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PUBLIC DISCLOSURE COPY	

** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

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

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

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, and ending JUN 30, 2017 Open to Public Inspection

В	Check if	C Name of organization		D Employe	r identific	cation number
_	Addre	PERRY STREET PREPARATORY PUBLIC				
Ļ	chang Name	e CHARTER SCHOOL		1	F0 0	174617
F	chang □Initial	e Doing business as	la , ,,			174617
	return Final _return	1900 ספססע מייספיפייייייי אופי	Room/suite	E Telephon		529-4400
	termir ated			G Gross receip		6,871,955.
	Amen			H(a) Is this a		
	Application	F Name and address of principal officer:KELLY SMITH				?Yes X No
	pendi	SAME AS C ABOVE				cluded? Yes No
$\overline{\mathbf{L}}$	Tax-ex	empt status: $X = 501(c)(3)$ $= 501(c)($) $= (insert no.)$ $= 4947(a)(1)$	or 527	7		list. (see instructions)
J	Websi	te: ► WWW.PSPDC.ORG		H(c) Group		
K	orm o	organization: X Corporation Trust Association Other	L Year	of formation: 1	L999 м	State of legal domicile: DC
P	art I	Summary				
Governance	1	Briefly describe the organization's mission or most significant activities: TO D LEADERS WHILE TRANSFORMING PUBLIC EDUCAT		SOCIAI	LLY R	ESPONSIBLE
nar	2	Check this box if the organization discontinued its operations or dispo		than 25% of	ite not ac	cote
Ver	3				1 1	9
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)				9
οğ		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			····· ⊢ →	90
iţie	6	Total number of volunteers (estimate if necessary)				9
Activities &	1 -	Total unrelated business revenue from Part VIII, column (C), line 12				0.
⋖		Net unrelated business taxable income from Form 990-T, line 34				0.
		,		Prior Yea		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,246,		752,127.
	9	Program service revenue (Part VIII, line 2g)		5,744,	952.	5,596,020.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,	,196.	17,662.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	413,275.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,992,	,827.	6,779,084.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,163,	,292.	3,106,010.
ŠUŠ	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)			0.	0.
Expenses						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,794,		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,958,		7,509,341.
	19	Revenue less expenses. Subtract line 18 from line 12		-965,		-730,257.
Net Assets or Fund Balances			Be	ginning of Curr		End of Year
Sset	20	Total assets (Part X, line 16)		22,639,		21,572,169.
et A	21	Total liabilities (Part X, line 26)		14,924,		14,588,599.
	22	Net assets or fund balances. Subtract line 21 from line 20		7,714,	, 000.	6,983,570.
	art II	alties of perjury, I declare that I have examined this return, including accompanying schedule	o and atatam	anta and to the	hoot of my	uknowledge and balief it is
		thes of perjury, i declare that i have examined this return, including accompanying schedule at, and complete. Declaration of preparer (other than officer) is based on all information of wl			-	/ Knowledge and Deller, it is
uue	, correc	n, and complete. Decial attornor of preparer (other than officer) is based on an information of wi	ilicii preparei	lias ally kilowit	euge.	
C:~	_	Signature of officer		I Date		
Sig		KELLY SMITH, DIR. OF OPERATIONS				
He	e	Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN
Pai	d	DAVID JONES			if self-employe	P01361002
Pre	parer	Firm's name JONES MARESCA & MCQUADE PA	<u> </u>	Firm	's EIN ▶	52-1853933
Use	Only		UITE 8			
		WASHINGTON, DC 20036		Phor	ne no. 202	2-296-3306
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

		Service Accomplishments a response or note to any line in this Part III	
1	Briefly describe the organization's mis		
2	•	gnificant program services during the year which v	
	If "Yes," describe these new services	on Schedule O.	
3	If "Yes," describe these changes on S		
4			est program services, as measured by expenses. s and allocations to others, the total expenses, and
4a	(Code:) (Expenses \$ 6	5,378,319. including grants of \$) (Revenue \$ 5,596,020.) T OF UP TO 850 STUDENTS IN GRADE.
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
4d	Other program services (Describe in S (Expenses \$	including grants of \$	(Revenue \$
4e	Total program service expenses	6,378,319.	Form 990 (2016)

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Form 990 (2016)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		Х
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			7.7
_	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			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 25	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıZd		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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
	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		Х
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		Х
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		Х
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		Х
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

