Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

OMB No. 1545-0047

ΑI	For the	e 2016 calendar year, or tax year beginning J U L I , 2 0 I b	ending J	UN 30, 2017	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre:	HOPE COMMUNITY PUBLIC CHARTER SCHOOL			
	Name chang	Doing business as		33-1	101817
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 2917 8TH STREET, NE	Room/suite	E Telephone numbe 202-	r 832-7370
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,522,747.
	Ameno return	WASHINGTON, DC 20017		H(a) Is this a group re	
	Application pendir			for subordinates	? Yes X No
	· .	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ()	or 527	1	list. (see instructions)
		te: MOPECOMMUNITYCS.ORG	1	H(c) Group exemptio	
	orm of	organization: X Corporation	L Year	of formation: 2004 N	1 State of legal domicile: DC
		Briefly describe the organization's mission or most significant activities: THE	SCHOOL	'S MISSION	ГС ТО СНАРЕ
S	'	THE HEARTS AND MINDS OF STUDENTS BY PROVI			ID TO DIMILE
Governance	2	Check this box if the organization discontinued its operations or dispose			sets.
Ver	3	- · · · · · · · · · · · · · · · · · · ·		3	9
පි	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
ري وي	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			159
/itie	6	Total number of volunteers (estimate if necessary)			20
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		15,993,672.	17,419,957.
enc	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	ויי	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		194,169.	102,790.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,187,841.	17,522,747.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		7,538,784.	8,331,289.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0,331,209.
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	^	<u> </u>	0.
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,634,570.	7,816,677.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,173,354.	16,147,966.
	1	Revenue less expenses. Subtract line 18 from line 12		1,014,487.	1,374,781.
or or			Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		4,591,503.	5,999,245.
ASS	21	Total liabilities (Part X, line 26)		1,104,821.	1,137,782.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		3,486,682.	4,861,463.
Pa	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer		I Date	
Sig				Duto	
Hei	e	SUSAN SABELLA , BOARD TREASURER Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	d	PAMELA GRAY	1	05/10/18 self-employ	
	parer	Firm's name SB & COMPANY, LLC		Firm's EIN	20-2153727
	Only	Firm's address 200 INTERNATIONAL CIRCLE, SUITE	5500		
	•	HUNT VALLEY, MD 21030	-	Phone no. (4	10) 584-0060
Mar	ı tha IE	25 discuss this return with the preparer shown above? (see instructions)			X Ves No

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THIS CHARTER SCHOOL IS ORGANIZED EXCLUSIVELY FOR EDUCATIONAL PURPOSE	S
	AND IS AUTHORIZED BY THE DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL	
	BOARD. THE SCHOOL PROVIDES TUITION-FREE EDUCATION FOR PRE-KINDERGART	EN
	THROUGH EIGHTH GRADE STUDENTS. THE SCHOOL'S MISSION IS TO SHAPE THE	
	Did the organization undertake any significant program services during the year which were not listed on the	▼
		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, are	nd
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$13 , 202 , 053 • 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 STUDE	NTTT C
	ARE TAUGHT THE IMPORTANCE OF COMMUNITY BY WORKING ALONGSIDE	NID
	PARENTS/GUARDIANS AND COMMUNITY MEMBERS IN PURSUIT OF OUR MISSION. T	<u>ae</u>
	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	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
14	Other program conject (Describe in Schodule O.)	
4d		
4:	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 13, 202, 053.	
4e	Total program service expenses ► 13, 202, 053.	

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			~-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
	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,			7.7
	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			~-
	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,"			7.7
	complete Schedule G. Part III	19	000	X

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Form 990 (2016) HOPE COMMUNITY PUB
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		Х
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,"			l
	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		<u> </u>
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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,			- v
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			 ₩
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
32		32		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		1
J-7	Part V, line 1	34		x
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338		 -
b	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?	335		
50	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			†
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		T
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	,		000	

Form 990 (2016) HOPE COMMUNITY PUBLIC CHARTER SCHOOL Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		······	<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	159			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	t)?	4a		_X_
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial Financial Advanced Financial Fina	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgar	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ $	vices pr	rovided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?	······i		7с		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ا مدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	44_				
a	Gross income from members or shareholders	11a				
O	Gross income from other sources (Do not net amounts due or paid to other sources against	11b				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	-	,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?		IZa		
		IZU				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			isa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
IJ	organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b		
.,					990	(2016)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 9 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request ___ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 202-832-7370 2917 8TH STREET NE, WASHINGTON, DC 20017

