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. tax year beginning JUL 1, 2016 and ending JUN 30,

6 Inspection

OMB No. 1545-0047

| Content of transparent properties of the programmer of the properties of the prope | <u>A F</u> | or the | 2016 calendar year, or tax year beginning $JUL~1$, 2016 and ending | <u>JUN 3</u> | <u>0, 2017</u> | | | | |
|--|------------|------------------------------|--|---------------------|-----------------------|-----------------------------|--|--|--|
| The property of the propert | B 0 | Check if | | D Emp | oloyer identific | ation number | | | |
| Doing business as IDRA Public Charter School 31-1573701 | а | | Integrated Design Electronics Academy | | | | | | |
| Design Designess as INDA PUBLIC CHAPTER SCHOOL Roundward Ro | | Address change | Public Charter School | | | | | | |
| Number and street (bf P.D. to not flatal is not deliverable to strott address) Normissite E Telephone number 202-399-4750 Cover research 202-399-4750 Cover research City or town, state or province, country, and ZIP or foreign postal code Normission Normissio | | Name change | TDEA Dublic Charter Cabasi | | 31-1 | 573701 | | | |
| 10.27 4 5th Street NE 20.2-39.4750 | | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/s | suite E Tele | phone number | | | | |
| Mashington, DC 20019 H(a) Is this a group return for subordinates? Yes X No game as C above Tax-exempt status X 3010(3) 5010(1) 4 (insert no.) 4947(a)(1) or 527 1 (insert no.) 4 (insert no.) | | Final return/ | 1007 45th Ctt NU | | 202-3 | 399-4750 | | | |
| Mashington, DC 20019 Hoj Is this a group return for subordinates? Yes No persons Fave and address of principal officer Justin Rydstrom Same as C above Tax-exempt status: XI 5010(13) 5010(1) 1 1 1 1 1 1 1 1 1 | | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | G Gross | receipts \$ | 6,698,673. | | | |
| Same as C above Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) 4947(a)(1) or Sol Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) 4947(a)(1) or Sol Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) 4947(a)(1) or Sol Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) 4947(a)(1) or Sol Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) 4947(a)(1) or Sol Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) 4947(a)(1) or Sol Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) 4947(a)(1) or Sol Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) 4947(a)(1) or Sol Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) 4947(a)(1) or Sol Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) 4947(a)(1) or Sol Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) 4947(a)(1) or Sol Tax-exempt status: X Sol(c)(3) Sol(c)(4) (insert no.) (ins | | return | Washington, DC 20019 | H(a) Is | this a group re | turn | | | |
| Same as C above | | Applica tion | F Name and address of principal officer: Justin Rydstrom | | | | | | |
| Taxeexempt status: | | pending | | H(b) Are | e all subordinates in | cluded? Yes No | | | |
| J Webste: ► WTWW - i.6leapcs - org Krom of torganization: X Corporation | 1 1 | Гах-ехе | mpt status: X 501(c)(3) | | | | | | |
| Form of organization | | | | | | | | | |
| Part Summary | KF | orm of o | organization: X Corporation Trust Association Other L | | | | | | |
| academic, social, leadership and occupational skills for 2 Check this box ▶ | Pa | art I | | | | | | | |
| academic, social, leadership and occupational skills for 2 Check this box ▶ | | 1 E | Briefly describe the organization's mission or most significant activities: $ {	t To} {	t prepa} $ | re stud | dents wi | th the | | | |
| B Net unrelated business taxable income from Form 990-T, line 34 Tib U. | JCe | | | | | | | | |
| B Net unrelated business taxable income from Form 990-T, line 34 Tib U. | na. | 2 | Check this box if the organization discontinued its operations or disposed of n | nore than 25% | % of its net ass | ets. | | | |
| B Net unrelated business taxable income from Form 990-T, line 34 Tib U. | Ver | ı | | | 1 . 1 | | | | |
| B Net unrelated business taxable income from Form 990-T, line 34 Tib U. | Ğ | | | | | 12 | | | |
| B Net unrelated business taxable income from Form 990-T, line 34 Tib U. | ø Ø | | | | | 76 | | | |
| B Net unrelated business taxable income from Form 990-T, line 34 Tib U. | iţie | | | | | 20 | | | |
| B Net unrelated business taxable income from Form 990-T, line 34 Tib U. | ċ | | | | | 0. | | | |
| Revenue Second | ď | | | | | 0. | | | |
| 8 Contributions and grants (Part VIII, line 1h) 1,500,563 1,141,436 1,141,436 | | | | | | Current Year | | | |
| 9 | • | 8 (| Contributions and grants (Part VIII, line 1h) | | | | | | |
| To Uniter revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 4) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5·10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Moder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Primt/Type preparer's name Sign Primt/Type preparer's name She il a Eichelberger Firm's name SB & Company, LLC Firm's address 200 International Circle, Suite 5500 Hunt Valley, MD 21030 Phone no. (410) 584-0060 | nge | | | | | | | | |
| To Uniter revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 4) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5·10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Moder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Primt/Type preparer's name Sign Primt/Type preparer's name She il a Eichelberger Firm's name SB & Company, LLC Firm's address 200 International Circle, Suite 5500 Hunt Valley, MD 21030 Phone no. (410) 584-0060 | èVe | | | , | | | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | ď | | | 3,0 | 09,840. | 165,068. | | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,000. -5,041. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,811,877. 4,229,484. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16 Total fundraising expenses (Part IX, column (A), line 25) 11,651. 17 Other expenses (Part IX, column (A), line 25) 11,651. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,342,529. 6,777,276. 19 Revenue less expenses. Subtract line 18 from line 12 3,964,148. -78,603. 20 Total assets (Part X, line 16) 13,585,823. 13,304,165. 21 Total liabilities (Part X, line 26) 8,012,618. 7,809,563. 22 Part II Signature Block Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | l | | | | | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,811,877. 4,229,484. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. | | | | , | | | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3 , 811 , 877 . 4 , 229 , 484 . | | l | | | | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 | 10 | 45 6 | | 3,8 | 11,877. | 4,229,484. | | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 3 | se | 16a F | | , | | | | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 3 | ber | b 1 | Fotal fundraising expenses (Part IX, column (D), line 25) | | | | | | |
| 18 | ŭ | 17 (| | 2,5 | 28,652. | 2,552,833. | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 3,964,14878,603. Beginning of Current Year End of Year 13,585,823. 13,304,165. 20 Total assets (Part X, line 16) 13,585,823. 13,304,165. 21 Total liabilities (Part X, line 26) 8,012,618. 7,809,563. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date | | | | 6,3 | 42,529. | | | | |
| Beginning of Current Year End of Year | | 19 F | | 3,9 | 64,148. | -78,603. | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Justin Rydstrom, Head of School | or Ses | | • | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Justin Rydstrom, Head of School | ets | 20 1 | Fotal assets (Part X, line 16) | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Justin Rydstrom, Head of School | ASS | 21 7 | | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Justin Rydstrom, Head of School | Net | 22 1 | | | | | | | |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Justin Rydstrom, Head of School Type or print name and title Print/Type preparer's name Sheila Eichelberger Preparer Sheila Eichelberger Preparer Firm's name SB & Company, LLC Firm's address 200 International Circle, Suite 5500 Hunt Valley, MD 21030 Phone no. (410) 584-0060 | Pa | art II | | • | | | | | |
| Sign Here Signature of officer Date | Und | er penal | ties of perjury, I declare that I have examined this return, including accompanying schedules and sta | atements, and t | o the best of my | knowledge and belief, it is | | | |
| Here Justin Rydstrom, Head of School Type or print name and title Print/Type preparer's name Preparer Sheila Eichelberger Preparer Firm's name ▶ SB & Company, LLC Firm's address ▶ 200 International Circle, Suite 5500 Hunt Valley, MD 21030 Phone no. (410) 584-0060 | true, | , correct | , and complete. Declaration of preparer (other than officer) is based on all information of which prep | oarer has any k | nowledge. | | | | |
| Here Justin Rydstrom, Head of School Type or print name and title Print/Type preparer's name Preparer Sheila Eichelberger Preparer Firm's name ▶ SB & Company, LLC Firm's address ▶ 200 International Circle, Suite 5500 Hunt Valley, MD 21030 Phone no. (410) 584-0060 | | | | | | | | | |
| Type or print name and title Print/Type preparer's name Print/Type preparer's name Sheila Eichelberger Preparer Sheila Eichelberger Preparer Firm's name SB & Company, LLC Firm's address 200 International Circle, Suite 5500 Hunt Valley, MD 21030 Phone no. (410) 584-0060 | Sigi | n | Signature of officer | | Date | | | | |
| Print/Type preparer's name Sheila Eichelberger Preparer Sheila Eichelberger Preparer Firm's name SB & Company, LLC Firm's address 200 International Circle, Suite 5500 Hunt Valley, MD 21030 Phone no. (410) 584-0060 | Her | | | | | | | | |
| Paid Sheila Eichelberger 02/07/18 if self-employed P00743897 Preparer Vise Only Firm's address | | Type or print name and title | | | | | | | |
| Preparer Firm's name SB & Company, LLC Firm's EIN 20-2153727 Use Only Firm's address 200 International Circle, Suite 5500 Phone no. (410) 584-0060 | | | Print/Type preparer's name Preparer's signature | | I ., L | | | | |
| Preparer Firm's name SB & Company, LLC Firm's EIN 20-2153727 Use Only Firm's address 200 International Circle, Suite 5500 Phone no. (410) 584-0060 | Paid | ا (| Sheila Eichelberger | 02/07 | /18 self-employe | | | | |
| Hunt Valley, MD 21030 Phone no. (410) 584-0060 | Prep | | | | | | | | |
| Hunt Valley, MD 21030 Phone no. (410) 584-0060 | Use | | | | | | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | Phone no. (4: | | | | |
| | May | the IR | S discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | | |