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Form 990 (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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			l
	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			7.7
	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	04-	Х	
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		X
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ZTU		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٥.	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	<u> </u>		
	Schedule N, Part II	32		Х
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		Х
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		35a		Х
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		<u> </u>
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	1
	Note. All Form 990 filers are required to complete Schedule O	38	Λ	Ь

52-2174617

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

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			۱
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
	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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
		00		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	ЭIJ		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	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 9								
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		Х					
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		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a									
	more members of the governing body?	7a		Х					
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		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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	X						
b	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	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	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	X						
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	X						
b	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 ► NONE								
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) and 990-T (Section 501(c)(3)s only) are	availab	ole						
	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	d finan	icial						
	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:								
	THE ORGANIZATION - 202-529-4400								
	1800 PERRY STREET, NE, WASHINGTON, DC 20018								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	Position (do not check more than box, unless person is bot officer and a director/trus					(D) Reportable compensation from	(E) Reportable compensation from related	(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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CYNTHIA BROWN	4.00	.,		77				0	0	•
CHAIR (2) CONSUELO NELSON	2.00	Х		Х				0.	0.	0
VICE CHAIR	2.00	X		х				0.	0.	0
(3) HAROLD BARDONILLE	4.00	122		22				0.	0.	0
TREASURER	1.00	x		Х				0.	0.	0
(4) VINETTE E BROWN	4.00	┢▔						0.0		
SECRETARY		x		х				0.	0.	0
(5) DARWIN K BAGLEY	2.00									
BOARD MEMBER		Х						0.	0.	0
(6) MAYA AGUILAR	2.00									
BOARD MEMBER		Х						0.	0.	0
(7) KATHERYN NOONAN	2.00								_	_
BOARD MEMBER		Х						0.	0.	0
(8) COREY WILSON	2.00	١							•	
BOARD MEMBER		Х						0.	0.	0
(9) FELICIA FORTE	2.00	ļ ,,							0	_
BOARD MEMBER	40 00	Х						0.	0.	0
(10) RACHEL CROUCH	40.00	-		х				108,143.	0.	5 006
PRINCIPAL (11) KELLY SMITH	40.00			Λ				100,143.	0.	5,986
DIRECTOR OF OPERATIONS	40.00	1		х				84,611.	0.	237
DIRECTOR OF OFERALIONS		-						04,011.		231
		_								
		4	1				1			

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Page 7

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Average Name and title Position Reportable Rep											
the Sub-total beautiful and the latest to Part VII, Section A latest and total compensation from the organizations where the compensation from related organizations below when the compensation from the organizations of the compensation from the organizations of the compensation from the organizations of the compensation from the organization and related organizations. 192,754 0 6,223 194, 194, 194, 194, 194, 194, 194, 194,											
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1b Sub-total □ Total from continuation sheets to Part VII, Section A □ Total (add lines 1b and 1c) □ Total (add lines 1b											
1b Sub-total □ Total from continuation sheets to Part VII, Section A □ Total (add lines 1b and 1c) □ Total (add lines 1b											
1b Sub-total □ Total from continuation sheets to Part VII, Section A □ Total (add lines 1b and 1c) □ Total (add lines 1b											
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a* If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X											
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											
rendered to the organization? If "Yes," complete Schedule J for such person											
Section B. Independent Contractors											
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from											
the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
(A) (B) (C) Name and business address Description of services Compensation											
APPLETREE INSTITUTE FOR EDUCATION INNOVATIOPRESCHOOL											
TENSQUARE, LLC, 1101 17TH STREET SUITE SCHOOL IMPROVEMENT											
TENSQUARE, LLC, 1101 17TH STREET SUITE SCHOOL IMPROVEMENT 200, WASHINGTON, DC 20036 SERVICES 541,672.											
TENSQUARE, LLC, 1101 17TH STREET SUITE SCHOOL IMPROVEMENT											

Form **990** (2016)

148,731.

114,506.