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

	(R)	d organization compensated (C)				(D)	(E)	(F)		
(A) Name and Title	(B)	Position				Reportable	Reportable	(F) Estimated		
ivallie and title	Average hours per		not c	heck ı	more	than o		compensation	compensation	amount of
	week		officer and a direc		erson is both an director/trustee)			from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee o	nstee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	omp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	n P	l su	JJ0	Ke	e Hig	Po.			
(1) ROXANE RUCKER	2.00	.,		.,						•
BOARD CHAIR	1 2 20	Х		Х				0.	0.	0.
(2) AARON DEAN	2.00									•
BOARD TREASURER		Х		Х				0.	0.	0.
(3) LAUVERN WILLIAMS	2.00									•
BOARD SECRETARY		Х		Х				0.	0.	0.
(4) CHRISTOPHER CODY	2.00									•
BOARD MEMBER	0.00	Х						0.	0.	0.
(5) ORINTHIA HARRIS	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(6) ADAM ADLER	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(7) SITA VASAN	2.00									•
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) STACY BOYKIN	2.00									•
PARENT MEMBER		Х						0.	0.	0.
(9) MADISON LUMPKIN	2.00									•
PARENT MEMBER	45.00	Х						0.	0.	0.
(10) CAMILLE DARDEN	45.00			3,7				100 040	_	11 007
PRINCIPAL	45.00			Х				126,940.	0.	11,927.
(11) DIANA THARPE HAYDEN	45.00			7.7				107 650	_	16 146
PRINCIPAL				Х				107,650.	0.	16,146.
	+									
		ŀ								
	1						-			
		1								
	1									
		ł								
	1	Ь	\vdash	\vdash		\vdash	-	-		

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do	Position (do not check more than one		nne	Reportable	Reportable		Estimated			
		hours per	box	box, unless perso		person is both an a director/trustee)		n an	compensation	compensation		amount	of
		week		cer an	id a d	irecto	r/trus	tee)	from	from related		other	
		(list any hours for	recto						the	organizations	- 1	compens	
		related	or di	99			sated		organization	(W-2/1099-MISC)		from th	
		organizations	ruste	l trus		e e	npen		(W-2/1099-MISC)			organization	
		below	dual t	rtio na	_	nploy	st cor	-				organizat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
											+		
											+		
											+		
											+		
	Sub-total								234,590.	0	\pm	28,0	73.
	Total from continuation sheets to Part VI								0.	0	_	,	0.
	Total (add lines 1b and 1c)							•	234,590.	0		28,0	
2	Total number of individuals (including but n							o re	ceived more than \$100,	000 of reportable		-	
	compensation from the organization											1,,	2
2	Did the experiencies list any former officer	director or tw	.oto	. Ira		مامم		0 r k	sigh act componented on	malayaa an		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> .	•			•	•	•		•			3	Х
4	For any individual listed on line 1a, is the su												
•	and related organizations greater than \$150	-		-					•	-	. [4	Х
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch <u>ı</u>	oers	on .				.	5	X
	tion B. Independent Contractors												
1	Complete this table for your five highest co	•	•							•	satio	n from	
	the organization. Report compensation for the	rne calendar ve	ar e	ndir	na w	ith c	or wi	thin	the organization's tax v	ear.			

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SCHOOL HOUSE FINANCE, 1005 GLEBE ROAD		
SUITE #610, ARLINGTON, VA 22201	RENT	2,899,794.
IMAGINE SCHOOLS		
1005 GLEBE ROAD #610, ARLINGTON, VA 22201	MANAGEMENT COMPANY	2,125,576.
REVOLUTION FOODS, INC.		
PO BOX 742769, LOS ANGELES, CA 90074	FOOD SERVICE	496,383.
DC CHARTER SCHOOL BOARD		
4415 NICOLE DR SUITE C, LANHAM, MD 20706	FEES	260,755.
PARADIGM THERAPY PARTNERS	SPEECH THERAPY	
6368 COVENTRY WAY #363, CLINTON, MD 20735	SERVICES	249,371.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 5		
		000

-orm 990 (2016)	HOPE	COMMONTLY	POBLIC	CHARTER	SC
Part VIII S	Statement of Rever	nue			

