75-50, 1	1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<u></u>	7		X
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.	chedule E (For	rm 990 or 99	90-EZ)	(2015)

532061 10-02-15 Schedule E (Form 990 or 990-EZ) (2015) HOPE COMMUNITY PUBLIC CHARTER SCHOOL 33-1101817 Page 2

**Part II** Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE SCHOOL IS OPERATING UNDER A CONTRACT WITH THE DC GOVERNMENT AND

RECEIVED FUNDING FROM DC GOVERNMENT DURING FISCAL YEAR OF 2015.

LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:

THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT

WITH THE DC GOVERNMENT. REV. PROC. 75-50 DOES NOT APPLY.

Schedule E (Form 990 or 990-EZ) (2015)

532062 10-02-15

SCHEDULE O (Form 990 or 990-EZ)

#### Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

HOPE COMMUNITY PUBLIC CHARTER SCHOOL

Employer identification number 33-1101817

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

ACADEMICALLY RIGOROUS CONTENT RICH CURRICULUM IN AN ENVIRONMENT IN

WHICH CHARACTER IS MODELED AND PROMOTED, AND A COMMUNITY WHICH BUILDS

TRUSTING RELATIONSHIPS WITH OTHERS.

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

HEARTS AND MINDS OF STUDENTS BY PROVIDING THEM WITH AN ACADEMICALLY

RIGOROUS CONTENT RICH CURRICULUM IN AN ENVIRONMENT IN WHICH CHARACTER

IS MODELED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITIES ENABLE TEACHERS TO BUILD STRONG RELATIONSHIPS WITH STUDENTS

AND WORK CLOSELY WITH FELLOW STAFF MEMBERS. THE SCHOOL ALSO OFFERS

TUTORING TO ASSIST STUDENTS THAT REQUIRE ADDITIONAL SUPPORT. HOPE

COMMUNITY BELIEVES THAT PARENTS HAVE THE PRIMARY RESPONSIBILITY FOR

TEACHING THEIR CHILDREN AND IT IS THE SCHOOL'S ROLE TO WORK ALONGSIDE

PARENTS AND SUPPORT THEM IN THIS TASK. HOPE COMMUNITY ASKS PARENTS TO

SIGN A COVENANT AGREEMENT WITH THE SCHOOL ACCEPTING THESE

RESPONSIBILITIES AND COMMITTING TO WORK WITH US TO FULFILL OUR MISSION.

HOPE HAS ALSO FORMED A PARENT COMMUNITY PARTNERSHIP TEAM TO GIVE

PARENTS AN ACTIVE ROLE IN THE DAILY DECISIONS OF THE SCHOOL.

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

THE HOPE BOARD HAS DELEGATED CERTAIN RESPONSIBILITIES TO IMAGINE.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015) Page 2						
Name of the organization       Employer identification number         HOPE COMMUNITY PUBLIC CHARTER SCHOOL       33-1101817						
THE FORM 990 IS SUBMITTED TO THE BOARD OF DIRECTORS FOR REV	JIEW PRIOR TO					
GUDNIETNO TO THE TROM NANAGENENT ALGO DEVIENO THE BODN 000 DELOD TO ELLING						

SUBMITTING TO THE IRS. MANAGEMENT ALSO REVIEWS THE FORM 990 PRIOR TO FILING WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY IS MONITORED ON AN ONGOING BASIS THROUGOUT

THE YEAR BY MANAGEMENT OF THE ORGANIZATION.

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

SALARY LEVELS FOR THE PRINCIPALS ARE REVIEWED AND APPROVED BY THE

MANAGEMENT COMPANY.

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 PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

532212 09-02-15

Initial File #: 243422

# **GOVERNMENT OF THE DISTRICT OF COLUMBIA** DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code have been complied with and accordingly, this *CERTIFICATE OF AMENDMENT* is hereby issued to:

HOPE COMMUNITY PUBLIC CHARTER SCHOOL, INC.

Effective Date: 9/16/2016

**IN WITNESS WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of 9/16/2016 11:08 AM



Muriel Bowser Mayor

Tracking #: uq2WJnje

**Business and Professional Licensing Administration** 

PATRICIA E. GRAYS Superintendent of Corporations Corporations Division

			DCRA Corp. Div
			SEP 1 6 2016
District of	of Columbia of Columbia orporations Di		
Articles of Amendm Form D	ent of Domest NP-2, Version 2,		ation
This form will allow for a domestic nonprofit corporation or its amendments.			r original articles of
ENTITY TYPE		F	LING FEE
Domestic Nonprofit Corporation			Fee Schedule posted online;
Under the provisions of the Title 29 of D.C. Code hereby applies for a Certificate of Amendment ar 1. Corporation Name.	nd for that purpos	e submits the stateme	estic filing entity listed below nt below.
Hope Community Char	rter School, I	nc.	
2. The text of each amendment adopted. (may attach the	e statement)		
See attachment.			
			27
	5.1		
<ol> <li>If the amendment provides for an exchange, reclassifi (may attach the statement)</li> </ol>	cation, or cancellatio	n of memberships, provisio	ns for implementing the amendmen
<ol> <li>The date of each amendment's adoption. Sept</li> </ol>	ember 15, 2016	5	
5. Amendment has been adopted in the following manner		A	
(A) The amendment was adopted b be, and that member approval	y the incorporators o was not required;	r by the board of directors of	or designated body, as the case may
(B) the amendment was duly appro incorporation and bylaws.			
If you sign this form you agree that anyon of a fine up to \$1000, impriso	e who makes a false nment <u>up to 180 dav</u>	statement can be punishe s, or both, <u>under DCOC § 2</u>	d by criminal penalties 22-2405;
6. Name of the Governor or Authorized Person.		nature of the Governor or A	
Roxane Rucker		GRE	2
Mail all forms and required payment to: Department of Consumer and Regulatory Affairs		ete Online Services Informa	
Corporations Division	Go.to C	orporate filings are evailable b orpOnline site at https://corp	y using CorpOnine Service. .dcra.dc.gov, create the profile,
PO Box 92300 Washington, DC 20090	access	the online services main page e credit card.	and proceed. Online filers must pay by

Please check dcra.dc.gov to view organizations required to register, to search business names, to get step-by-step guidelines to register an organization, to search registered organizations, and to download forms and documents. Just click on "Corporate Registrations."

Phone: (202) 442-4400

DCRA Corp. Div SEP 1 6 2016 File Copy

# ARTICLES OR AMENDMENT TO ARTICLES OF INCORPORATION OF HOPE COMMUNITY CHARTER SCHOOL, INC.

TO: DEPARTMENT OF CONSUMER AND RESULATORY AFFAIRS BUSINESS AND PROFESSIONAL LICENSING ADMINSITRATION CORPORATIONS DIVISION 941 NORTH CAPITOL STREET, N.E. WASHINGTON, D.C. 20002

Pursuant to the provisions of the District of Columbia Non-profit Corporation Act, the undersigned adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: The name of the corporation is HOPE COMMUNITY CHARTER SCHOOL, INC.

SECOND: The following amendment of the Articles of Incorporation was adopted by the Corporation in the manner prescribed by the District of Columbia Non-profit Corporation Act:

Article FIRST is amended to read "The name of the corporation is HOPE COMMUNITY PUBLIC CHARTER SCHOOL, INC."

THIRD: The amendment was adopted in the following manner:

The amendment was adopted by unanimous written consent of the Board of Directors on September 15, 2016, there being no members having voting rights in respect thereof.

Date: September 15, 2016

Hope Community Charter School, Inc.

By: Roxane Rucker

President