Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization 14, or flucul year beginning JUL 1 .2014, and ending JUN 3

J				
2014, and ending	JUN	30	20 15	1

OMB No. 1545-1878

	For calendar year 2			, and ending UU14 30 .:	26 13	2014
Department of the Treasury Internal Revenue Service	hada		send to the IRS. Keep for	•		LUIT
Name of exempt organization		on about Form 8	912-EO and its instruction	ns is at www.irs.gov/form88		dentification number
CARLOS ROSARI		ATTONAL P	ITRLTC		Linpidy or	PONTINGENOR INSTITUTE
CHARTER SCHOO					52-21	57082
Name and title of officer					<u> </u>	
GERARDO LUNA						
CHIBF FINANCI	AL OFFICE	ER				
Part Type of	Return and F	leturn Inform	ation (Whole Dollars Onl	(v)		
on line 1a, 2a, 3a, 4a, or 5	ia, below, and the	e amount on that	line for the return being file	upplicable amount, if any, from d with this form was blank, the en enter -0- on the applicable	hen leave lir	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	▶X b	Total revenue, i	f any (Form 990, Part VIII, c	column (A), line 12)	1b	23,993,033.
2a Form 990-EZ check h		b Total reveni	e, if any (Form 990-EZ, line	9)	2b	
3a Form 1120-POL chec	k here	b Total ta	x (Form 1120-POL, line 22)	***************************************	3b	
4a Form 990-PF check h	ere 🕨	b Tax based o	n investment income (Fo	rm 990-PF, Part VI, line 5)	4b	
5a Form 8868 check her	e ▶ □ b			Part II, line 8c)		
Part II Declara	tion and Sign	ature Author	zation of Officer			
1-888-353-4537 no later the processing of the electron	nan 2 business da nic payment of tax a personal identif electronic funds	ays prior to the pa xes to receive con fication number (F	yment (settlement) date. I a fidential information neces	ent, I must contact the U.S. ⁻ also authorize the financial in sary to answer inquiries and organization's electronic ret	stitutions in resolve issu	volved in the les related to the
X I authorize RU	BINO AND	COMPANY,	CHARTERED		to enter my	PIN 57082
Andrews Andrews			ERO firm name		10 011101 1111	Enter five numbers, I
is being filed wi enter my PIN or As an officer of	th a state agency n the return's disc the organization,	r(ies) regulating ch closure consent so I will enter my Pli	arities as part of the IRS Fe creen. N as my signature on the or	. If I have indicated within thi ad/State program, I also auth rganization's tax year 2014 e agency(ies) regulating charit	lectronically les as part	orementioned ERO to
Officer's signature				Date ▶ <u>5/13</u>	12016	
Part III Certifica	tion and Aut	hentication				
ERO's EFIN/PIN. Enter ye			cation			
number (EFIN) followed by			outsoft.	52534999999 do not enter all zeros		
I certify that the above nu confirm that I am submitti e-file Providers for	meric entry is my ng this return in a	PIN, which is my accordance with t	signature on the 2014 electhe requirements of Pub. 4	tronically filed return for the 163, Modernized e-File (MeF)	organization Information	n indicated above. I n for Authorized IRS
ERO's signature				Date ▶ <u>\$</u>	3/16	***************************************
	_	ERO Must I	Retain This Form\- Se	ee Instructions		

Do Not Submit This Form To the IRS Unless Requested To Do So

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at <u>www.irs.gov/form990.</u> Inspection

A F	or the	e 2014 calendar year, or tax year beginning 00L 1, 2014 and c	ل enaing	<u>UN 30, ∠UIS</u>					
B c	heck if pplicab	CARLOS ROSARIO INIERNALIONAL PUBLIC		D Employer identifi	cation number				
	Addre								
	Name chang	Doing business as		52-2	157082				
	Initial return Final return	1100 HARVARD STREET NW	Room/suite	E Telephone number 202-797-4700					
	termir ated			G Gross receipts \$ 23,993,033.					
	Amen return	ded WACHTNOTON DC 20000		H(a) Is this a group return					
	Application	F Name and address of principal officer: ALLIEON KOKKOKOS		for subordinates? Yes X No					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in					
ΙT	ax-ex	empt status: X 501(c)(3) D 501(c) () \Box (insert no.) D 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)				
		te: ► WWW.CARLOSROSARIO.ORG		H(c) Group exemption	n number				
K F	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 1998	M State of legal domicile: DC				
Pa	art I	Summary		•	<u> </u>				
9	1	Briefly describe the organization's mission or most significant activities: TO PIIMMIGRANTS IN THE DISTRICT OF COLUMBIA.	ROVIDE	EDUCATION 1	FOR ADULT				
nan	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets				
Ver	3			3	10				
ဗွ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9				
۰ŏ	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			329				
ij	6	Total number of volunteers (estimate if necessary)			250				
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		20,108,478.	23,381,073.				
	9	Program service revenue (Part VIII, line 2g)		564,122.	588,038.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,023.	23,922.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,691,623.	23,993,033.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	142,302.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,200,054.	13,759,399.				
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	39.						
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,238,697.	9,820,848.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,438,751.	23,722,549.				
	I	Revenue less expenses. Subtract line 18 from line 12		-747,128.	270,484.				
TO S			Ве	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		38,737,578.	39,736,236.				
ASS	21	Total liabilities (Part X, line 26)		18,199,969.	18,928,143.				
E E	22	Net assets or fund balances. Subtract line 21 from line 20		20,537,609.	20,808,093.				
Pa	art II	Signature Block							
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is				
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.					
Sigi	n	Signature of officer		Date					
Her	е	GERARDO LUNA, CHIEF FINANCIAL OFFICER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	ا	Date Check C	PTIN				
Paid		PATRICIA A. O'MALLEY, CPA		self-employ					
	arer	Firm's name RUBINO AND COMPANY, CHARTERED		Firm's EIN ▶	52-1186096				
Use	Only	Firm's address ► 6903 ROCKLEDGE DRIVE, SUITE 1200			4 564 2626				
		BETHESDA, MD 20817-1818		Phone no. 30	1-564-3636				
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Page 2