| Pai | rt III Statement of Program Service Accomplishments | |
|-----|--|------------------------|
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: | |
| | To prepare students with the academic, social, leadership and | |
| | occupational skills for post-secondary opportunities and to be | |
| | responsible citizens who contribute to the community. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes." describe these new services on Schedule O. | |
| 3 | , | 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 exp | enses |
| 7 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper | |
| | revenue, if any, for each program service reported. | ises, and |
| 40 | E 004 20E | 556 291 \ |
| 4a | (Code:) (Expenses \$5, 1/4, 3/5. including grants of \$5, U41.) (Revenue \$5, U41.) (Revenue \$5, U41.) | <u>in</u> |
| | grades 9-12 in the District of Columbia with an emphasis on colle | |
| | career readiness. | ge and |
| | career readiness. | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| 4c | (Code:) (Expenses \$ |) |
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| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | | |
| | | Form 990 (2016) |

31-1573701

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 | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| 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 | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G. Part III | 19 | | X |
| | | | $\alpha \alpha \alpha$ | () |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | _ |
|-----|--|---|-----|-------------|
| 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 | Х | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Х |
| | 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 | | х |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Х |
| | 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 | | х |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | |
| | , , , | 25b | | х |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 230 | | |
| 26 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes" | | | |
| | | 06 | | x |
| 07 | complete Schedule L, Part II | 26 | | |
| 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): | | | 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 | | <u> </u> |
| 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 | | <u>X</u> |
| 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 | | <u> X</u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | L |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 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 | |
| | The state of the s | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 990 | |

31-1573701

Form 990 (2016)

| Part V | Statements Regarding Other IRS Filings and Tax Compliance |
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| | |

| a Initiation fees and capital contributions included on Part VIII, line 12 | | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
|---|--------|--|---------------------------------------|-----------------------|------|-----|-----------|
| b Enter the number of Forms W2G included in line 1a. Enter 9-th not applicable | | | | | | Yes | No |
| Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamphing) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2 In the second provided of the calendar year ending with or within the year covered by this return 3 In the calendar year ending with or within the year covered by this return 3 In the calendar year ending with or within the year covered by this return 3 In the calendar year ending with or within the year covered by this return 3 In the calendar year ending with or within the year covered by this return 3 In the calendar year ending with or within the year covered by this return 3 In the calendar year did not seen that the calendar year did the organization flear in the sequence of the calendar year. 4 A rary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 In the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5 In the calendar year, and the organization receive any contributions for filing requirements for introEM Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 In the sequence of the calendar year, did the organization flee form 8888-17 5 In the sequence of the calendar year and the sequence of the organization flee form 888-17 5 In the calendar year and the organization flee form 888-17 5 In the sequence of the calendar year and the sequence of the s | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 55 | | | |
| a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return 76 b If at least one is reported on line 2a, old the organization life all required federal employment tax returns? 76 b If at least one is reported on line 2a, old the organization life all required federal employment tax returns? 76 b If at least one is reported on line 2a, old the organization life all required federal employment tax returns? 77 88 78 b If If Yes, This all the air of may 20, you may be required to e-fiel (see instructions) 89 80 10 11 11 12 12 12 13 14 14 15 15 16 16 17 18 17 18 17 18 18 18 18 18 | b | | 1b | 0 | | | |
| 28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field to the calendar year ending with or whith the year covered by this treature. 29 76 Va. Note. If the sum of lines it and 2 a is greater than 250, you may be required to e-file (see instructions) 30 Ich the organization have unrelated business gross income of \$1,000 on more during the year? 30 Ich the organization have unrelated business gross income of \$1,000 on more during the year? 31 A Tary time during the calendar year, did the organization have an explanation in Schedule O 32 A Tary time during the calendar year, did the organization have an explanation in Schedule O 33 In International account in a foreign country, such as a bank account, securities account, or other financial account; or fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 34 In Yes, 1 to line 5a or 5b, did the organization that it was or is a party to a prohibitote tax shelter transaction at any time during the tax year? 35 In Yes, 1 to line 5a or 5b, did the organization file Form 8886 it? 36 Does the organization have annual gross receptive that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible as charitable contributions? 36 If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 37 Organizations that may receive deductible contributions under section 170(c). 38 If Yes, 2 did the organization nuclew with every solicitation and party for goods and services provided? 39 If Yes, 3 did the organization on orify the donor of the value of the goods or services provided? 40 If Yes, 3 did the organization origin, or charves designed or tanglible personal property for which it was required to file from 8892? 41 If Yes, 3 did the organization curve way, purpose minume, directly, to pay premiums on a personal benefit contract? 45 Did th | С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portab | ole gaming | | | |
| tiled for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1'Yes, "is at filed a form 996-1' for this year? 1' No," to line 8, provide an explanation in Schedule 0 3b If 1'Yes, "is the cisendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time during the cisendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5a Was the organization aparty to a prohibitote that shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibitote that shelter transaction at any time during the tax year? 5b If 1'Yes, "idle ine Sa or 5b, did the organization that it was or is a party to a prohibitote tax shelter transaction? 5c If Yes, "idle 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 for mos 886-17? 5c 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? 5c Type and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive a payment in excess of \$75 made party is a contribution of organization and party for goods and services provided to the party of the organization and party for goods and services provided to the party of the organizati | | (gambling) winnings to prize winners? | · · · · · · · · · · · · · · · · · · · | , | 1c | X | |
| b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account (or a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," enter the name of the foreign country. 5c If "Yes," to line 5a or 5b, did the organization have that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6d Does the organization shall were not tax deductible as charitable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 6d If the organization review a payment in excess of \$75 made party is as contribution and party for goods and services provided to the payor? 7a If If Yes," indicate the number of Forms 8882 filed during the year 1b If the organization receive a payment in excess of year organization payment in excess of \$75 made party as a contribution of organization receives a payment in excess of \$75 made party as a contribution of organization reverse a payment in excess of \$75 made party as a contribution of organization reverse a payment in excess of \$75 made party as a contribution of organization reverse a payment | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
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| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 5b if "Yes," has it filed a Form 990-ff or this year? if "No," to line 3b, provide an explanation in Schedule O 5c if yes, has it filed a Form 990-ff or this year? if "No," to line 3b, provide an explanation in Schedule O 5c if yes, has it filed a Form 990-ff or this year? if "No," to line 3b, provide an explanation in Schedule O 5c if yes, has it filed a Form 990-ff or this year? if "No," to line 3b or 5b. If yes, and there the name of the foreign country is with the organization and the foreign country is provided and the organization flower of Foreign Bank and Financial Accountry. 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if yes, to line 5a or 5b, did the organization flower and pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c if yes, to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c organization start arm praceive deductible contributions under section 170(c). 8d bif the organization neceive apparent in excess of \$75 made party as contribution and party for goods and services provided to the paper? 7a X 7b if "Yes," indicate the number of Forms 8282 filed during the year 8 bid the organization received a parment in excess of \$75 made party as a contribution of an apparty for which it was required? 9 to life Form 8282? 1 file the organization received a contribution of undersety, to pay premiums on a personal benefit contract? 7 to life form formal season of the party o | b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | X | |
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| 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 in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country: 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, clid the organization file Form 8886*T? 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 charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notity the donor of the value of the goods or services provided? 7 If yes," did the organization receive a payment in excess of \$5's made party as a contribution and party for goods and services provided to the payor? 7 To yes," did the organization receive any symentine excess of \$5's made party as a contribution and party for goods and services provided to the payor? 7 To yes," did the organization receive any symentine excess of \$5's made party as a contribution of party for which it was required to the Form 8282? 7 To yes," indicate the number of Forms 8282 filed during the year 7 To yes," indicate the number of Forms 8282 filed during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, to appremiums on a personal benefit contract? 7 To yes," If the organization neceived a contribution of qualified intellectual property, did the organization file Form 8893 as required? 7 To year year year year year year year year | 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X |
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| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authori | ty over, a | | | |
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| ti "Yes," to line 5a or 5b, did the organization file Form 8886-T7 6a 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? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," indicate the number of Forms 8292 filed during the year 8 b Oid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 9 to file Form 8282? 7 c X 7 d If "Yes," indicate the number of Forms 8292 filed during the year 9 Did the organization of the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Section 501(c)(17) organizations. Enter: a Initiation fees and capital contributions included on Part Vill, line 12 b Gross income from members or shareholders 6 Gross income from members or shareholders 9 Gross income from members or shareholders 10 Gross income from members or shareholders 11 Gross income from members or shareholders 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Section 501(c)(29) qu | 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | _ |
| 6a X b If "Yes," did 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 TY X 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advised funds any series of the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(2) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or recei | | | | | | | <u> X</u> |
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| b ii res, has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | | | | | | | |
| Form 990 (2016) | b | п теs, пав и пед а Form 720 to report these payments? If "No," provide an explanation in Schedule | e () | | | 990 | (2016) |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|---------|-----|----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | ., |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | _ | | ₹. |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| • | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 0- | Х | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Λ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | 9 | | х |
| Sec | organization's mailing address? If "Yes." provide the names and addresses in Schedule O | 9 | | |
| 000 | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Yes | No |
| 102 | Did the organization have local chapters, branches, or affiliates? | 10a | 162 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 104 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 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 | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Х |
| | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to 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? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶DC | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as | ailable |) | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | al | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | IDEA Public Charter School - (202) 399-4750 | | | |
| | 1027 45th Street NE, Washington, DC 20019 | | | |