632008 11-11-16

END-TO-END SOLUTIONS FOR SPECIAL ED, 714 G SPECIAL EDUCATION

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

STREET, SE SUITE 201, WASHINGTON, DC 20036 SERVICES

WASHINGTON, DC 20003

\$100,000 of compensation from the organization

ACCOUNTING SERVICES

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1d d Related organizations 747,977. e Government grants (contributions) f All other contributions, gifts, grants, and 4,150. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 752,127. h Total. Add lines 1a-1f ... Business Code 611710 3,550,700.|3,550,700. 2 a PER PUPIL APPROPRIATIO Program Service Revenue b PER PUPIL SPECIAL EDUC 611710 1,069,018.1,069,018. c PER PUPIL FACILITY ALL 611710 955,944. 955,944. d SALES OF T-SHIRTS, BOO 12,675. 900099 12,675. 900099 7,683. 7,683. e ACTIVITY FEE f All other program service revenue 5,596,020. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 17,662. 17,662. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 412,533 6 a Gross rents 92,871. **b** Less: rental expenses 319,662. c Rental income or (loss) 319,662. 319,662. **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 91,433 91,433. 11 a REIMBURSEMENT FROM INS 900099 b TAX AND OSSE REFUNDS 611710 2,180. 2,180. С d All other revenue 93,613. e Total. Add lines 11a-11d 779,084.5,596,020. 430,937. Total revenue. See instructions.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 193,750. 157,965. 35,637. 148. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,444,268. 2,006,072. 436,318. 1,878. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 184,220. 220,838. 36,467. <u>151.</u> Other employee benefits 9 247,154. 40,942. 206,042. 170. Payroll taxes 10 Fees for services (non-employees): 1,201,580 1,001,711. 199,044 825. a Management 9,535. 9,535. Legal 121,263. 121,263. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 14,905. 11,846. 2,959 100. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 102,295. 85,221. 16,996. 78. Office expenses 13 41,127. 34,285. 6,813. 29. 14 Information technology Royalties 15 550,241. 535,724. 378. 14,139. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 97,469. 81,256. 16,146. 67. 20 Payments to affiliates 21 1,012,706. 844,254. 167,757. 695. Depreciation, depletion, and amortization 22 100,176. 83,513. 16,594. 69. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,057,875. 1,057,875. DIRECT STUDENT EXPENSES PCSB ADMINISTRATION FEE 66,478 55,420. 11,012. 46. 20,224. STAFF DEVELOPMENT 23,895. 3,656. <u> 15.</u> 3,786 3,156. 627. OTHER EXPENSES 3. e All other expenses 7,509,341. 6,378,319. 1,126,370. 4,652. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2016)

Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			7,017,920.	2	7,505,339
	3	Pledges and grants receivable, net			381,010.	3	422,979
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	D 11			152,766.	9	52,063
	10a	Land, buildings, and equipment: cost or other	i i				
		basis. Complete Part VI of Schedule D	10a	22,203,717.			
	b	Less: accumulated depreciation		9,458,871.	13,689,276.	10c	12,744,846
	11	Investments - publicly traded securities	793,316.	11	841,667		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	605,390.	15	5,275		
	16	Total assets. Add lines 1 through 15 (must equ	22,639,678.	16	21,572,169		
	17	Accounts payable and accrued expenses		326,239.	17	274,181	
	18	Grants payable		18			
	19	Deferred revenue	44,382.	19	6,469		
	20	Tax-exempt bond liabilities	12,114,656.	20	11,582,714		
	21	Escrow or custodial account liability. Complete			21		
တ္က ၂	22	Loans and other payables to current and former					
≝		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelate		24			
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			2,439,593.	25	2,725,235
	26	Total liabilities. Add lines 17 through 25			14,924,870.	26	14,588,599
		Organizations that follow SFAS 117 (ASC 958					
Se		complete lines 27 through 29, and lines 33 an					
בַ	27	Unrestricted net assets	7,410,407.	27	6,707,019		
<u> </u>	28	Temporarily restricted net assets	304,401.	28	276,551		
ğ	29	Permanently restricted net assets		29			
호		Organizations that do not follow SFAS 117 (A					
5		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
1SS	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances			7,714,808.	33	6,983,570
;	34	Total liabilities and net assets/fund balances			22,639,678.	34	21,572,169

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	6,77						
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,50						
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments								
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									
	column (B))	10	6,98	33,5	70.				
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.			X				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	b Were the organization's financial statements audited by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization P