		Check if Schedule O conta	ains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
જ છ	1 a	Federated campaigns	1a					
ani	b							
Ω.	С	Fundraising events						
iifts ar A		Related organizations						
s, mik		Government grants (contributi		17,332,387.				
ions		All other contributions, gifts, grant						
but		similar amounts not included abov		87,570.				
ntri O	g							
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			17,419,957.			
				Business Code				
ė	2 a	L						
rvic e	b	·						
Program Service Revenue	С	·						
am	d	·						
ogi B	е	·						
Ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	•	· .				
		other similar amounts)						
	4	Income from investment of tax		· •				
	5	Royalties						
	_		(i) Real	(ii) Personal				
	_	Gross rents						
	b							
	C	· ,						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
	h	assets other than inventory Less: cost or other basis						
	b	and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
nue	•	including \$,					
ěVel		contributions reported on line	<u> </u>					
Other Reven		Part IV, line 18	-					
the	b	Less: direct expenses						
0		Net income or (loss) from fund		_				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
		Miscellaneous Revenue	9	Business Code	100 =05	400 =05		
		OTHER REVENUE		900099	102,790.	102,790.		
	b							
	C							
	d				102,790.			
		Total. Add lines 11a-11d			17,522,747.	102,790.	0.	0.
	12	Total revenue. See instructions.		P	11,344,141.	104,730.	υ,	l .

632009 11-11-16

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 258,495. 262,663. 4,168. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,617,068. 6,285,127. 331,941. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 910,810. 865,269. 45,541. Other employee benefits 9 540,748. 513,711. 27,037. 10 Payroll taxes Fees for services (non-employees): 2,102,225 2,102,225. Management 25,796. 12,898. 12,898. Legal 11,915.23,830. 11,915. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 44,320. 22,160. 22,160. column (A) amount, list line 11g expenses on Sch O.) 48,263. 24,131. 24,132. Advertising and promotion 12 156,733. 78,366. 78,367. Office expenses 13 31,358. 15,679. 15,679. Information technology 14 15 Royalties 3,391,675. 3,222,091. 169,584. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 8,416. 168,329. 159,913. Depreciation, depletion, and amortization 22 138,428. 131,507. 6,921. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,423,095. 1,423,095. DIRECT STUDENT COSTS CHARTER ADMINISTRATION 177,696. 177,696. 60,000. 60,000. START UP DEVELOPMENT AL 6,973. 6,973. d BOARD EXPENSES 17,956. 17,956. e All other expenses 16,147,966. 13,202,053. 2,945,913. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

. aı	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,406,812.	1	4,725,725
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	679,287.	3	859,266
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
္က		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₽	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,803.	9	C
	10a	Land buildings and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 1,440,799.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,440,799. 11b 1,225,485.	268,546.	10c	215,314
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	223,055.	15	198,940
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,591,503.	16	5,999,245
	17	Accounts payable and accrued expenses	1,104,821.	17	1,137,782
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
٥	22	Loans and other payables to current and former officers, directors, trustees,			
LIADIII II ES		key employees, highest compensated employees, and disqualified persons.			
2		Complete Part II of Schedule L		22	
<u>-</u> آ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1 104 001	25	1 120 000
4	26	Total liabilities. Add lines 17 through 25	1,104,821.	26	1,137,782
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.	2 406 602		4 061 461
=	27	Unrestricted net assets	3,486,682.	27	4,861,463
	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
3		Organizations that do not follow SFAS 117 (ASC 958), check here			
5	00	and complete lines 30 through 34.		00	
اي	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asse		Patained comings and administration of the state of the s			
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	3,486,682.	32	4,861,463

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,52		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,14		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,37		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,48	<u>6,6</u>	<u>82.</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	4,86	1,4	63.
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	Э.	_		
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	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				
	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	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				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	J = 1	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	

632012 11-11-16

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HOPE COMMUNITY PUBLIC CHARTER SCHOOL

Employer identification number

33-1101817 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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							
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
	ction B. Total Support			•			•	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Amounts from line 4							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12		
	First five years. If the Form 990 is for					n 501(c)(3)		
	organization, check this box and stop	p here					>	
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%	
	Public support percentage from 2015					15	%	
16a	33 1/3% support test - 2016. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□	
b	b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances test	: - 2016. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	here. Explain in Pa	rt VI how the organ	nization	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶□	
b	10% -facts-and-circumstances test							
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	>	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s >	
					Sch	dule A (Form 990	or 990 E7\ 2016	

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	J	, ,		•	()()	· . —
<u>C-</u>	check this box and stop here						>
	ction C. Computation of Publi					T .= T	
15	Public support percentage for 2016 (I			olumn (f))		15	<u>%</u>
16	Public support percentage from 2015					16	%
_	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2016. If the						. □
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Drivate foundation If the organization	n did not chack a	boy on line 14, 10	or 10h chock th	nic hay and can inc	structions	▶ 7