Form 990 (2016)

Public Charter School Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

Employees, and Independent Contractors

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 (Ď), (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.

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

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

| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|-----------------------------|-------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|--------|---------------------------------|-----------------|--------------------------|
| Name and Title | Average | (do | | Pos heck | | | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week | | cer ar | nd a di | irecto | r/trus | tee) | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | ruste | al trus | | yee | mpen | | (***2/1039-10100) | | and related |
| | below | dualt | Institutional trustee | - | Key employee | st co | er | | | organizations |
| | line) | Indivi | Instit | Officer | Key e | Highest compensated employee | Former | | | |
| (1) Susie Dixon | 0.50 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (2) Lakeshia Highsmith | 0.50 | | | | | | | | | |
| Development Committee Chair | | Х | | | | | | 0. | 0. | 0. |
| (3) Sheila Coker | 0.50 | | | | | | | | | |
| Parent Member | | Х | | | | | | 0. | 0. | 0. |
| (4) Terry Joyner | 0.50 | | | | | | | | | |
| Parent Member | | Х | | | | | | 0. | 0. | 0. |
| (5) Edward Dunson | 0.50 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (6) Joanne Fort | 1.20 | | | | | | | | | |
| Chairman | | Х | | Х | | | | 0. | 0. | 0. |
| (7) David Johnson | 0.50 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (8) Kelly Nakamato | 0.60 | | | | | | | | | |
| Finance Committee Chair | | Х | | | | | | 0. | 0. | 0. |
| (9) David Owens | 0.50 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (10) Calvin Snowden | 0.70 | | | | | | | | | |
| Vice Chairman | | Х | | X | | | | 0. | 0. | 0. |
| (11) Keith Stephenson | 0.50 | | | | | | | | | |
| Board Member | | Х | | | | | | 0. | 0. | 0. |
| (12) Christopher Cronin | 0.50 | | | | | | | | | |
| Governance Committee Chair | | Х | | | | | | 0. | 0. | 0. |
| (13) Nicole Seward | 0.40 | | | | | | | | | |
| Ex-officio | | Х | | | | | | 0. | 0. | 0. |
| (14) Justin Rydstrom | 0.40 | | | | | | | | | |
| Head of School | | | | | Х | | | 158,096. | 0. | 9,904. |
| (15) Lanette Bacchus | 0.40 | | | | | | | | | |
| Principal | | | | | | Х | | 116,345. | 0. | 1,310. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | 000 |

Form **990** (2016)

| | t VII Section A Officers Directors Trus | | | | | | | _ | | | 3 / 3 | <i>,</i> от | | aye • |
|------------|--|--|--------------------------------|-----------------------|----------|--------------|------------------------------|---------|--|--|---------------|-------------------------------|--|-------------------|
| Fai | Occilon A. Oniccis, Directors, 1143 | tees, Key Em _l (B) | oloy | ees, | | | ghes | st C | | , , | $\overline{}$ | | | |
| | (A) Name and title | Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | n an | (D) Reportable compensation from | (E) Reportable compensatio from related | n | (F) Estimated amount of other | | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MIS | | fr org and | pensa om th anizat d relat anizati | ie tion ted |
| | | | 드 | 드 | ō | , ž | 三百 | 꾼 | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b | Sub-total | | | | | | | | 274,441. | | 0. | 1 | 1,2 | 14. |
| | Total from continuation sheets to Part VI | | | | | | | | 274,441. | | 0. | 1 | 1,2 | 0. |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but n | | | | | | | O re | | 000 of reportable | 1 | | 1,4 | <u> 14.</u> |
| | compensation from the organization | ot innited to th | 1030 | iioto | d at | , ovc | ,, vvi i | 010 | secived more than \$100, | ooo or reportable | | | | 2 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | * | | , | • | • | • • | | | . , | | | | v |
| 4 | line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su | | | | | | | | ner compensation from t | | ···· | 3 | | X |
| • | and related organizations greater than \$150 | • | | | | | | | • | • | ľ | 4 | Х | |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | ····· | | | |
| | rendered to the organization? If "Yes," com | plete Schedul | e J f | or su | ıch ı | oers | on . | | | | | 5 | | X |
| <u>Sec</u> | Complete this table for your five highest co | mnoncotod inc | dono | ndo | nt or | ntro | aata | ro th | nat raceived mare than (| 2100 000 of com | | ion fr | | |
| • | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | Jerisai | .1011 110 | " | |
| | (A) Name and business | | | | <u> </u> | | | | (B) Description of s | | | (Compe | | 'n |
| EQC | Ops, 1611 Connecticut A | | S11 | i+ | | 20 | 0 | | Accounting a | | | ompe | ISALIO | '11 |
| | shington, DC 20009 | | | | | | | | Management S | | | 14 | 0,7 | 09. |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

