EXTENDED TO MAY 16, 2016

A For the 2014 calendar year, or tax year beginning

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 Internal Revenue Service

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

r tax year beginning JUL 1, 2014 and ending JUN 30, 2015

D Employer identific

Open to Public Inspection

B C	heck if pplicabl	e: C Name of organization		D Employer identific	cation number
	Addre:	BDC, A PUBLIC CHARTER SCHOOL, INC.			
	_cnang _Name _chang			45-3	369822
	Initial return	-	om/suite	E Telephone number	
	Final return	110 STU CTDEET NW	Join/Julio	(202	
	termin ated			G Gross receipts \$	8,323,515.
	Ameno			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: CRAIG BARRETT		for subordinates	
	pendir	¹⁹ 7975 N HAYDEN RD, SUITE B100, SCOTTSDALE	E, AZ		······ — —
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or 1	527	If "No," attach a	list. (see instructions)
		te: ▶ WWW.BASISDC.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ▶	L Year o	of formation: 2011 N	1 State of legal domicile: DC
Pa	rt I	Summary			
g	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{{ m TO}}}{}}$	OVIDE	AN ACADEMI	CALLY AND
Activities & Governance		RIGOROUS LIBERAL ARTS COLLEGE PREPARATORY			
ern		Check this box if the organization discontinued its operations or disposed	d of more	i i	_
ઠ્ઠા				3	9
∞ ⊗		Number of independent voting members of the governing body (Part VI, line 1b)			1
ies		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			0
ξ		Total number of volunteers (estimate if necessary)			8
AC		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			
		Contributions and grants (Part VIII line 1h)		Prior Year 706,608.	Current Year 420,722.
ne		Contributions and grants (Part VIII, line 1h)		6,842,936.	7,902,793.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-5,975.	-2,600.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,881.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,548,450.	8,320,915.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0,
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ړ				3,095,630.	4,032,772.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
De	b	Total fundraising expenses (Part IX, column (D), line 25) 22,543	3.		
<u> </u>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,669,431.	4,081,820.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,765,061.	8,114,592.
		Revenue less expenses. Subtract line 18 from line 12		-216,611.	206,323.
s or Ices			Beg	ginning of Current Year	End of Year
Net Assets Fund Balanc	20	Total assets (Part X, line 16)		926,749.	673,700.
ort AS Jd B	21	Total liabilities (Part X, line 26)		822,779.	363,407.
		Net assets or fund balances. Subtract line 21 from line 20		103,970.	310,293.
	rt II	Signature Block			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules at			y knowledge and belief, it is
ırue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ii preparer	lias any knowledge.	
Sigr		Signature of officer		I Date	
Jigi Here		DAVID HEDGEPETH, TREASURER			
Here	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	X PTIN
Paid		RICHARD M JONES, CPA	lo	2/15/16 if self-employe	
	arer	Firm's name KENDALL, PREBOLA AND JONES, LLC	Firm's EIN	46-2108854	
Use	Only	Firm's address P.O. BOX 259			
		BEDFORD, PA 15522-0259		Phone no.81	4-623-1880
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE AN ACADEMICALLY AND RIGOROUS LIBERAL ARTS COLLEGE
	PREPARATORY EDUCATION TO MIDDLE AND HIGH SCHOOL STUDENTS OF THE
	DISTRICT OF COLUMBIA.
	DISTRICT OF COLUMBIA.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,801,074 • including grants of \$) (Revenue \$ 7,902,793 •)
	BASIS DC OPENED IN 2012 TO GRADES 5-8 IN A BEAUTIFUL SCHOOL NEAR THE
	NATIONAL PORTRAIT GALLERY. BASIS DC WILL ADD A GRADE EACH YEAR UNTIL
	EXPANDING TO SERVE GRADES 5-12, MIRRORING THE DESIGN OF OUR NATIONALLY
	RANKED SISTER CAMPUSES. IN THE HEART OF OUR NATION'S CAPITAL, BASIS DC
	PROVIDES AN UNPARALLELED, ENRICHING COMMUNITY WHERE STUDENTS WORK HARD
	TO PURSUE GENUINE UNDERSTANDING.
	THE BASIS DC LOWER SCHOOL FOCUSES ON ESTABLISHING THE DEEP KNOWLEDGE
	BASE NECESSARY TO PREPARE FOR THE RIGOROUS DEMANDS OF OUR
	COLLEGE-PREPARATORY CURRICULUM. LOWER SCHOOL STUDENTS MASTER THE
	FOUNDATIONS OF LANGUAGE, MATH, AND SCIENCE BY TAKING COURSES LIKE
	LATIN, CHEMISTRY, BIOLOGY, AND PHYSICS AS DISTINCT DISCIPLINES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	(code
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,801,074.
	Form 990 (2014)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			. v
40	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	40		X
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	- <u>-</u>	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
20°	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├ <u>-</u>
	25 and 25		990	(0044)