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number 52-2174617

		O11111						2 21,101,
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) S	ee instructions.	
The	orgar	nization is not a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2	X	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	·					, ,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
·		section 170(b)(1)(A)(iv). (C			a o. opo.a			
6		A federal, state, or local go		montal unit described in	soction 17	70(h)(1)(A)	ſω	
7	H	, ,	ŭ				• •	nublic described in
′		An organization that norma	•	initial part of its support i	rom a gov	remmenta	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		(4)(4)(1) (O 1 D				
8	Н	A community trust describe						
9		An agricultural research org	-			-		
		or university or a non-land-o	grant college of agric	culture (see instructions).	. Enter the	name, city	y, and state of the collec	je or
		university:						
10		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	ın 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11		An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized	and operated exclus	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	, giving
		the supported organization	· ·	•	•			
		organization. You must o			, ,			0
b		Type II. A supporting org	- · · · · · · · · · · · · · · · · · · ·		tion with it	ts support	ed organization(s), by ha	avina
		control or management of						
		organization(s). You mus			arrio poroc	orio triat ot	ontrol of manage the oal	sportou
С		Type III functionally inte	-		in connec	tion with	and functionally integrat	ed with
·		its supported organizatio					• •	ca with,
4		Type III non-functionally		•				ization(a)
d								` '
		that is not functionally int		• ,	•		•	iveness
		requirement (see instruct	•					
е		☐ Check this box if the orga					a Type I, Type II, Type III	
_		functionally integrated, o	* *	nally integrated support	ing organi	zation.		
		er the number of supported						
g		vide the following information			(iv) Is the orna	anization listed	(a) Amount of monotoni	L (vi) Amount of other
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing 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)
Tota	al							

Schedule A (Form 990 or 990-EZ) 2016 CHARTER SCHOOL 52-2174 (
Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked	d the box on line 5	5. 7. or 8 of Part I o	or if the organization	on failed to qualify	under Part III. If th	e organization
	fails to qualify under the tests				,		9
Se	ction A. Public Support			•			
	endar 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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(4) 23 12	(3) 2010	(0,20	(3,723.5	(0, 20 : 0	(1) 1010
	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ons)			12	<u> </u>
	First five years. If the Form 990 is for	•	,	rd fourth or fifth t	tax vear as a sectio		
	organization, check this box and stop		•				
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15						15	%
16a	a 33 1/3% support test - 2016. If the o					more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶□
k	33 1/3% support test - 2015. If the c						
	and stop here. The organization qual	•		,		,	
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
ŀ	10% -facts-and-circumstances tes						
-	more, and if the organization meets the						
	organization meets the "facts-and-circ						ightharpoonup

Schedule A (Form 990 or 990-EZ) 2016

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

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.)

qualify under the tests listed	below, please com	plete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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						
Calendar 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	(3) 2010	(6) 2014	(4) 2010	(6) 2010	(i) rotar
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	;					
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					[F01(-)(0) :	
14 First five years. If the Form 990 is for	_			-		
check this box and stop here Section C. Computation of Pub						P L
			l (f\)		45	
15 Public support percentage for 2016						9
16 Public support percentage from 201					16	9
Section D. Computation of Inve					14-1	
17 Investment income percentage for 2						9
18 Investment income percentage from						9
19a 33 1/3% support tests - 2016. If th	-					1 / is not
more than 33 1/3%, check this box b 33 1/3% support tests - 2015. If the	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization	on did not check a	i box on line 14, 19	a. or 19b. check t	his box and see ii	nstructions	▶

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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
		169	140
	1		
	2		
	0-		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	6		
	7		
	8		
	8		
	9a		
	9b		
	0-		
	9c		
	10a		
	134		
	10b		
m 9	90 or 99	90-EZ	2016