31-1573701

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Part VIII Statement of Revenue

| | | Check if Schedule O conta | ains a response | or note to any lin | e in this Part VIII | | | |
|--|--------|---|-----------------|-------------------------|----------------------|--|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| S S | 1 a | Federated campaigns | 1a | | | | | 012 011 |
| ant | | Membership dues | | | | | | |
| ନ୍ଧ | | Fundraising events | | | | | | |
| ifts | | Related organizations | | | | | | |
| nis nis | | Government grants (contribution | | 955,359. | | | | |
| Sig | | All other contributions, gifts, grant | · — | • | | | | |
| ber | | similar amounts not included abov | | 186,077. | | | | |
| Öğ | g | Noncash contributions included in lines 1 | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Total. Add lines 1a-1f | | > | 1,141,436. | | | |
| | | | | Business Code | | | | |
| ø | | Per pupil fundi | ng | 611710 | 5,355,623. | 5,355,623. | | |
| r V | b | Activity fees | | 611710 | 35,600. | 35,600. | | |
| Se | С | | | | | | | |
| Program Service Revenue | d | | | | | | | |
| 9 B | е | | | | | | | |
| <u> </u> | f | All other program service rever | nue | | | | | |
| | g | Total. Add lines 2a-2f | |) | 5,391,223. | | | |
| | 3 | Investment income (including | , | • | 0.46 | | | 0.45 |
| | | other similar amounts) | | | 946. | | | 946. |
| | 4 | Income from investment of tax | | · · | | | | |
| | 5 | Royalties | | | | | | |
| | | _ | (i) Real | (ii) Personal | | | | |
| | 6 a | | | | - | | | |
| | b | Less: rental expenses | | | - | | | |
| | | Rental income or (loss) | | | | | | |
| | | 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 | | | 1 | | | |
| | b | and sales expenses | | | | | | |
| | c | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| _ | | Gross income from fundraising | | | | | | |
| nue | | including \$ | • | | | | | |
| eve | | contributions reported on line | | | | | | |
| Ä | | Part IV, line 18 | а | | | | | |
| Other Reven | b | Less: direct expenses | | | | | | |
| 0 | С | Net income or (loss) from fund | raising events | > | | | | |
| | 9 a | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | а | | | | | |
| | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gami | | <u>,</u> | | | | |
| | 10 a | Gross sales of inventory, less r | | | | | | |
| | | and allowances | | | - | | | |
| | | Less: cost of goods sold | | | | | | |
| } | С | Net income or (loss) from sales | | | | | | |
| } | 4.4 | Miscellaneous Revenue Other income | 9 | Business Code 900099 | 165,068. | 165,068. | | |
| | | | | 300033 | 103,000. | 103,000. | | + |
| | b | | | | | | | + |
| | q C | All other revenue | | | | | | + |
| | u | Total. Add lines 11a-11d | | | 165,068. | | | |
| | 12 | Total revenue. See instructions. | | | 6,698,673. | 5,556,291. | 0 | 946. |

| <u>Sect</u> | ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons | | • | | |
|-------------|---|--------------------|---|-------------------------------------|-----------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | · |
| | and domestic governments. See Part IV, line 21 | -8,291. | -8,291. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 3,250. | 3,250. | | |
| 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, | 200 000 | 252 920 | 10 150 | |
| _ | trustees, and key employees | 300,988. | 252,830. | 48,158. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) | 3,308,877. | 2,779,457. | 529,420. | |
| 8 | Pension plan accruals and contributions (include | 3,300,077 | 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 545, 440 • | |
| J | section 401(k) and 403(b) employer contributions) | 46,653. | 39,189. | 7,464. | |
| 9 | Other employee benefits | 257,176. | 216,028. | 41,148. | |
| 10 | Payroll taxes | 315,790. | 265,264. | 50,526. | |
| 11 | Fees for services (non-employees): | 0_0 / | | 00,0201 | |
| | Management | | | | |
| b | | 30,443. | 25,572. | 4,871. | |
| | Accounting | 127,059. | 106,729. | 20,330. | |
| d | | • | , | | |
| 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 O.) | 241,802. | 236,295. | 5,507. | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 243,872. | 225,381. | 18,491. | |
| 14 | Information technology | 156,823. | 131,731. | 25,092. | |
| 15 | Royalties | | | 100 000 | |
| 16 | Occupancy | 751,874. | 631,574. | 120,300. | |
| 17 | Travel | 33,813. | 33,491. | 322. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 77 054 | C4 002 | 10 261 | |
| 19 | Conferences, conventions, and meetings | 77,254. | 64,893. | 12,361. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 407,950. | 342,678. | 65,272. | |
| 22 | Depreciation, depletion, and amortization | 50,443. | 42,372. | 8,071. | |
| 23 24 | Other expenses. Itemize expenses not covered | 30,443. | 74,314. | 0,0/10 | |
| 4 4 | 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 | Student activities | 87,345. | 87,345. | | |
| b | Food services | 83,755. | 70,354. | 13,401. | |
| c | PCSB administration fee | 66,675. | 56,007. | 10,668. | |
| d | | - | - | | |
| е | All other expenses | 193,725. | 172,226. | 9,848. | 11,651. |
| 25 | Total functional expenses. Add lines 1 through 24e | 6,777,276. | 5,774,375. | 991,250. | 11,651. |
| 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) | | | | 000 |

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| Par | tχ | 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 | 1,375,110. | 1 | 892,966. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 196,058. | 4 | 518,371. |
| | 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 | | | |
| ູ | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 14,076. | 9 | 1,748. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 17,060,015 | | | |
| | b | Less: accumulated depreciation 10b 5,172,380 | 11,774,275. | 10c | 11,887,635. |
| | 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 | 226,304. | 15 | 3,445 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 13,585,823. | 16 | 13,304,165 |
| | 17 | Accounts payable and accrued expenses | 1,012,618. | 17 | 1,060,193 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 0. | 19 | 22,633. |
| | 20 | Tax-exempt bond liabilities | 7,000,000. | 20 | 6,705,083 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| s | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| i <u>e</u> | | key employees, highest compensated employees, and disqualified persons. | | | |
| Liabilities | | Complete Part II of Schedule L | | 22 | |
| בֿי | 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 | 0. | 25 | 21,654. 7,809,563. |
| | 26 | Total liabilities. Add lines 17 through 25 | 8,012,618. | 26 | 7,809,563. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | | | |
| ပ္သ | | complete lines 27 through 29, and lines 33 and 34. | | | |
| ဗို | 27 | Unrestricted net assets | 5,560,341. | 27 | 5,479,089. 15,513. |
| <u>a</u> | 28 | Temporarily restricted net assets | 12,864. | 28 | 15,513. |
| <u> </u> | 29 | Permanently restricted net assets | | 29 | |
| ᇤᅵ | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| ō | | and complete lines 30 through 34. | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| et/ | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Ź | 33 | Total net assets or fund balances | 5,573,205. | 33 | 5,494,602. |
| | 34 | Total liabilities and net assets/fund balances | 13,585,823. | 34 | 13,304,165. |