Form 990 (2014) BDC, A PUBLIC CHARTER SCHOOL, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		х
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
22	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			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
2-1 0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		v	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	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	20		x
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014) BDC , A PUBLIC CHARTER SCHOOL , INC . Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Scriedule O contains a response of note to any line in this Part v					
			-		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				77	
	(gambling) winnings to prize winners?	 I I		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	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 retu			2b		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			0-		Х
	-			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	-	-	4.		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country:	account)?		4a		-25
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (EB/	\D\			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			30		
ou	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided	to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as r	required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Fo	rm 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	N/A			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		/ -			
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	11				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	11				
a	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	44.				
40-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
	Did the consideration was in a consideration in the description of the	130		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
	100, mad it midd a form red to report these payments: in two, provide an explanation in deficient	<u> </u>			990	(0044

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	•		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
_	officer, director, trustee, or key employee?	2	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	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
h	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:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		
·	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
	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► 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)	availab	le	
	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, an	d finan	cial	
	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:			
	BASIS SCHOOLS, INC - (480) 289-2088 7975 N HAYDEN ROAD, SUITE B100, SCOTTSDALE, AZ 85258			
	TALL IN CHILDRIN RUBLE, AUTHE BLUU, AUULLAUALIE, AA. 03730			

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.

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

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

(A)	(B)	l	(C)		(D)	(E)	(F)				
Name and Title	Average	(do not chec		Pos	osition eck more than one			Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	erson is both an director/trustee)			compensation	compensation	amount of	
	week (list any	\vdash				T	100,	from the	from related organizations	other compensation	
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the	
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization	
	organizations	al tru	onal t		oloyee	comb				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) CRAIG R. BARRETT	2.00										
PRESIDENT		Х		Х				0.	0.	0.	
(2) MARC TUCKER	2.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(3) DAVID HEDGEPETH	2.00							_	_	_	
TREASURER		Х		Х				0.	0.	0.	
(4) ANDREW KELLY	2.00								_	_	
SECRETARY		Х		Х				0.	0.	0.	
(5) MALI PARKE	2.00								•		
TRUSTEE		Х						0.	0.	0.	
(6) A. GRAHAM DOWN	2.00									•	
TRUSTEE - OUTGOING	1 2 2 2	Х						0.	0.	0.	
(7) MIKE COHEN	2.00	. ,							0	0	
TRUSTEE	2.00	Х						0.	0.	0.	
(8) CANDICE SANTOMAURO	2.00	X						0.	0.	0.	
(9) ANNE HOUSE QUINN	2.00	^						0.	0.	<u> </u>	
TRUSTEE	2.00	X						0.	0.	0.	
(10) MICHAEL BLOCK	2.00							0.	0.	<u></u>	
AGENT OF BEG - SOLE MEMBER	2.00		Х					0.	0.	0.	
(11) DAN NIENHAUSER	20.00							0.	•		
AUTHORIZED AGENT FOR BDC	20100	1		x				0.	0.	0.	
(12) CHARLES HUTCHISON	40.00										
HEAD OF OPERATIONS		1		x				87,000.	0.	0.	
(13) CAMERON LOUIS	40.00							,			
HEAD OF SCHOOL		1		х				79,158.	0.	0.	
		1									