Pai	Part IV Supporting Organizations (continued)				
	(continued)			Yes	No
11	11 Has the organization accepted a gift or contribution from any of	the following persons?			
	below, the governing body of a supported organization?	(-)	11a		
b	b A family member of a person described in (a) above?		11b		
	c A 35% controlled entity of a person described in (a) or (b) above	?If "Yes" to a b or c provide detail in Part VI .	11c		
	Section B. Type I Supporting Organizations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	seed of the completion of the			Yes	No
1	1 Did the directors, trustees, or membership of one or more support	arted organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's				
	tax year? If "No," describe in Part VI how the supported organizations				
	controlled the organization's activities. If the organization had mo				
	describe how the powers to appoint and/or remove directors or t				
	organizations and what conditions or restrictions, if any, applied t		1		
2			'		
2	, , , ,				
	organization(s) that operated, supervised, or controlled the supp Part VI how providing such benefit carried out the purposes of to				
		ne supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.		2		
Sec	Section C. Type II Supporting Organizations			· ·	
	A Management of the control of the c	Also Associated and the state of the adjustment of		Yes	No
1	, , ,	,			
	or trustees of each of the organization's supported organization(
	or management of the supporting organization was vested in the	same persons that controlled or managed			
<u> </u>	the supported organization(s).		1		
Sec	Section D. All Type III Supporting Organizations				
				Yes	No
1					
	organization's tax year, (i) a written notice describing the type an				
	year, (ii) a copy of the Form 990 that was most recently filed as of				
_	organization's governing documents in effect on the date of noti		1		
2	•	·			
	organization(s) or (ii) serving on the governing body of a support				
	the organization maintained a close and continuous working relat		2		
3	, , , , , , , , , , , , , , , , , , , ,				
	significant voice in the organization's investment policies and in	-			
	income or assets at all times during the tax year? If "Yes," descri	be in Part VI the role the organization's			
	supported organizations played in this regard.		3		
Sec	Section E. Type III Functionally Integrated Supporting				
1					
а	· · · · · · · · · · · · · · · · · · ·				
b					
С		e in Part VI how you supported a government entity (see instru	ıctions		
2	.,	_		Yes	No
а	,				
	the supported organization(s) to which the organization was resp				
		s directly furthered their exempt purposes,			
	how the organization was responsive to those supported organization	ations, and how the organization determined			
	that these activities constituted substantially all of its activities.		2a		
b	b Did the activities described in (a) constitute activities that, but fo	r the organization's involvement, one or more			
	of the organization's supported organization(s) would have been				
	reasons for the organization's position that its supported organization	ation(s) would have engaged in these			
	activities but for the organization's involvement.		2b		
3	3 Parent of Supported Organizations. Answer (a) and (b) below.				
а					
	trustees of each of the supported organizations? Provide details	in Part VI .	3a		
b	b Did the organization exercise a substantial degree of direction or	ver the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the I	role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections 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	llv integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	rt V Type III Non-Functiona	Ily Integrated 509	(a)(3) Supporting Orga	anizations _(continued)			
Secti	tion D - Distributions			,	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use	assets					
5	Qualified set-aside amounts (prior IRS	approval required)					
6	Other distributions (describe in Part V	/I). See instructions					
7	Total annual distributions. Add lines	1 through 6					
8	Distributions to attentive supported o		ne organization is responsive				
	(provide details in Part VI). See instru	•	3				
9	Distributable amount for 2016 from Se						
	Line 8 amount divided by Line 9 amount	,					
	,		(i)	(ii)	(iii)		
			Excess Distributions	Underdistributions	Distributable		
3ecti	tion E - Distribution Allocations (see	nstructions)		Pre-2016	Amount for 2016		
1	Distributable amount for 2016 from S	ection C. line 6					
	Underdistributions, if any, for years pr	, and the second					
_	able cause required- explain in Part V	`					
3	Excess distributions carryover, if any,	<i>'</i>					
a	, , ,	10 20 10.					
b							
	From 2013						
	From 2014						
	From 2015						
	Total of lines 3a through e						
	Applied to underdistributions of prior	vears					
	Applied to 2016 distributable amount	·					
i	Remainder. Subtract lines 3g, 3h, and	,					
4	Distributions for 2016 from Section D						
	line 7:						
a	Applied to underdistributions of prior	vears					
	Applied to 2016 distributable amount						
	Remainder. Subtract lines 4a and 4b						
	Remaining underdistributions for year						
-	any. Subtract lines 3g and 4a from lin	•					
	than zero, explain in Part VI. See instr	- 1					
6	Remaining underdistributions for 201						
-	and 4b from line 1. For result greater						
	Part VI. See instructions	a 20.0, 0/p/a					
7	Excess distributions carryover to 20	017. Add lines 3i					
-	and 4c						
8	Breakdown of line 7:						
a							
	Excess from 2013						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

PERRY STREET PREPARATORY PUBLIC

Schedule A	(Form 990 or 990-EZ) 2016 CHARTER SCHOOL	52-21/461/ Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 additing (See instructions.)	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