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE EDUCATIONAL OPPORTUNITIES TO THE ADULT IMMIGRANT POPULATION
	OF THE DISTRICT OF COLUMBIA, TO COMBAT THE CYCLE OF EDUCATIONAL FAILURE AND LIMITED OPPORTUNITY AND TO PREPARE THESE INDIVIDUALS TO
	BECOME CITIZENS AND INVESTED MEMBERS OF THE AMERICAN SOCIETY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	· · · · · · · · · · · · · · · · · · ·
	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 20 , 426 , 524
4a	(Code:) (Expenses \$20,426,524. including grants of \$142,302.) (Revenue \$\$ 588,038.) PROVIDED EDUCATION THAT PREPARED THE DIVERSE IMMIGRANT POPULATION OF
	WASHINGTON, DC TO BECOME PRODUCTIVE CITIZENS AND MEMBERS OF THE
	AMERICAN SOCIETY WHO ULTIMATELY GIVE BACK TO FAMILY AND COMMUNITY. THE
	SCHOOL OFFERS CLASSES TO ADULTS IN SUBJECTS INCLUDING ENGLISH, U.S.
	CITIZENSHIP, GED PREPARATION, COMPUTER LITERACY, AND SUPPORT SERVICES.
	THE SCHOOL'S ENROLLMENT FOR THE SCHOOL YEAR WAS APPROXIMATELY 2,500
	STUDENTS FOR THE 2014-2015 SCHOOL YEAR.
	SIODENIS FOR THE ZUI4-ZUIJ SCHOOL TEAR.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
40	(Code) (Expenses #
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 20,426,524.

Form 990 (2014) CHARTER SCHO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? <i>If</i> "Yes." <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	$^{\prime}$	44.	х	
	Part VI	11a	21	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441	Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	۱.,		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	l		,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	and the state of t	,0	000	

Form 990 (2014) 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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			X
~~	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	280		Α_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		122
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	ļ .		
OZ.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OL		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014) CHARTER SCHOOL, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	329			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for F	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	\vdash	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b	\longmapsto	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с	\vdash	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgai	nization solicit			
_	any contributions that were not tax deductible as charitable contributions?			6a	\vdash	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts	۵.		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	vione n	royidad ta tha navar0	7-		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	•		7a	\vdash	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C		is requ	ireu	7с		x
ч		7d		70		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		2	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		•	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	and a supplied the supplied to			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	, ,				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	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.			10-		
а	-			13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
	Did the execute time vessive and resource for indeed to make a visit of division the terrors.			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b		_
_~		, ,				

52-2157082

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

<u> </u>						X			
Sec	tion A. Governing Body and Management					ı			
		ı	1 10		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10	-					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other						
	officer, director, trustee, or key employee?			2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t 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 9			4		Х			
5									
6	Did the organization have members or stockholders?			5 6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			<u> </u>					
, ,	more members of the governing body?			7a		х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
b				7b		х			
				76		21			
	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
_	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					₹.			
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)						
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,						
	· · · · · · · · · · · · · · · · · · ·			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," d	escribe						
	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	X				
	Other officers or key employees of the organization			15b	X				
	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	nent w	rith a						
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	า'ร						
	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	(Secti	on 501(c)(3)s only) a	/ailable)				
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain	in Sc	hedule ())						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	financ	ial				
	statements available to the public during the tax year.	3							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records:						
	GERARDO LUNA, CHIEF FINANCIAL OFFICER - 202-797-470								
		009)						