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average	(do		Pos		than	one	Reportable	Reportable)	Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an			on	an	nount	of
	week	_	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	b b		other	
	(list any	ector						the	organization			pensa	
	hours for	or dir	يو			ated		organization	(W-2/1099-MI	SC)		om the	
	related organizations	ıstee	truste		au au	bens		(W-2/1099-MISC)			•	anizati	
	below	ual tru	Institutional trustee		Key employee	t com						d relati	
	line)	Individual trustee or director	Officer Officer (W-2/1099-MISC) Officer Offic						orga	anizatio	JI 15		
	,	드	드	5	줆	王吉	프						
		1											
		+++++											
								166 150					
1b Sub-total								166,158.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								166,158.		0.			0.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no r	received more than \$100	0,000 of reportab	ole			0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or tri	ista	s ke	av er	mnlc	N/AA	or	highest compensated e	mnlovee on			100	110
line 1a? If "Yes," complete Schedule J for s				-	-	-			• •		3		Х
4 For any individual listed on line 1a, is the su											Ť		
and related organizations greater than \$15	•							•	•		4		Х
5 Did any person listed on line 1a receive or											_		
rendered to the organization? If "Yes," com	•				,		Ciai	ted organization or indiv	iddai foi services	'	5		Х
Section B. Independent Contractors	ipiete Geriedan	001	0, 0	ucii	perc								
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npensa	tion f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.				
(A)	a al alma a							(B)			(C		_
Name and business		777	1777				_	Description of s	services	Co	mpe	nsatio	n
BASIS EDUCATIONAL GROUP,	/9/5 N	H2	λYΙ)EI	N.					ĺ			

(A) Name and business address	(B) Description of services	(C) Compensation
BASIS EDUCATIONAL GROUP, 7975 N HAYDEN ROAD, SUITE B100, SCOTTSDALE, AZ 85258	SCHOOL MANAGEMENT	890,617.
PROFESSIONAL MAINTENANCE MANAGEMENT, INC 15938 DERWOOD ROAD, ROCKVILLE, MD 20855	JANITORIAL SERVICES	156,418.
PREFERRED MEAL SYSTEMS INC 8152 SOLUTIONS CENTER, CHICAGO, IL 60677	FOOD SERVICE	119,532.

Total number of independent contractors (including but not limited to those listed above) who received more than 3 \$100,000 of compensation from the organization

Form **990** (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d 257,473. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 163,249 g Noncash contributions included in lines 1a-1f: \$ 420,722. h Total. Add lines 1a-1f Business Code 611710 7,729,457.7,729,457. 2 a PER PUPIL FUNDING Program Service Revenue b STUDENT ACTIVITY FEES 611710 173,336. 173,336. С f All other program service revenue 7,902,793. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis 2,600. and sales expenses -2,600. c Gain or (loss) -2,600. -2,600. 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 _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 8,320,915.7,902,793. 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 respon	se or note to any line in	this Part IX	, ,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	188,315.	106,536.	64,579.	17,200.
6	Compensation not included above, to disqualified		•	,	·
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,261,033.	3,172,975.	88,058.	
8	Pension plan accruals and contributions (include	, , , , , , , , , , , , , , , , , , , ,	, , ,	, , , , , ,	
3	section 401(k) and 403(b) employer contributions)	45,819.	44,582.	1,237.	
9	Other employee benefits	249,775.	243,030.	6,745.	
10	Payroll taxes	287,830.	280,058.	7,772.	
11	Fees for services (non-employees):			.,	
	Management	890,617.	866,567.	24,050.	
b		49,317.	49,317.	21,0001	
	Legal	29,590.	6,085.	23,505.	
d	Accounting Lobbying	2373301	0,0000	23/3031	
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch 0.)	66,662.	64,662.		2,000.
40		7,643.	7,643.		2,000
12	Advertising and promotion	63,004.	60,715.	1,685.	604.
13	Office expenses	47,713.	46,425.	1,288.	004.
14	Information technology	47,713.	40,425.	1,2001	
15	Royalties	2,276,488.	2,215,016.	61,472.	
16	Occupancy	12,930.	12,126.	337.	467.
17	Travel	12,550.	12,120.	3371	407.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	5,252.	4,845.	134.	273.
19	Conferences, conventions, and meetings	5,252•	4,040	1710	413.
20	Interest				
21	Payments to affiliates	123,000.	121,072.	1,928.	
22	Depreciation, depletion, and amortization	67,542.	65,718.	1,824.	
23	Other expenses. Itemize expenses not covered	07,544.	03,710.	1,021.	
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 0.)				
а	DIRECT STUDENT COSTS	153,388.	153,388.		
b	FOOD SERVICE	142,229.	142,229.		
c	AUTHORIZER FEE	81,321.	79,125.	2,196.	
d	STAFF DEVELOPMENT COSTS	39,570.	38,501.	1,069.	
e e	All other expenses	25,554.	20,459.	3,096.	1,999.
25	Total functional expenses. Add lines 1 through 24e	8,114,592.	7,801,074.	290,975.	22,543.
26	Joint costs. Complete this line only if the organization	-, ==,	, ,	2 2 , 2 . 2 3	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
40004	0. 11-07-14				Form 990 (2014)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 330,417. 327,929. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 380,378. 84,717. 3 Pledges and grants receivable, net 888. 48,464. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use 20,189. 31,108. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 418,773. basis. Complete Part VI of Schedule D _____ 10a 242,096. b Less: accumulated depreciation 10b 193,503. 176,677. 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 1,374. 4,805. 15 Other assets. See Part IV, line 11 15 926,749. 673,700. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 319,918. 17 298,971. 17 Accounts payable and accrued expenses 18 18 Grants payable 17,256. 5,800. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 485,605. 58,636. Schedule D 822,779. 363,407. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 4,463. 150,475. 27 Unrestricted net assets 99,507. 159,818. Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 103,970. 310,293. Total net assets or fund balances 33 33 926,749. 673,700. Total liabilities and net assets/fund balances