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

Department of the Treasury Internal Revenue Service

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

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number

52-2174617

Organization type (check one):						
Filers of	:	Section:				
Form 99	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 99)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	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.					
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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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

Name of organization
PERRY STREET PREPARATORY PUBLIC
CHARTER SCHOOL

Employer identification number

52-2174617

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$557,224.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
PERRY STREET PREPARATORY PUBLIC
CHARTER SCHOOL

Employer identification number

52-2174617

Part II	Noncash Property (See instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(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
		- - - _ \$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Employer identification number Name of organization PERRY STREET PREPARATORY PUBLIC 52-2174617 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 the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III 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 Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (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

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number 52-2174617

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing concernat	ion accomente during the year
7	S S Amount of expenses incurred in monitoring, inspecting, nanc	aling of violations, and emorcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	vo entiety the requirements of section 170/	b)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
·	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion o inicipal otatomente that december	The organization of accounting for
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2016

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	easures,	or Other	Similar A	ssets(con	tinuea)
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	at are a sig	nificant use o	f its collect	ion ite	ms
	(check all that apply):									
а	Public exhibition	c		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	the organizat	ion's exem	npt purpose in	Part XIII.		
5										
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pai	t IV Escrow and Custodial Arran							IV, line 9,	or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	ssets not ir	ncluded		_	_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amou	ınt	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1 1			
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanati	on has beer	n provided or	Part XIII			<u> </u>	
Pai	t V Endowment Funds. Complete if	the organization ar	nswered	"Yes" on F	orm 990, Par	t IV, line 10).			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	d) Three years b	ack (e) Fo	ur year	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end haland	re (line 1	la column (a)) held as:	_		I		
a	Board designated or quasi-endowment	one your one balanc	%	rg, column (ajj riola ao.					
b	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation th	at are hold (and administ	arad for the	o organization			
Ja		SSION OF THE ORGANIZ	ation th	at are rielu a	and administ		e organization		Yes	No
	by: (i) unrelated organizations							3a(i	_	INO
	•								_	+
L	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requi		Cobodulo D				3a(i	1	+
b 4								30		
Ė	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		Jwmem	iurius.						
. u	Complete if the organization answered		n Part I	V line 11a	See Form 991	n Part X li	ine 10			
	Description of property	(a) Cost or o			t or other		cumulated	(d) B	ook val	
	bescription of property	basis (investr			(other)		reciation	(u) b	JON VAI	ue
	Land	`	-1	1 2 2 2 3 2	, ,					
	Buildings									
	Leasehold improvements			17.03	31,830.	4.5	11,710.	12,5	20.	120.
d	Equipment			-	8,036.		02,140.			896.
	Other				3,851.		45,021.			830.
	. Add lines 1a through 1e. (Column (d) must ea		X. colu			, _ _	<u> </u>	12,7		
		,	., 50.01	. ,=/,0	/					

Schedule D (Form 990) 2016 CHARTER SCHOOL

	5	2-	21	74	61	7	Page 3	3
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Part VII Investments - Other Securities.				J
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(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"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-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"		/, line 11d. See Form 990,	Part X, line 15.	
	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.	5 000 D . II			
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25).
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		2 617 005		
(2) DEFERRED RENT		2,617,805.		
(3) CAPITAL LEASE PAYMENTS		59,290.		
(4) DEPOSITS PAYABLE		48,140.		
(5)				
(6)				
(7)				
(8)				
(9)		0 805 005		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►	2,725,235.		