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 | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,698 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,77 | 7,2' | <u>76.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 3,60 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5,573 | 3,20 | <u>05.</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 | 5,494 | 4,60 | <u>02.</u> |
| 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 | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>X</u> |
| | 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 | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | |
| За | 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 | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit | | | l |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | X | |
| | | | Form | 990 (| (2016) |

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

Integrated Design Electronics Academy
Public Charter School

Employer identification number 31 – 1573701

| D - | | | ic charter | | | | | 1-13/3/01 |
|------------|-----------|--|---|---|--------------------|-----------------|---|---|
| Ра | rt I | Reason for Public C | narity Status (| All organizations must co | omplete th | is part.) Se | ee instructions. | |
| Γhe | organi | zation is not a private found | ation because it is: (F | For lines 1 through 12, c | heck only | one box.) | | |
| 1 | | A church, convention of chu | urches, or associatio | n of churches described | l in sectio | n 170(b)(1 | I)(A)(i). | |
| 2 | X | A school described in secti | on 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | |
| 4 | | 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: | · | | | | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | |
| Ĭ | | | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | |
| 6 | | A federal, state, or local gov | | ontal unit described in | coction 17 | 70/6\/4\/A\ | (v) | |
| | H | , , | · · | | | | • • | aublia dagaribad in |
| 7 | | An organization that normal | - | iliai part of its support ii | rom a gove | emmema | unit or from the general p | Jublic described in |
| _ | | section 170(b)(1)(A)(vi). (C | • | 4VAV-1) (Olata D | | | | |
| 8 | \square | A community trust describe | | | | | | |
| 9 | | An agricultural research org | | | | - | - | - |
| | | or university or a non-land-g | rant college of agricu | ulture (see instructions). | Enter the | name, city | , and state of the college | or |
| | | university: | | | | | | |
| 10 | | An organization that normal | lly receives: (1) more | than 33 1/3% of its sup | port from o | contributio | ns, membership fees, an | d gross receipts from |
| | | activities related to its exem | pt functions - subjec | t to certain exceptions, | and (2) no | more than | 33 1/3% of its support | from gross investment |
| | | income and unrelated busin | ess taxable income | (less section 511 tax) fro | om busines | ses acqui | red by the organization a | after June 30, 1975. |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | |
| 11 | | An organization organized a | and operated exclusi | vely to test for public sa | fety. See | section 50 |)9(a)(4). | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform t | he function | ns of, or to carry out the | purposes of one or |
| | | more publicly supported org | ganizations describe | d in section 509(a)(1) d | r section | 509(a)(2). | See section 509(a)(3). (| Check the box in |
| | | lines 12a through 12d that of | describes the type of | f supporting organization | n and com | plete lines | 12e, 12f, and 12g. | |
| а | | Type I. A supporting orga | * * | | | | | giving |
| | | the supported organization | · · · · · · · · · · · · · · · · · · · | | • | _ | | |
| | | organization. You must c | | | ,, - | | | |
| b | | Type II. A supporting orga | | | tion with it | s sunnorte | ed organization(s) by hav | vina |
| - | | control or management of | · · | | | | | - |
| | | organization(s). You mus | | | arric perso | iis triat coi | Titlor of manage the supp | onted |
| _ | | Type III functionally inte | | | in connect | ion with c | and functionally integrate | od with |
| С | | | | | | | • • | cu with, |
| | | its supported organization | | | | | | |
| d | | Type III non-functionally | • | | | | | * * |
| | | that is not functionally int | - | | • | | • | /eness |
| | | requirement (see instructi | • | | | | | |
| е | | Check this box if the orga | | | | | Type I, Type II, Type III | |
| | | functionally integrated, or | | nally integrated supporti | ng organiz | ation. | | |
| f | | r the number of supported o | | | | | | |
| g | | ide the following information | | | (iv) Is the ora | nization listed | (() () () () () () () () () (| (vi) Amazumt of other |
| | (1 |) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | ng document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | Organization | | above (see instructions)) | Yes | No | Support (See Instructions) | Support (See Instructions) |
| | | | | | | | | |
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31-1573701 Page 2 Schedule A (Form 990 or 990-EZ) 2016 Public Charter School

| Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v) | 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 | ļ | | | | | |
| | include any "unusual grants.") | ļ | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | ļ | | | | | |
| 3 | The value of services or facilities | | | | | | |
| • | furnished by a governmental unit to | ļ | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| J | 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. | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (h) 2012 | (a) 2014 | (4) 2015 | (a) 2016 | (f) Total |
| | | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| , | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | ļ | | | | | |
| | dividends, payments received on | ļ | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | ļ | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | ļ | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | • | • | , | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a sectior | n 501(c)(3) | |
| ~ | organization, check this box and stop | here | | | | | > |
| | ction C. Computation of Publi | | | | | т т | |
| 14 | Public support percentage for 2016 (I | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | % |
| 15 | | | | | | 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 | k and |
| | stop here. The organization qualifies | | • | | | | |
| b | 33 1/3% support test - 2015. If the | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | is box |
| | and stop here. The organization qual | • | • • | | | | |
| 17a | 10% -facts-and-circumstances test | - 2016. If the org | anization did not d | 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 | is box and stop h | nere. Explain in Pa | rt VI how the orgar | nization |
| | meets the "facts-and-circumstances" | test. The organizat | tion qualifies as a ¡ | oublicly supported | organization | | ▶□ |
| b | 10% -facts-and-circumstances test | - 2015. If the org | anization did not d | check a box on line | e 13, 16a, 16b, or 1 | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization q | ualifies as a public | ly supported orga | nization | ▶□ |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | |
| | | | | | Cohe | dule A (Form 990 | or 000 E7) 0016 |

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.)

| Section A. Public Support | ow, piease com | piete Part II.) | | | | |
|--|------------------|-----------------------|------------------------|---------------------|---------------------|-----------------|
| alendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, 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 organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| alendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 Amounts from line 6 | (4) 2012 | (6) 2010 | (0) 2014 | (4) 2013 | (6) 2010 | (i) Total |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | + |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for t | he organization' | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | ration, |
| check this box and stop here | | | | | | <u></u> |
| Section C. Computation of Public | | | | | T T | |
| 5 Public support percentage for 2016 (lin | | | olumn (f)) | | 15 | 9/ |
| Public support percentage from 2015 S | | | | | 16 | 9/ |
| Section D. Computation of Invest | | | 40 / /* | | 14-1 | |
| Investment income percentage for 201 | | | | | 17 | 9 |
| Investment income percentage from 20 | | | | | 18 | 9 |
| 19a 33 1/3% support tests - 2016. If the o | | | | | | |
| more than 33 1/3%, check this box and b 33 1/3% support tests - 2015. If the c | = | - | | | | |
| line 18 is not more than 33 1/3%, check | k this box and | stop here. The org | anization qualifies | as a publicly supp | orted organization | · > 🗀 |
| 20 Private foundation. If the organization | did not check a | box on line 14 19 | a or 19b, check th | nis box and see ins | structions | |

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 |
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| | t IV Supporting Organizations (continued) | | | .g. c |
|----------|---|-----------|-----|-------|
| | Continued) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 103 | 140 |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| <u> </u> | below, the governing body of a supported organization? | 11a | | |
| h | A family member of a person described in (a) above? | 11b | | |
| | 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 | 1.0 | | |
| | | | 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 | _ | | |
| 800 | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | |
| 1 a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| b | The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru | uctions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | uctions). | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | | | | |
| | 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 | | |

| 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 qualifyi | ng trust on I | Nov. 20, 1970 (explain in F | Part VI.) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must of | complete Sec | ctions A through E. | |
| 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-functional | ally integrate | d Type III supporting orga | anization (see |