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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 8	3,32	0,9	15.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,11	4,5	92.
3	Revenue less expenses. Subtract line 2 from line 1	3			23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	3,9	70.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	31	0,2	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	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

A PUBLIC CHARTER SCHOOL DDC TNC **Employer identification number** 45-3369822

		BDC,		CHARLER SCHO				J-33090ZZ			
Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions.				
he.	organ	ization is not a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)					
1	Щ	A church, convention of ch	urches, or association	n of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2	X	A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E.)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that norma	lly receives a substa	ntial part of its support	from a gov	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from			
		activities related to its exen	npt functions - subjec	ct to certain exceptions	and (2) no	more tha	n 33 1/3% of its suppor	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)								
10		An organization organized a	and operated exclusi	ively to test for public sa	afety. See	section 50)9(a)(4).				
11		An organization organized a	and operated exclusi	ively for the benefit of, t	o perform	the functio	ons of, or to carry out the	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 11a through 11d that	describes the type o	f supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting			
		organization. You must o	omplete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	ving			
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions). You must complete	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.					
f	Ente	r the number of supported o	organizations								
g	Prov	ride the following information	about the supporte								
	(1) Name of supported	(ii) EIN	. , ,,	(iv) Is the o	rganization n your	(v) Amount of monetary	(vi) Amount of			
		organization		(described on lines 1-9 above or IRC section		document?	support (see	other support (see Instructions)			
				(see instructions))	Yes	No	Instructions)	instructions)			
ota	ı										
010								l .			

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	_		
	organization, check this box and stor	here					>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%		
	Public support percentage from 2013					15	%		
16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and		
	stop here. The organization qualifies								
b	33 1/3% support test - 2013. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶∟		
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	iere. Explain in Pa	rt VI how the organ	ization		
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□		
b	10% -facts-and-circumstances tes	-							
	more, and if the organization meets the								
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	▶∐		
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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, picase com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				,	i	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
•••	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504()(0)	<u> </u>
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
<u> </u>	check this box and stop here ction C. Computation of Publ						P
	Public support percentage for 2014 (I			acluma (fl)		15	
	Public support percentage from 2013					16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2014. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2013. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	20		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	E-		
	5a		
	5b		
	5c		_
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
n 9	90 or 99	0-EZ)	2014

Pa	rt IV	Supporting Organizations (continued)			
	_	(VIIIIIIV)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
		Dr. Type i eapperaing enganizatione		Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-				
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		η how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [D. Type III Supporting Organizations			
		·		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year,	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Caat	ian A. Adiusted Net Income		(A) Drier Veer	(B) Current Year				
Sec.	ion A - Adjusted Net Income		(A) Prior Year	(optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
	Average monthly cash balances	1b						
	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-functionally	y-integra	ated Type III supporting orga	anization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2014

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	r ago r
Secti	on D - Distributions	<u> </u>	(continuca)	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A	(Form 990 or 990-E	Z) 2014 BDC,	A PUBLIC	C CHARTER	SCHOOL,	INC.	45-3369822 Page 8
Part VI	Supplementa	I Information.	Provide the expl	anations required	by Part II, line 1	0; Part II, line 17a	or 17b; and Part III, line 12.
	Also complete thi	s part for any addi	tional information	n. (See instruction	s).		
-							
-							

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

Employer identification number

BDC, A PUBLIC CHARTER SCHOOL, INC. 45-3369822

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	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	
-	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	
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II.
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$
	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990-pc, or check the box on line H of its Form 990-EZ or on its Form 990-PE. Part I, line 2, to

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) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BDC, A PUBLIC CHARTER SCHOOL, INC.