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 X

Schedule D (Form 990) 2016

Part XI Reconciliation of Revenue per Auditor		ts With F	levenue per R	eturn	•
Complete if the organization answered "Yes" on	<u> </u>				6 000 600
1 Total revenue, gains, and other support per audited fina				1	6,900,680.
2 Amounts included on line 1 but not on Form 990, Part V	i i		0.01	1	
a Net unrealized gains (losses) on investments		2a	-981.		
b Donated services and use of facilities		2b	29,706.		
c Recoveries of prior year grants		2c	00 001		
d Other (Describe in Part XIII.)	L	2d	92,871.		101 506
-				2e	121,596.
3 Subtract line 2e from line 1				3	6,779,084.
4 Amounts included on Form 990, Part VIII, line 12, but no	i	1			
a Investment expenses not included on Form 990, Part VI		4a			
b Other (Describe in Part XIII.)		4b			•
c Add lines 4a and 4b				4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form				5	6,779,084.
Part XII Reconciliation of Expenses per Audit		its With	Expenses per	Retur	m.
Complete if the organization answered "Yes" on					7 621 010
1 Total expenses and losses per audited financial stateme				1	7,631,918.
2 Amounts included on line 1 but not on Form 990, Part IX	i l	ı	20 706		
a Donated services and use of facilities		2a	29,706.		
b Prior year adjustments		2b			
c Other losses		2c	00 071		
d Other (Describe in Part XIII.)		2d	92,871.		100 577
e Add lines 2a through 2d				2e	122,577.
3 Subtract line 2e from line 1				3	7,509,341.
4 Amounts included on Form 990, Part IX, line 25, but not	I	. 1			
a Investment expenses not included on Form 990, Part VI		4a			
b Other (Describe in Part XIII.)		4b			0
c Add lines 4a and 4b				4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal For Part XIII Supplemental Information.	rm 990, Part I, line 18.)			5	7,509,341.
	Dort III. lines de and 4. Dort IV	linna dh ar	ad Oby Dord V. Jima	4. David '	V line Or David VI
Provide the descriptions required for Part II, lines 3, 5, and 9; lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete t				i; Part /	x, line 2; Part XI,
illies 20 and 4b, and Fart All, lines 20 and 4b. Also complete t	ins part to provide any addition	niai ii ii Oi ii ia	itiOi i.		
PART X, LINE 2:					
THE SCHOOL BELIEVES IT HAS APPR	ROPRIATE SUPPORT	r FOR	ALL TAX P	<u>OSIT</u>	'IONS
TAKEN AND AG GUGU DOEG NOT U			DOGETHEON	G 1.11	
TAKEN, AND AS SUCH, DOES NOT HA	VE ANY UNCERTAL	LN TAX	POSITION	S WE	IICH ARE
MATERIAL TO THE FINANCIAL STATE	итипс ор пилт и	ם זוזסני	U 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		TO ON THE
MAIERIAL TO THE FINANCIAL STATE	MENIS OK IHAI V	ענוטטע	HAVE AN E	FFEC	ON IIS
TAX EXEMPT STATUS. THERE ARE NO	UNRECOGNIZED T	TAX BE	NEFTTS OR	T, TZ	ABILITTES
	, onthe countries :		1121115 011		
THAT NEED TO BE RECORDED.					
PART XI, LINE 2D - OTHER ADJUST	MENTS:				
DIRECT RENTAL EXPENSES					92,871.
PART XII, LINE 2D - OTHER ADJUS	STMENTS:				
THE THE PERSON AND TH					
DIRECT RENTAL EXPENSES					92,871.
DIRECT RENTAL EXPENSES 632054 08-29-16				Sched	ule D (Form 990) 2010

PERRY STREET PREPARATORY PUBLIC

Schedule D (Form 990) 2016 CHARTER SCHOOL	52-2174617 Page 5
Schedule D (Form 990) 2016 CHARTER SCHOOL Part XIII Supplemental Information (continued)	y
Cupp Cupp	

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. PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number 52-2174617

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

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

Schedule E (Form 990 or 990-EZ) 2016

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 GOVERNMENT FINANCIAL ASSISTANCE FROM THE DISTRICT OF
COLUMBIA, FEDERAL DEPARTMENT OF AGRICULTURE SCHOOL LUNCH PROGRAM, AND
FEDERAL CONGRESSIONAL APPROPRIATIONS.
LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:
THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT
WITH THE DC GOVERNMENT REVENUE PROCEDURE 75-50 DOES NOT APPLY TO PUBLIC
CHARTER SCHOOLS.