Schedule A (Form 990 or 990-EZ) 2016

instructions).

| rai | t V | Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
|----------|---|---|------------------------------|----------------------------|---------------------|
| Secti | on D - E | Distributions | | | Current Year |
| 1 | Amoun | | | | |
| 2 | Amoun | ts paid to perform activity that directly furthers exemp | | | |
| | organiz | ations, in excess of income from activity | | | |
| 3 | Adminis | strative expenses paid to accomplish exempt purpose | | | |
| 4 | Amoun | ts paid to acquire exempt-use assets | | | |
| 5 | Qualifie | d set-aside amounts (prior IRS approval required) | | | |
| 6 | Other d | listributions (describe in Part VI). See instructions | | | |
| 7 | Total a | nnual distributions. Add lines 1 through 6 | | | |
| 8 | Distribu | itions to attentive supported organizations to which th | e organization is responsive | | |
| | (provide | e details in Part VI). See instructions | | | |
| 9 | | stable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 a | amount divided by Line 9 amount | | | |
| | | | (i) Excess Distributions | (ii) Underdistributions | (iii) Distributable |
| ecti | on E - L | Distribution Allocations (see instructions) | | Pre-2016 | Amount for 2016 |
| 1 | Distribu | stable amount for 2016 from Section C, line 6 | | | |
| 2 | Underd | istributions, if any, for years prior to 2016 (reason- | | | |
| | able ca | use required- explain in Part VI). See instructions | | | |
| 3 | Excess | distributions carryover, if any, to 2016: | | | |
| а | | | | | |
| b | | | | | |
| С | From 2 | 013 | | | |
| d | From 2 | 014 | | | |
| е | From 2 | 015 | | | |
| | | f lines 3a through e | | | |
| g | Applied | to underdistributions of prior years | | | |
| | | to 2016 distributable amount | | | |
| <u>i</u> | | ver from 2011 not applied (see instructions) | | | |
| j | | der. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | | itions for 2016 from Section D, | | | |
| | line 7: | \$ | | | |
| | | to underdistributions of prior years | | | |
| | | to 2016 distributable amount | | | |
| | | der. Subtract lines 4a and 4b from 4 | | | |
| 5 | | ing underdistributions for years prior to 2016, if | | | |
| | | btract lines 3g and 4a from line 2. For result greater | | | |
| 6 | | ro, explain in Part VI. See instructions | | | |
| O | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in | | | | |
| | | | | | |
| 7 | | See instructions distributions carryover to 2017. Add lines 3 | | | |
| • | and 4c | addinations carryover to 2011. Add intes of | | | |
| 8 | | own of line 7: | | | |
| a | | | | | |
| | Excess | from 2013 | | | |
| | | from 2014 | | | |
| | | from 2015 | | | |
| | | from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

Integrated Design Electronics Academy

| Schedule A | (Form 990 or 990-EZ) 2016 Public Charter School | 31-1573701 Page 8 |
|------------|---|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.) | or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V, |
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Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Integrated Design Electronics Academy Public Charter School

Employer identification number

31-1573701

| Organization type (cneck one): | | | | | | |
|--------------------------------|---|---|--|--|--|--|
| Filers of: | | Section: | | | | |
| Form 990 | or 990-EZ | $\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | | 527 political organization | | | | |
| Form 990 |)-PF | 501(c)(3) exempt private foundation | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | | 501(c)(3) taxable private foundation | | | | |
| General X | Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special i | rules | | | | | |
| | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| | year, contributions is checked, enter he purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year | | | | |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization
Integrated Design Electronics Academy
Public Charter School

Employer identification number

Public Charter School 31-1573701 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 US Department of Education X Person Payroll 400 Maryland Ave, SW 741,415. Noncash (Complete Part II for Washington, DC 20202 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution The Community Foundation for the 2 National Capital Region X Person **Payroll** 1201 15th Street NW, Suite 420 127,646. Noncash (Complete Part II for Washington, DC 20005 noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 US Department of Agriculture X Person **Payroll** 1400 Independence Ave, SW 119,046. Noncash (Complete Part II for Washington, DC 20250 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. D.C. Students Construction Trades 4 Foundation Person X **Payroll** 5151 Wisconsin Ave NW, Suite 307 115,483. Noncash (Complete Part II for Washington, DC 20016 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 US Department of Defense Person Payroll 1000 Defense Blvd 76,406. Noncash (Complete Part II for noncash contributions.) Washington, DC 20301 (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 David Owens X Person Payroll 307 Rittenhouse Street, NW 12,000. Noncash (Complete Part II for

noncash contributions.)

Washington, DC 20011

Name of organization
Integrated Design Electronics Academy
Public Charter School

Employer identification number

Public Charter School 31-1573701 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 Vanguard Charitable X Person **Payroll** PO BOX 9509 10,310. Noncash (Complete Part II for Warwick, RI 02889 noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Centers for Disease Control and 8 Prevention X Person **Payroll** 395 E Street SW 7,500. Noncash (Complete Part II for Washington, DC 20024 noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 Robert Gee X Person **Payroll** 7609 Brittany Parc Court 5,000. Noncash (Complete Part II for Falls Church, VA 22043 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

623452 10-18-16

(a)

No.

Person
Payroll
Noncash
(Complete Part II for noncash contributions.)

(d)

Type of contribution

(b)

Name, address, and ZIP + 4

(c)

Total contributions

Name of organization
Integrated Design Electronics Academy
Public Charter School
Employer identification number
31-1573701

| ı artı | (See instructions). Ose duplicate copies of Fair | i ii ii additional space is needed. | |
|------------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |

Name of organization Employer identification number Integrated Design Electronics Academy 31-1573701 Public Charter School Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

The bound of Park Indiana Indian

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Integrated Design Electronics Academy Public Charter School

Employer identification number 31-1573701

Schedule D (Form 990) 2016

| Pai | | | 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 |
| 4 | Total number at and of year | (a) Donor advised funds | (b) Furius and other accounts |
| 1 2 | Total number at end of year | | |
| 3 | Aggregate value of grants from (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 w | l writing that the assets held in donor advis | sed funds |
| · | are the organization's property, subject to the organization's | _ | |
| 6 | Did the organization inform all grantees, donors, and donor ac | | |
| • | for charitable purposes and not for the benefit of the donor or | | |
| | | | |
| Pai | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or ed | ducation) Preservation of a his | torically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualification | ed 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 | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic stru | cture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired at | fter 8/17/06, and not on a historic structo | ure |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ease | ement is located | |
| 5 | Does the organization have a written policy regarding the peri | odic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing cons | servation easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ling of violations, and enforcing conserva | tion easements during the year |
| _ | \$ | | 6 M O (7 M) |
| 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 | • | · · · · · · · · · · · · · · · · · · · |
| | include, if applicable, the text of the footnote to the organizati | ion's financial statements that describes | the organization's accounting for |
| Par | conservation easements. † III Organizations Maintaining Collections of | Art Historical Treasures or Of | ther Similar Assets |
| | Complete if the organization answered "Yes" on Form | | and difficult / 1000tol |
| 12 | If the organization elected, as permitted under SFAS 116 (ASC | | ment and halance sheet works of art |
| Iu | historical treasures, or other similar assets held for public exhi | ,, | • |
| | the text of the footnote to its financial statements that describ | | ince of public service, provide, in rain Am, |
| h | If the organization elected, as permitted under SFAS 116 (ASC | | t and halance sheet works of art historical |
| D | treasures, or other similar assets held for public exhibition, ed | • | |
| | relating to these items: | acation, or resourer in farther aree or pa | bile service, provide the following amounts |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | | | . . |
| 2 | If the organization received or held works of art, historical trea | | al gain, provide |
| _ | the following amounts required to be reported under SFAS 11 | | J, p. 5.1.45 |
| а | Revenue included on Form 990, Part VIII, line 1 | - · | > \$ |
| | Assets included in Form 990, Part X | | |