45-3369822

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BASIS DC BOOSTERS 410 8TH STREET NW WASHINGTON, DC 20004	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	OFFICE OF STATE SUPERINTENDENT OF EDUCATION 810 1ST STREET, NE 9TH FLOOR WASHINGTON, DC 20002	\$ 257,473.	Person X 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

BDC, A PUBLIC CHARTER SCHOOL, INC.

45-3369822

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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
-			
-			
		\$	<u> </u>

Name of organization Employer identification number 45-3369822 BDC, A PUBLIC CHARTER SCHOOL, religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Exclusively religious, charitable, etc., contributions to organizations described in section of (e), in (e), 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to 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

A PUBLIC CHARTER SCHOOL, BDC, INC. **Employer identification number** 45-3369822

Par			s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor davised fands	(b) I dilas and sensi associates
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 w	uriting that the assets hold in donor adv	isod funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
U	for charitable purposes and not for the benefit of the donor or	• •	•
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization		
1	Purpose(s) of conservation easements held by the organization	·	1 (11), 1110 1 .
•	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		timed meteric endetare
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Total conscivation described on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register	*	
3	Number of conservation easements modified, transferred, rele		
	year >	, , ,	
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri		•
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
			> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

Pai	t III Organizations Maintaining C	ollections of A	t, Hist	torical Tr	easures,	or Othe	er Simila	r Asse	ts (continu	red)
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the	following that	at are a s	ignificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е								
С	Preservation for future generations			-						
4	Provide a description of the organization's co	ollections and explain	n how th	nev further t	he organizat	ion's exe	mpt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arran								ine 9, or	
	reported an amount on Form 990, Par			J						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	ns or other as	ssets not	included			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							L	Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	ırs back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administe	ered for t	he organiza	ation	_	
	by:								\	'es No
	(i) unrelated organizations									
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	T T								
	Description of property	(a) Cost or o			t or other		ccumulated	!	(d) Book	value
		basis (investn	nent)	basis	(other)	de	oreciation			
	Land									
	Buildings									
	Leasehold improvements			2.0	0.40	ļ	120 26	1	1 2 1	E00
d	Equipment				0,949.		129,36			,588.
	Other		· ·		7,824.		112,73	<u> </u>		,089.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colun	nn (B), line 1	1Uc.)				Τ/6	<u>,677.</u>

Schedule D (Form 990) 2014

Part VII	Investments -	Other Securities

Complete if the organization answered "Yes"	to 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 valuation: Cost or end-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"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(6) (7) (8) (9)

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability				
(1) Federal inco	ome taxes				
(2) DUE TO	BASIS SCHOOLS	1,880.			
(3) DUE TO	BASIS EDUCATIONAL GROUP	44,473.			
(4) DUE TO	SAN ANTONIO	12,283.			
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) m	nust equal Form 990, Part X, col. (B) line 25.)	58,636.			

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) 2014

Pa	rt XI Reconciliation of Revenue per Audited Financi	al Statements With Revenue	e per Return	
	Complete if the organization answered "Yes" to Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	ents	1	8,320,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	8,320,915.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			8,320,915.
Pa	art XII Reconciliation of Expenses per Audited Financ	ial Statements With Expens	es per Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Pa			
1	Total expenses and losses per audited financial statements		1	8,114,592.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а				
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	8,114,592.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.)	5	8,114,592.

Part XIII Supplemental Information.

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

PART X, LINE 2:

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB ASC NO. 740-10 [FORMERLY INTERPRETATION NO. 48 (FIN 48)], ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH IS AN INTERPRETATION OF ASC 740'S (FORMERLY SFAS NO. 109), ACCOUNTING FOR INCOME TAXES. FASB ASC NO. 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN BASIS DC'S FINANCIAL STATEMENTS IN ACCORDANCE WITH ASC 740'S AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FASB ASC NO. 740-10 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING BASIS DC'S TAX RETURN TO DETERMINE WHETHER THE TAX POSITIONS

APPLICABLE TAX AUTHORITY.