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

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number 52-2174617

										<u>, </u>		
Part I Bond Issues												
(a) Issuer name (b)			(c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpo			ion of purpose	se (g) Defeased (h) On behalt			alf (i) F	f (i) Pooled	
							-			of issue	fina	ncing
								Yes	No Y	es N	Yes	No
DISTRICT OF COLUMBIA						FACILITY						
A REVENUE BONDS 53-6	6001131	NONE	05/13/10	1262	5000.F	RENOVATI	ON		X	X	:	X
В												
С												
D												
Part II Proceeds												
			<i></i>	1		В	С					
1 Amount of bonds retired												
2 Amount of bonds legally defeased			100	F 000								
3 Total proceeds of issue				5,000.								
4 Gross proceeds in reserve funds												
5 Capitalized interest from proceeds												
6 Proceeds in refunding escrows												
7 Issuance costs from proceeds												
8 Credit enhancement from proceeds												
Working capital expenditures from proceeds Capital expenditures from proceeds												
10 Capital expenditures from proceeds11 Other spent proceeds												
12 Other unspent proceeds												
13 Year of substantial completion				010								
Total of dubotantial completion			Yes	No	Yes	No	Yes	No	—	es	No	,
14 Were the bonds issued as part of a current refunding	issue?			X	1.00	1	100	110	 		- 144	
15 Were the bonds issued as part of an advance refundi				X								
16 Has the final allocation of proceeds been made?												
17 Does the organization maintain adequate books and records to support												
Part III Private Business Use		·			•	•			•			
	Time Time Dublicos Osc		-		В		С				D	
1 Was the organization a partner in a partnership, or a r	member of an	LLC,	Yes	No	Yes	No	Yes	No	Y	es	No	,
which owned property financed by tax-exempt bonds				X								
2 Are there any lease arrangements that may result in p												
bond-financed property?				X								

Par	t III Private Business Use (Continued)									
			A	l	В	([)	
3a	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								
Par	t IV Arbitrage									
			A	l	В	C		[<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?									
a	Rebate not due yet?		X							
b	Exception to rebate?	X								
c	No rebate due?		X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed				_					
3	Is the bond issue a variable rate issue?		X							
	Has the organization or the governmental issuer entered into a qualified									
	hedge with respect to the bond issue?		X							
b	Name of provider									
С	Term of hedge									
	Was the hedge superintegrated?									
е	Was the hedge terminated?									

52-2174617

Part IV Arbitrage (Continued)								
	A		В		С		<u> </u>	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?		Х						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	X							
Part V Procedures To Undertake Corrective Action								
		A		В		C		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?	Х							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

1b Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number 52-2174617

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

THE 990 IS REVIEWED BY THE DIRECTOR OF OPERATIONS, THEN BY THE FINANCE COMMITTEE AND IT IS INCLUDED IN THE BOARD PACKAGE. IT IS SIGNED BY DIRECTOR OF OPERATIONS AFTER BEING APPROVED BY THE BOARD.

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

THE SCHOOL DISTRIBUTES THE POLICY TO EVERY BOARD MEMBERS AND THEY EACH ACKNOWLEDGE THAT THEY HAVE RECEIVED IT AND READ THE POLICY AND DISCLOSE IF THERE ARE ANY CONFLICTS OF INTEREST. THE SIGNED POLICIES ARE KEPT IN THE BUSINESS OFFICE.

ALL EMPLOYEES SIGN A STATEMENT SAYING THAT THEY HAVE READ AND UNDERSTOOD THE CONTENTS OF THE EMPLOYEE HANDBOOK. IN THE HANDBOOK EMPLOYEES ARE ENCOURAGED TO AVOID BECOMING INVOLVED IN ACTIVITIES THAT CONFLICT WITH PERRY STREET PREP DUTIES AND RESPONSIBILITIES. REGARDLESS OF THE SOURCE OR VALUE OF ANY GIFT, CASH OR FAVOR, EMPLOYEES AND ANY MEMBERS OF THE EMPLOYEE'S FAMILY MUST DECLINE ANY GIFT OFFERED UNDER CIRCUMSTANCES INDICATING THAT ITS PURPOSE IS TO INFLUENCE THE EMPLOYEE IN THE PERFORMANCE OF HIS/HER JOB. IN ADDITION, EMPLOYEES MUST REFUSE ANY GIFTS OF NOMINAL VALUE IF THEY ARE PART OF A PATTERN OR PRACTICE WHICH, WHEN VIEWED AS A WOULD BE CONSIDERED LAVISH OR EXPENSIVE.

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

THE SCHOOL'S BOARD MEMBERS DETERMINE THE COMPENSATION OF THE HEAD OF SCHOOL AND OTHER KEY EMPLOYEES BY RESEARCHING COMPETITIVE SALARIES VIA THE 990S OF INDEPENDENTLY GENERATED SALARY SURVEYS AND THE EVALUATION OF OTHER SCHOOLS, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

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