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

| | t III Organizations Maintaining Co | ollections of Ar | | orical Tre | asures o | r Other | Similar A | | 13101 | |
|--------------|---|----------------------|----------------------|----------------|-----------------------|---------------|----------------|------------------|----------------|--|
| | • | | | | | | | | | |
| 3 | Using the organization's acquisition, accession | n, and other record | s, cneck | any of the | rollowing tha | t are a sig | nificant use | of its c | ollection it | ems |
| | (check all that apply): | | . $ egin{array}{c} $ | | | | | | | |
| а | Public exhibition | C | | | hange progr | | | | | |
| b | Scholarly research | e | • 🗀 | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | | n Part | XIII. | |
| 5 | During the year, did the organization solicit or | | | | | | | _ | _ | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | No |
| Par | t IV Escrow and Custodial Arrang | | ete if the | organizatio | n answered | "Yes" on I | Form 990, Pa | art IV, I | ine 9, or | |
| | reported an amount on Form 990, Part | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | n or other intermed | liary for o | contribution | s or other as | sets not ir | ncluded | _ | _ | |
| | on Form 990, Part X? | | | | | | | ∟ | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fol | llowing t | able: | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | \square | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Par | t V Endowment Funds. Complete if | the organization an | swered | "Yes" on Fo | orm 990, Parl | : IV, line 10 |) . | | | |
| | | (a) Current year | l . | rior year | (c) Two yea | I . | d) Three years | s back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| _ | and programs | | | | | | | | | |
| f | A dissipations and a second | | | | | | | | | |
| g g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | | e (line 1c | ı column (a |)) held as: | I | | | | |
| a | | one year one balance | % | y, coluinin (a | jj ricia as. | | | | | |
| b | Permanent endowment | % | ′° | | | | | | | |
| | Temporarily restricted endowment | | | | | | | | | |
| C | The percentages on lines 2a, 2b, and 2c shou | | | | | | | | | |
| 20 | Are there endowment funds not in the posses | • | ation tha | t are held a | ad administs | rad far tha | organizatio | n | | |
| Sa | · | Sion of the organiza | alion ma | t are rielu ai | iu auministe | red for the | organization | 11 | [v | es No |
| | by: | | | | | | | | | es No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organizat | | | | | | | | 3b | |
| Dar | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme | | wment f | unds. | | | | | | |
| ı aı | | | D4 IV | / line 11 - C | ` F 000 | . D+ V I | . 10 | | | |
| | Complete if the organization answered | | | | | | | | / N D . | |
| | Description of property | (a) Cost or o | | ` , | t or other (other) | | cumulated | | (d) Book | /alue |
| | | basis (investr | neni) | | , , | uep | reciation | | 150 | 000 |
| | Land | | | | 0,000. | 2 6 | 01 724 | 1 | 1 100 | <u>,000.</u> |
| | Buildings | | | 13,88 | 5,505. | ∠,6 | 91,734 | • _ | 1,193 | <i>, </i> |
| | Leasehold improvements | | | 0.64 | C 400 | | 00 645 | | 1.55 | |
| | Equipment | | | | 6,422. | 2,4 | 80,646 | • | | ,776. |
| | Other | | | | 8,088. | | | | | ,088. |
| <u>Total</u> | . Add lines 1a through 1e. (Column (d) must ed | ual Form 990. Part | X. colum | nn (B). line 1 | 0c.) | | | <u> 1</u> | 1,887 | ,635 . |

Schedule D (Form 990) 2016

| Schedule D (Form 990) 2016 Public Char | ter School | | 31-1573701 Page |
|--|--------------------------|--|-----------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, li | ine 11b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost | |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | • | • | |
| Complete if the organization answered "Yes" | on Form 990. Part IV. li | ine 11c. See Form 990. Part X. line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost | or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | • | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, li | ine 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line | e 15.) | | ▶ |
| Part X Other Liabilities. | , | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, li | ine 11e or 11f. See Form 990, Part X, li | ine 25. |
| 1. (a) Description of liability | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) Capital Lease | | 21,654. | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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

21,654.

| ٠. | dule D (Form 990) 2016 Public Charter School | iles Acad | | 1573701 | _ |
|------------|--|---------------|-------------------|-------------------|----------|
| | t XI Reconciliation of Revenue per Audited Financial Stateme | ante With Rev | | 13/3/01 | Page |
| I ai | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | rende per metarn. | | |
| _ | | | 1 | 6,698, | 673 |
| 1 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | ····· | 0,050, | , 0 / 5 |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | | | | |
| | Recoveries of prior year grants | 1 1 | | | |
| c d | C. (5 (5 (8 | 1 4.1 | | | |
| e | | | 2e | | 0 |
| 3 | Add lines 2a through 2d Subtract line 2e from line 1 | | | 6,698, | 673 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 0,050, | 0.5 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | | | | |
| 0 | | | 4c | | 0 |
| 5 | | | | 6,698, | 673 |
| Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) TXII Reconciliation of Expenses per Audited Financial Statem | ents With Ex | penses per Retur | | , 0 7 3 |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | ponece por metan. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 6,777, | 276 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 0,111, | , 2 , 0 |
| | Donated services and use of facilities | 2a | | | |
| a | | | | | |
| b | Prior year adjustments Other losses | | | | |
| d | Other losses Other (Describe in Part XIII.) | | | | |
| | , | | 2e | | 0 |
| е 3 | Add lines 2a through 2d Subtract line 2e from line 1 | | | 6,777, | 276 |
| 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | 0,111, | 270 |
| - | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| a | | | | | |
| D | | | 40 | | 0 |
| _ | | | | 6,777, | , 276 |
| 5 Pai | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information. | | j j | 0,111, | , 2 / 0 |
| lines | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add at X, Line 2: | | | X, line 2; Part X | II, |
| | | | | | |
| IDI | EA is exempt from Federal income taxes und | er Sectio | on 501(c)(3) | of the | |
| <u>Int</u> | cernal Revenue Code. | | | | |
| | | | | | |
| <u>Acc</u> | counting principles generally accepted in | the Unite | ed States of | America | ì |
| pro | ovide consistent guidance for the accounti | ng for un | ncertainty in | n income | <u> </u> |
| | kes recognized in an entity's financial st | | | | |
| | | | <u> </u> | | |

that there were no matters that would require recognition in the financial Schedule D (Form 990) 2016

threshold of "more likely than not" for recognition of tax positions taken

or expected to be taken in a tax return. IDEA performed an evaluation of

uncertain tax positions for the year ended June 30, 2017, and determined

| Part XIII Supplemental Information (continued) |
|--|
| |
| statements or which may have any effect on its tax-exempt status as of |
| June 30, 2017. For the year ended June 30, 2017, 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 IDEA files tax returns. It is IDEA's policy to recognize interest |
| and/or penalties related to uncertain tax positions, if any, in income tax |
| expense. |
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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