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi			nne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	\vdash			10010	1711 431		from	from related organizations	other
	(list any hours for	Individual trustee or director				_		the organization	(W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsateo		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	trust	Institutional trustee		oyee	Highest compensated employee		,		and related
	below	vidual	itution	ser	Key employee	nest c	Former			organizations
	line)	lnd	Inst	Officer	Key	High	Forr			
(1) BO PHAM	3.00	l								
BOARD MEMBER		X						0.	0.	0.
(2) BRAHIM RAWI	3.00	l								
VICE-CHAIR		Х		Х				0.	0.	0.
(3) HECTOR J. TORRES	3.00	l								
BOARD MEMBER		Х						0.	0.	0.
(4) JAMES MOORE	3.00	l							•	
TREASURER	2 00	Х		Х				0.	0.	0 .
(5) LEA M. ZEPEDA	3.00	٠,							0	
BOARD MEMBER	2 00	Х						0.	0.	0.
(6) MARGARET YAO	3.00	٠,		3,7					0	
SECRETARY TO THE TOTAL T	2 00	Х		Х				0.	0.	0.
(7) NYDIA PEEL, ESQ.	3.00	٠,							0	
BOARD MEMBER (8) PATRICIA SOSA	3.00	Х						0.	0.	0.
CHAIR	3.00	X		х				0.	0.	0.
(9) SONIA GUTIERREZ	30.00	Λ		Δ				0.	0.	U .
MEMBER EX-OFFICIO	13.00	X						149,650.	54,687.	180,869
(10) TED KAVALERI	3.00	^						149,030.	J4,007.	100,009
BOARD MEMBER	3.00	X						0.	0.	0.
(11) ALLISON KOKKOROS	41.00							0.	0.	0.
EXECUTIVE DIRECTOR/CEO	2.00	1		х				183,905.	0.	64,252
(12) CANDIDA HERNANDEZ	34.00							103/3031	•	01/232
CHIEF OPERATING OFFICER	9.00	1		х				128,125.	32.031.	102,915
(13) GERARDO LUNA	37.00							120/1231	32,031.	102/313
CHIEF FINANCIAL OFFICER	6.00			х				98,611.	14,321.	12,919
(14) GUSTAVO VITERI	30.00							30,011		,
CHIEF TECHNOLOGY OFFICER	10.00	1				x		99,802.	33,268.	14,254
(15) JOHN RYAN MONROE	40.00	t						22,0020	,	
CHIEF ACADEMIC OFFICER		1				x		129,103.	0.	13,863
(16) JORGE DELGADO	40.00							,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PRINCIPAL		1				х		109,210.	0.	5,727
(17) KAREN CLAY	40.00							,	-	,
DIRECTOR OF IT		1				х		113,241.	0.	12,934

(A) Name and title	(B) Average hours per	box	not c	Posi heck i ss per	person is both an compensation compensat		(E) Reportable compensation			(F) timate			
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer P	Key employee	Highest compensated Employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	ıs	com fr org and	other pensa om the anizati d relate anizatio	e on ed
(18) SHARON PAN ASSISTANT PRINCIPAL	40.00	-				х		115,647.		0.		8,20	50.
												-	
	-												
1b Sub-total								1,127,294.	134,3		41	5,99	93.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								1,127,294.	134,3	0.	41	5,99	<u>0.</u>
2 Total number of individuals (including but							o re	•				<u>.,</u>	_
compensation from the organization												Yes	7 No
3 Did the organization list any former office													37
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s								ner compensation from t			3		X
and related organizations greater than \$15	60,000? If "Yes,	," со	mple	ete S	Sche	edule	J	for such individual			4	Х	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." col	=				-						5		Х
Section B. Independent Contractors	HOICE CONCOUNT		<i>O1</i> 30	1011 <u>s</u>	<i></i>	<u> </u>							
 Complete this table for your five highest co the organization. Report compensation for 	•	•							•	oensat	tion fro	om	
(A)		care	Ji IUII	ig w	ILIT	JI VVI		(B)			(C		
Name and business US SECURITY ASSOCIATES,								Description of s	ervices	С	ompei	nsatio	<u> </u>
PO BOX 931703, ATLANTA,								SECURITY SER	VICES		46	4,29	99.
PROACTIVE SCHOOL, INC. 11419 PURPLE BEECH DRIVE	, RESTON	Ι,	VA	2	01	91		SEE SCHEDULE	0		11	9,1	05.
2 Total number of independent contractors (\$100,000 of compensation from the organ		ot lir	nited	d to t	thos		ted	above) who received mo	ore than				