HAVE A "MORE-LIKELY-THAN-NOT" PROBABILITY OF BEING SUSTAINED BY THE

BASIS DC PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2015, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2015, THE STATUTE OF LIMITATIONS FOR THE TAX YEARS 2011 THROUGH 2013 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE ORGANIZATION FILES TAX RETURNS. IT IS THE SCHOOL'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE. AS OF JUNE 30, 2015, THE SCHOOL HAD NO ACCRUALS FOR INTEREST AND/OR PENALTIES.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" to 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 BDC, A PUBLIC CHARTER SCHOOL INC.

Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 45-3369822

	BDC, A PUBLIC CHARTER SCHOOL, INC. 45	9905	0 4 4	
Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
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	X	
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.		l	
	If you need more space, use Part II THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER	3	X	
	A CONTRACT WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE 75-50			
	DOES NOT APPLY TO CHARTER SCHOOLS.			
	Does the organization maintain the following?			
a	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	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	Ш
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER			
	A CONTRACT WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE 75-50			
	DOES NOT APPLY TO CHARTER SCHOOLS.			
	Does the organization discriminate by race in any way with respect to:	_		v
	Students' rights or privileges?	5a		X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
			77	
	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		Х
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	l

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

Schedule E (Form 990 or 990-EZ) (2014)

Schedule E (Form 990 or 990-EZ) (2014) BDC , A PUBLIC CHARTER SCHOOL , INC . 45-3369822 Page 2 Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
BDC, A PUBLIC CHARTER SCHOOL RECEIVES PUBLIC FUNDS FROM THE DC GOVERNMENT
BASED ON THE NUMBER OF STUDENTS THEY ENROLL ACCORDING TO THE UNIFORM PER
STUDENT FUNDING FORMULA DEVELOPED BY THE MAYOR AND CITY COUNCIL. THIS PER
PUPIL ALLOCATION IS SUPPLEMENTED WITH ADDITIONAL FUNDS FOR STUDENTS WITH
SPECIAL NEEDS. OTHER GENERAL GRANTS ARE ALSO PROVIDED TO THE CHARTER
SCHOOL.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open To Public Inspection

Name of the organization

RDC A PIIRITO CHARTER SCHOOL TNO

Employer identification number

				BLIC CHY									698	22		
Part I Excess	s Bene	fit Trans	sacti	ons (section 50	01(c)(3	3), sect	ion 50	1(c)(4), and 50)1(c)	(29) organizatior	ns only	/).				
Complet	e if the o	organization	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, I	ine 25a or 25l	o, or	Form 990-EZ, P	art V,	line 40	b.			
1,,,,			(b) F	Relationship betv	veen o	disqua	lified							(d)	Corre	cted?
(a) Name of disqu	ualified p	erson		person and or				(0	c) De	escription of tran	sactio	n			es	No
															_	
														+		
														-	-+	
2 Enter the amoun	t of toy i	nauwad bu	thaa	rachization man	0000	or dia	au alifia	d navaana du	rin a	the year under						
		•		_	-		-	-	-	•		•				
3 Enter the amoun	t of tax,	if any, on ii	ne 2, a	above, reimburs	ea by	tne or	ganıza	tion				▶ \$				
Part II Loans	to and	Vor Fron	n Int	erested Pers	cone											
									_							
•		-					, Part \	V, line 38a or l	Forn	n 990, Part IV, lir	ne 26;	or if th	e orga	anizati	on	
	an amo			, Part X, line 5, 6									/h\ Δn	nroved		
(a) Name of		(b) Relatio		(c) Purpose		an to or		(e) Original		(f) Balance due		ln L 2	by bo	h) Approved by board or		ritten ment?
interested pers	OH	With Organi	zation of loan o		organi	organization?		ipal amount			default?		comm	rittee?	ayıcc	illelit;
					То	From					Yes	No	Yes	No	Yes	No
Гotal								> \$								
	or As	sistance	Ber	nefiting Inter	este	d Pe	rsons									
				vered "Yes" on I												
										(d) Type	of	- 1	10	1 Dura	000.01	<u> </u>
(a) Name of inte	erestea p	berson	'	b) Relationship interested pers			٠ ،	(c) Amount of (d) Type assistance assistar		assistan				e) Purpose of assistance		
				the organiza		u		acciotarioc		assistan	00			400101	41100	
			_													
			-									-				
			+-									-				
			+									\perp				
			4									_				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

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.

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.

Employer identification number 45-3369822

BDC, A PUBLIC CHARTER SCHOOL, INC.