Name of the organization

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

Integrated Design Electronics Academy Employee

Public Charter School

Employer identification number 31-1573701

| | Public Charter School 31-1 | <u> 1573</u> | 701 | |
|-----|---|--------------|------|----------|
| Pa | rt I | | | |
| | | | YES | N |
| ı | 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 | |
| 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 | Х | Г |
| 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. | | | |
| | | 3 | Х | |
| | If you need more space, use Part II IDEA Public Charter School lists their Equal Opportunity | | | |
| | Statements on recruitment flyers and in the student handbook, | | | |
| | as well as on their website. | | | |
| | as well as on their website. | | | |
| | | | | |
| | Does the conscioution and take following 0 | | | |
| • | Does the organization maintain the following? | _ | 37 | |
| | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | X | \vdash |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | X | ⊢ |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student | | l | |
| | admissions, programs, and scholarships? | 4c | X | ┡ |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | X | L |
| | | | | |
| | | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| _ | Students' rights or privileges? | 5a | | 2 |
| b | | 5b | + | 2 |
| С | 1 / / | 5c | | |
| | Scholarships or other financial assistance? | 5d | - | Ŀ |
| | Educational policies? | 5e | | Ŀ |
| | Use of facilities? | 5f | | _ |
| | Athletic programs? | 5g | | Ŀ |
| h | Other extracurricular activities? | 5h | | |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | | |
| | | | | |
| · ~ | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | Х | |
| | , | | - 21 | |
| a | Has the organization's right to such aid ever been revoked or suspended? | 6b | | - |
| | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | | |
| • | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of | | | |
| | | | | |

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

Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

Schedule E (Form 990 or 990-EZ) 2016

Integrated Design Electronics Academy

| Schedule E (Form 990 or 990-EZ) 2016 Public Charter School | 31-1573701 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 receives financial assistance from Federal govern | nment grants |
| and contracts. The School also receives a substantial portion | on of its |
| revenue from the Government of the District of Columbia. | |
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SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2016

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

Integrated Design Electronics Academy
Public Charter School

3

 $\begin{array}{c} \textbf{Employer identification number} \\ 31 - 1573701 \end{array}$

| Pa | art I Questions Regarding Compensation | | | |
|----|---|----|-----|----------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as, maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | , | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee X Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | <u> </u> |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| | The organization? | 6a | | X |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | l | 1 |

632111 09-09-16

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) |
|---------------------|-------------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Deficition | (B)(i)-(D) | reported as deferred on prior Form 990 |
| (1) Justin Rydstrom | (i) | 158,096. | 0. | 0. | 4,080. | 5,824. | | 0. |
| Head of School | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) (ii) | | | | | | | |
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| - | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Part III Supplemental Information |
|---|
| rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Integrated Design Electronics Academy Public Charter School

Employer identification number 31-1573701

| Part I Bond Issues | ZICCI BOHOOI | | | | | | | | | <u> </u> | | | |
|---|---------------------------------------|--------------|-----------------|----------|----------|---------------|--------------------|-----------------|-------------------------------|----------|---------|--------|---|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issu | ue price | (f) Descripti | on of purpose | (g) De | feased (h) Or of is | | | (i) Po | |
| | | | | | | | | Yes | No | Yes | No | Yes | N |
| A District of Columbia | 53-6001131 | None | 06/21/16 | 7,000 | | | refunding issue | 3 | Х | | х | | 2 |
| В | | | | | | | | | | | | | |
| С | | | | | | | | | | | | | L |
| D | | | | | | | | | | | | | L |
| Part II Proceeds | | | <u> </u> | | T | | | | | | | | |
| 1 Amount of bonds retired | | | A | | | В | С | | | | D | | _ |
| 2 Amount of bonds legally defeased | | | | | | | | | | | | | |
| 3 Total proceeds of issue | | | 7,00 | 0,000. | | | | | | | | | |
| | | | | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | | | | |
| 7 Issuance costs from proceeds | | | | | | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | | | | |
| 9 Working capital expenditures from proceed | s | | 1 | 7,500. | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | | | | | | | | | | |
| 11 Other spent proceeds | | | | 0,000. | | | | | | | | | |
| 12 Other unspent proceeds | | | 33 | 2,500. | | | | | | | | | |
| 13 Year of substantial completion | | | | | | | | | | | | | |
| | | | Yes | No | Yes | No | Yes | No | | Yes | | No | |
| 14 Were the bonds issued as part of a current | refunding issue? | | X | | | | | | | | | | |
| 15 Were the bonds issued as part of an advance | ce refunding issue? | | | X | | | | | | | | | |
| 16 Has the final allocation of proceeds been m | ade? | | | | | | | | | | | | |
| 17 Does the organization maintain adequate books and record | ds to support the final allocation of | of proceeds? | Х | | | | | | | | | | |
| Part III Private Business Use | | | | | 1 | | | | | | | | |
| | | | A | | | В | Ç | | | | D | | |
| 1 Was the organization a partner in a partners | | LLC, | Yes | No | Yes | No | Yes | No | | Yes | _ | No | |
| which owned property financed by tax-exen | | | | X | | | | | | | \perp | | |
| 2 Are there any lease arrangements that may bond-financed property? | | | | х | | | | | | | | | |

31-1573701

| Pai | t III Private Business Use (Continued) | | | | | | | | |
|----------|--|-----|----|-----|----|-----|----------|-----|----------|
| | , | | Α | | В | С | | | D |
| За | Are there any management or service contracts that may result in private | Yes | No | Yes | No | Yes | No | Yes | No |
| | business use of bond-financed property? | | X | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| | counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| | counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by | | | | | | | | |
| | entities other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 | Enter the percentage of financed property used in a private business use as a result of | | | | | | | | |
| | unrelated trade or business activity carried on by your organization, another | | | | | | | | |
| | section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 | Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 | Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a non- | | | | | | | | |
| | governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed | | | | | | | | |
| | of | | % | | % | | % | | <u>%</u> |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections | | | | | | | | |
| | 1.141-12 and 1.145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified | | | | | | | | |
| | bonds of the issue are remediated in accordance with the requirements under | | | | | | | | |
| | Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |
| Pai | t IV Arbitrage | | | | | | | | |
| | | | Ą | ı | В | (| ? | | <u> </u> |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | Yes | No | Yes | No |
| | Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| _2 | If "No" to line 1, did the following apply? | | _ | | | | | | 1 |
| a | Rebate not due yet? | | X | | | | | | |
| b | Exception to rebate? | Х | | | | | | | |
| | No rebate due? | | X | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | | | | | | | |
| | performed | | 1 | | _ | | 1 | | T |
| _3 | Is the bond issue a variable rate issue? | X | | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified | | | | | | | | |
| | hedge with respect to the bond issue? | | X | | | | | | |
| | Name of provider | | | | | | | | |
| | Term of hedge | | 1 | | | | ı | | 1 |
| d | Was the hedge superintegrated? | | | | | | | | |
| <u> </u> | Was the hedge terminated? | | | | | | | | |

31-1573701

| Part IV Arbitrage (Continued) | | | | | | | | |
|---|-------------|-----------------|---------|----|-----|----|-----|----|
| | A | | В | | С | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of | | | | | | | | |
| section 148? | X | | | | | | | |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |
| | Ą | | В | | Ç | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of | | | | | | | | |
| federal tax requirements are timely identified and corrected through the voluntary | | | | | | | | |
| closing agreement program if self-remediation isn't available under applicable | | | | | | | | |
| regulations? | x | | | | | | | |
| Part VI Supplemental Information. Provide additional information for responses to questions | on Schedule | e K. See instru | uctions | | | | | |
| | | | | | | | | |
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

Integrated Design Electronics Academy Public Charter School

Employer identification number 31-1573701

| Form 990, Part I, Line 1, Description of Organization Mission: |
|---|
| post-secondary opportunities and to be responsible citizens who |
| contribute to the community. |
| |
| Form 990, Part VI, Section B, line 11b: |
| The Form 990 is circulated to the board members for review before it is |
| filed. |
| |
| Form 990, Part VI, Section B, Line 12c: |
| During monthly board meetings, an Interested Parties report is distributed. |
| This document addresses contractors that may have a close financial tie |
| with an IDEA trustee or key staff member, or is a former founder or |
| executive. |
| |
| Form 990, Part VI, Section C, Line 19: |
| IDEA Public Charter School 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. |
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