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Oh-		
3b		
3с		
4a		
4b		
4c		
5a		
		
5b 5c		
30		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10b		

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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-function	ally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	tion D - Distributions		,	Current Year			
1	Amounts paid to supported organizations to accomplish ex	empt purposes					
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which	the organization is responsive					
	(provide details in Part VI). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
	able cause required- explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016:						
a							
b							
c	From 2013						
d	From 2014						
e	From 2015						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i_	Carryover from 2011 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						

Schedule A (Form 990 or 990-EZ) 2016

b Applied to 2016 distributable amountc Remainder. Subtract lines 4a and 4b from 4

Part VI. See instructions

and 4c

8 Breakdown of line 7:

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

а

5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater

7 Excess distributions carryover to 2017. Add lines 3j

than zero, explain in Part VI. See instructions
 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HOPE COMMUNITY PUBLIC CHARTER SCHOOL

Employer identification number 33-1101817

Par	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	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	_	
	are the organization's property, subject to the organization's e		
	Did the organization inform all grantees, donors, and donor ac		-
	for charitable purposes and not for the benefit of the donor or	, , , , , , ,	
Par	impermissible private benefit?		YesNo
			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
•	Preservation of open space		- of
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
_	day of the tax year. Total number of conservation easements		Held at the End of the Tax Year
	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	usturo includod in (a)	
	Number of conservation easements on a certified historic stite. Number of conservation easements included in (c) acquired a		
u	listed in the National Register	•	
3	Number of conservation easements modified, transferred, rele		
Ū	year ►	sacca, exampliance, or terrimated by the	organization daming the tax
4	Number of states where property subject to conservation eas	ement is located	
	Does the organization have a written policy regarding the peri		- :
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	s the organization's accounting for
Davi	conservation easements.	Ant Historiaal Tussaanna an C	Mla au Oisseil au Aanada
Par			other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (ASI	•	,
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
	If the organization elected, as permitted under SFAS 116 (ASI	•	·
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pr	ublic service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	scures or other similar assets for financi	
	the following amounts required to be reported under SFAS 11		ai gairi, provide
	•	· · · · · · · · · · · · · · · · · · ·	> \$
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		. .
IJ	, 1000to illoluudu ill i diill 330, I all /\		- Ψ

632051 08-29-16

Schedule D (Form 990) 2016

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

	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Other S	imilar Asse	ets (continued)	ugo
3	Using the organization's acquisition, accessi							
	(check all that apply):	,		· ·	ŭ			
а	Public exhibition	d	I Loan or e	xchange progr	ams			
b	Scholarly research	e						
c	Preservation for future generations	_						
4	Provide a description of the organization's co	allections and explain	n how they furthe	the organization	nn's exemn	nurnose in Pa	art XIII	
5	During the year, did the organization solicit of							
·	to be sold to raise funds rather than to be ma					-	Yes	No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa		oto ii ti o organiza	tion anoword	100 01110		v,o o, o.	
1a	Is the organization an agent, trustee, custodi		iarv for contributi	ons or other as	sets not inc	luded		
	on Form 990, Part X?					-	Yes	No
h	If "Yes," explain the arrangement in Part XIII							
	ii res, explain the arrangement iii are xiii	and complete the for	nowing table.				Amount	
С	Reginning halance					1c	Amount	
	Beginning balance					1d		
u	Additions during the year							
e	Distributions during the year					1e		
f	Ending balance							٦
	Did the organization include an amount on F				-	٠ ١	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.						L	
Pai	t V Endowment Funds. Complete						. 1	
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d	Three years bad	ck (e) Four years	back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	 %	_					
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	•	ation that are held	and administe	red for the o	organization		
	by:					g	Yes	No
	(i) unrelated organizations							
	(ii) related organizations							
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule F	 22			3b	
4	Describe in Part XIII the intended uses of the							
	t VI Land, Buildings, and Equipm		Willett farias.					
	Complete if the organization answere) Part IV line 11a	See Form 990) Part X lin	e 10		
	Description of property	(a) Cost or o		ost or other		umulated	(d) Book valu	
	bescription of property	basis (investr	, ,	is (other)		ciation	(a) Book vaic	10
1a	Land	,	, , , , , ,	, ,				
b	Buildings							
C	Leasehold improvements			79,608.	6	7,711.	11,8	97.
d			-	24,987.		6,645.	108,3	
	Equipment Other			36,204.		1,129.	95,0	
	Other Add lines to through 10 (Only 10) (of lines to		L.	•			215,3	
rota	. Add lines 1a through 1e. (Column (d) must e	auai ⊦orm 990. Part	x. coiumn (B). line	? IUC.)			410,0	- •