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

HIGH SCHOOL STUDENTS OF THE DISTRICT OF COLUMBIA.

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

BY SEVENTH GRADE, STUDENTS BEGIN STUDYING A SECOND LANGUAGE AND ARE EXPOSED TO PRINCIPLES OF FORMAL LOGIC TO BOLSTER CRITICAL THINKING AND PROBLEM-SOLVING SKILLS AT AN EARLY AGE.

THE CURRICULUM FOR GRADES 5-7 IS CONSISTENT WITH THE HIGHEST INTERNATIONAL ACADEMIC STANDARDS AND IS DESIGNED TO HELP STUDENTS DEVELOP ACADEMIC AND ORGANIZATIONAL SKILLS THAT PREPARE THEM FOR THE DEMANDING BASIS UPPER SCHOOL CURRICULUM. BY INTRODUCING HIGH-LEVEL CONTENT STANDARDS IN LOWER GRADE LEVELS, BASIS DC HELPS TO ENSURE STUDENTS ARE EXPOSED TO THESE CONCEPTS EARLY AND OFTEN AND HAVE MASTERED THE MATERIAL BY THE TIME THEY ENROLL IN THE HONORS AND AP-LEVEL COURSES. IN ITS FIRST YEAR OF OPERATION BASIS DC'S 5TH GRADE STUDENTS STARTED WITH NINE SEPARATE CLASSES INCLUDING INTRO TO SCIENCE, PHYSICAL GEOGRAPHY, MATH, ENGLISH, LATIN, CLASSICS, ART, PE, AND MUSIC. IN 6TH -8TH GRADES STUDENTS BEGAN TAKING BIOLOGY, CHEMISTRY, AND PHYSICS AS SEPARATE SUBJECTS, LIKE MANY TOP-PERFORMING PEERS IN EUROPEAN AND ASIAN COUNTRIES.

FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIP BETWEEN BOARD MEMBER CRAIG BARRETT AND MICHAEL COHEN

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

Name of the organization BDC, A PUBLIC CHARTER SCHOOL, INC.

Employer identification number 45-3369822

BASIS EDUCATIONAL GROUP IS OUR EDUCATIONAL MANAGEMENT COMPANY WHICH OVERSEES ALL OF OUR MANAGEMENT DUTIES.

FORM 990, PART VI, SECTION A, LINE 6:

AS ENACTED BY THE ARTICLES OF INCORPORATION, BASIS DC HAS A SOLE MEMBER

WITH VOTING RIGHTS AS WELL AS OTHER RIGHTS AND PRIVILEGES AS AUTHORIZED BY

ITS GOVERNING DOCUMENTS. THE SOLE MEMBER IS BASIS SCHOOL, INC., A

SEPARATELY INCORPORATED ARIZONA NOT-FOR-PROFIT 501(C)(3) ORGANIZATION THAT

OPERATES MULTIPLE CHARTER SCHOOLS.

FORM 990, PART VI, SECTION A, LINE 7A:

BASIS DC HAS A SOLE MEMBER WITH VOTING RIGHTS AS WELL AS OTHER RIGHTS AND PRIVILEGES AS AUTHORIZED BY ITS GOVERNING DOCUMENTS. THE SOLE MEMBER IS BASIS SCHOOL, INC, A SEPARATELY INCORPORATED ARIZONA NOT-FOR-PROFIT 501(C)(3) ORGANIZATION THAT OPERATES MULTIPLE CHARTER SCHOOLS. BECAUSE OF THESE VOTING RIGHTS, THE APPOINTED AGENT ON BEHALF OF BASIS SCHOOL, INC. (THE MEMBER) HAS THE ABILITY TO VOTE ON MATTERS AS THEY RELATE TO APPOINTING ONE OR MORE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

ANY DECISIONS OF THE BOARD THAT, IN THE REASONABLE OPINION OF THE MEMBER

MATERIALLY OR ADVERSELY AFFECTING THE DELIVERY OR QUALITY OR THE

EDUCATIONAL PROGRAMS PROVIDED BY BASIS DC CAN BE NULL AND VOID UNLESS

RATIFIED BY THE MEMBER PRIOR TO THE IMPLEMENTATION BY THE BOARD.

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

THE BOARD TREASURER OF BASIS DC REVIEWS THE DRAFT FORM 990 INFORMATION TAX

RETURN AS PREPARED BY THE AUDITORS AND RECOMMENDS IT TO THE FULL BOARD OF

Name of the organization

BDC, A PUBLIC CHARTER SCHOOL, INC.

Employer identification number 45-3369822

DIRECTORS FOR ACCEPTANCE, INCLUDING POSSIBLE REVISIONS. ONCE ACCEPTED, THE 990 TAX RETURN IS EXECUTED BY THE TREASURER OF THE BOARD.

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

ANNUALLY BOARD MEMBERS AND STAFF COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS OR CIRCUMSTANCES WHICH THE BOARD OR STAFF MEMBER BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST. BASIS DC COLLECTS THE DISCLOSURES.

PROCEDURES:

- A. PRIOR TO BOARD ACTION ON A CONTRACT OR OTHER TRANSACTION INVOLVING A

 CONFLICT OF INTEREST, A BOARD MEMBER HAVING A CONFLICT OF INTEREST SHALL

 DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE

 SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.
- B. A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE DECISION EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS.
- C. THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT
 OR TRANSACTION.
- D. STAFF MEMBERS WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A

 CONTRACT OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD ACTION SHALL

 DISCLOSE TO THE PRESIDENT OF THE BOARD PRESIDENT ANY SUCH CONFLICT OF

 INTEREST. THAT STAFF MEMBER SHALL REFRAIN FROM ANY ACTION THAT MAY AFFECT

 BASIS DC'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION.

IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS,

THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES

TO THE BOARD PRESIDENT OF BASIS DC.

Name of the organization BDC, A PUBLIC CHARTER SCHOOL, INC.	Employer identification number 45-3369822									
FORM 990, PART VI, SECTION B, LINE 15:										
COMPENSATION FOR THE TOP MANAGEMENT OFFICIALS, AS WELL AS	THE OTHER									
OFFICERS OF THE ORGANIZATION IS DETERMINED BY BASIS EDUCATIONAL GROUP, INC,										
AN OUTSIDE MANAGEMENT COMPANY, AND IS DEPENDENT UPON THE SCHOOLS CURRENT										
YEAR BUDGET.										
FORM 990, PART VI, SECTION C, LINE 19:										
THESE DOCUMENTS AND POLICIES ARE PROVIDED UPON REQUEST. I	N ADDITION, THE									
990 INFORMATION TAX RETURN IS AVAILABLE FOR PUBLIC INSPEC	TION ON GUIDESTAR.									

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

BDC, A PUBLIC CHARTER SCHOOL, INC.

Employer identification number 45-3369822

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity
		Primary activity Legal domicile (state or	Primary activity Legal domicile (state or Total income	Primary activity Legal domicile (state or Total income End-of-year assets

organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?	
				501(c)(3))		Yes	No	
BASIS SCHOOL, INC - 86-0908854								
7975 N HAYDEN ROAD, SUITE B100								
SCOTTSDALE, AZ 85258	SOLE MEMBER OF BASIS DC	ARIZONA	501(C)(3)	LINE 2			X	
BASIS DC BOOSTERS, INC - 45-4641899								
410 8TH STREET NW				LINE 11C,				
WASHINGTON, DC 20004	SUPPORT BASIS DC	DISTRICT OF COLUMBIA	501(C)(3)	III-FI			Х	
]							
	-							

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

Schedule R (Form 990) 2014

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

organizations abaded as a partitioning attention to take year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership	
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes N	0	
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											
											 	
	1											
	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	
		country)						Yes	No
	1								
	_								

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	Х	X			
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)										
							X			
	f Dividends from related organization(s)									
	g Sale of assets to related organization(s)									
h	h Purchase of assets from related organization(s)									
i	i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)									
					1k		X			
	k Lease of facilities, equipment, or other assets from related organization(s)									
	Performance of services or membership or fundraising solicitations for related organization(s)									
	m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)				10		X			
_	Poimbureament paid to related arganization(s) for expanses				1p		Х			
P	Reimbursement paid to related organization(s) for expenses				1q	Х				
ч	Reimbursement paid by related organization(s) for expenses				Iq	21				
r	Other transfer of cash or property to related organization(s)				1r		Х			
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)										
	If the answer to any of the above is "Yes," see the instructions for information on who									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1)										
(2)										
(3)										
(4)										
(4) (5)										
		4.0		Schedule I						

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotionallocati	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) or Percentage ownership