Schedule D (Form 990) 2016

		NITY PUBLIC (CHARTER SCHO	OL 33	3-1101817	Page
Part VI	I Investments - Other Securities.					
	Complete if the organization answered "Yes					
- · ·	ription of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end	d-of-year market va	alue
. ,	cial derivatives					
	ly-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 VI	II Investments - Program Related.					
	Complete if the organization answered "Yes"	on Form 990. Part IV. I	ine 11c. See Form 990.	Part X. line 13.		
1	(a) Description of investment	(b) Book value		valuation: Cost or end	d-of-year market va	alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨					
Part IX	Other Assets.					
-	Complete if the organization answered "Yes"		ine 11d. See Form 990,	Part X, line 15.		
	(a) Description			(b) Book val	lue
<u>(1)</u>						
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(8)						
(9)						
Part X	olumn (b) must equal Form 990, Part X, col. (B) lir Other Liabilities.	ne 15.)		>	<u> </u>	
	Complete if the organization answered "Yes	on Form 990, Part IV, I		n 990, Part X, line 25	j.	
1.	(a) Description of liability		(b) Book value			
(1) Fe	ederal income taxes					
(2)						
(3)						
(4)						
(5)						
(6)				-		
(7)						
(8)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

(9)

Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn.	<u> </u>		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements		1	17,522,747.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e	0.		
3	Subtract line 2e from line 1		3	17,522,747.		
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				
	Add lines 4a and 4b		4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	17,522,747.		
Pai	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per I	Retur	n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements		1	16,147,966.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e	0.		
3	Subtract line 2e from line 1		3	16,147,966.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b		4c	0.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	16,147,966.		
Pai	t XIII Supplemental Information.			_		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition		1; Part I	X, line 2; Part XI,		
PART X, LINE 2:						
THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF						
THE INTERNAL REVENUE CODE.						
	THIBRUIL REVERSE COSE.					
ACC	COUNTING PRINCIPLES GENERALLY ACCEPTED IN TH	IE 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, 2017, 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

632054 08-29-16

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization

HOPE COMMUNITY PUBLIC CHARTER SCHOOL

Employer identification number 33-1101817

Pai			<u>0 </u>	
			YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	L
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		_2
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3		Σ
	THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER			
	CONTRACT WITH THE DC GOVERNMENT. REV. PROC 75-50 DOES NOT			
	APPLY TO PUBLIC CHARTER SCHOOLS. ALL FEDERAL RULES AND			
	GUIDELINES FOR FEDERAL FUNDING APPLY TO THE CHARTER SCHOOL.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		2
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		2
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			Г
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	Г
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	THE SCHOOL IS PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A			
	CONTRACT WITH THE DC GOVERNMENT. REV. PROC 75-50 DOES NOT			
	APPLY.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		Σ
	Admissions policies?	5b		Σ
	Employment of faculty or administrative staff?	5c		Σ
	Scholarships or other financial assistance?	5d		Σ
е	Educational policies?	5e		Σ
f	Use of facilities?	5f		Σ
g	Athletic programs?	5g		Σ
h	Other extracurricular activities?	5h		Σ
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
	Has the organization's right to such aid ever been revoked or suspended?	6b		7
D		OD		ŕ
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			2
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7		

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

Schedule E (Form 990 or 990-EZ) 2016

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 2017.						
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 O

(Form 990 or 990-EZ)

Department of the Treasury

IS MODELED.

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

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 B, LINE 11B:

FORM 990, PART VI, SECTION A, LINE

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

Schedule O (Form 990 or 990-EZ) (2016)

THE HOPE BOARD HAS DELEGATED CERTAIN RESPONSIBILITIES TO IMAGINE.

Name of the organization HOPE COMMUNITY PUBLIC CHARTER SCHOOL	Employer identification number 33-1101817
THE FORM 990 IS SUBMITTED TO THE BOARD OF DIRECTORS FOR RE	VIEW PRIOR TO
SUBMITTING TO THE IRS. MANAGEMENT ALSO REVIEWS THE FORM 99	0 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 O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	