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					312 311
ant		Membership dues						
ي ق		Fundraising events						
ifts		Related organizations						
nija G		Government grants (contributi		23,000,863.				
Sir		All other contributions, gifts, gran		, ,				
her		similar amounts not included abov		380,210.				
	q	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			23,381,073.			
				Business Code				
o o	2 a	CULINARY SALES		900099	389,900.	389,900.		
Š	b	STUDENT FEES & OTHER		900099	138,138.	138,138.		
Sei	С	MANAGEMENT FEES		900099	60,000.	60,000.		
Program Service Revenue	d							
og. R	е							
Ā	f	All other program service reve	nue					
		Total. Add lines 2a-2f			588,038.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶ [23,922.			23,922.
	4	Income from investment of tax	c-exempt bond p	oroceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	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		1				
		and sales expenses		-				
		Gain or (loss)						
		Net gain or (loss)		·········· •				
une	8 a	Gross income from fundraising including \$	•					
Other Reven		contributions reported on line	1c). See	1				
<u>ج</u> ج		Part IV, line 18	a	ı				
뀵	b	Less: direct expenses	k					
٥	С	Net income or (loss) from fund	raising events	>				
	9 a	Gross income from gaming ac	tivities. See	1				
		Part IV, line 19	a	ı				
	b	Less: direct expenses	t	·				
	С	Net income or (loss) from gam	ing activities .	······ •				
	10 a	Gross sales of inventory, less		1				
		and allowances		·				
		Less: cost of goods sold						
ļ	С	Net income or (loss) from sales						
ŀ		Miscellaneous Revenue		Business Code				
	b					+		
	C							
		All other revenue						
		Total. Add lines 11a-11d Total revenue. See instructions.		····· ₹	23,993,033.	588,038.	0.	23,922.

Form 990 (2014) CHARTER SCHOO Part IX Statement of Functional Expenses

	504(-)(0) (504(-)(4) (-1) (-1)	alata all autore All alla			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			nplete column (A).	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		- 1	5 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	<u></u>
•	and domestic governments. See Part IV, line 21	111,226.	111,226.		
2	Grants and other assistance to domestic	,	, -		
_	individuals. See Part IV, line 22	31,076.	31,076.		
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	475,603.		475,603.	
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	10,318,860.	9,251,646.	1,067,214.	
8	Pension plan accruals and contributions (include				<u> </u>
	section 401(k) and 403(b) employer contributions)	649,240.	446,140.	203,100.	
9	Other employee benefits	1,495,613.		176,665.	
10	Payroll taxes	820,083.	724,991.	95,092.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	24,523.		24,523.	
С	Accounting	215,678.	94,672.	121,006.	
d	Lobbying				
е	,				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	156 010	00 000	50 650	500
	column (A) amount, list line 11g expenses on Sch 0.)	156,218.		72,658.	628.
12	Advertising and promotion	46,393.		41,438.	0.004
13	Office expenses	752,989.		104,188.	2,924.
14	Information technology	430,305.	421,214.	9,091.	
15	Royalties	F 016 770	4 421 000	F0F F00	100
16	Occupancy	5,016,772.		585,588.	182.
17	Travel	183,667.	165,055.	18,607.	5.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	34,820.	24,142.	10 670	
19	Conferences, conventions, and meetings	1,907.	1,260.	10,678.	
20	Interest	1,307.	1,200.	047.	
21	Payments to affiliates	1,985,225.	1,755,029.	230,196.	
22	La companya di	189,591.	168,036.	21,555.	
23 24	Other expenses. Itemize expenses not covered	100,001.	100,030.	21,333.	
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.)				
a	DIRECT STUDENT COSTS	374,370.	374,370.		
b	DC CHARTER SCHOOL FEE	228,497.		26,495.	
C	STUDENT ACTIVITIES	131,114.	130,752.	362.	
d	DUES & MEMBERSHIP FEES	48,779.	41,199.	7,580.	
	All other expenses		==,==,	,,,,,,,,	
25	Total functional expenses. Add lines 1 through 24e	23,722,549.	20,426,524.	3,292,286.	3,739.
26	Joint costs. Complete this line only if the organization	, , , ,	, , , , , , , , , , , , , , , , , , , ,	, , ,	,
=	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X Balance Sheet

Pai	ιΛ	Dalance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	•			6,812.	1	7,100.
	2				10,251,932.	2	11,838,169.
	3	Pledges and grants receivable, net				3	97,505.
	4	Accounts receivable, net			6,785.	4	0.
	5	Loans and other receivables from current and fo	rmer o	fficers, directors,			
		trustees, key employees, and highest compensa	ited em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied per	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	5			255,033.	9	366,971.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	30,756,252.			
	b	Less: accumulated depreciation	10b	8,544,905.	23,397,738.	10c	22,211,347.
	11	Investments - publicly traded securities				11	1,570,324.
	12	Investments - other securities. See Part IV, line 1	1		3,036,000.	12	3,048,000.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,783,278.	15	596,820.
	16	Total assets. Add lines 1 through 15 (must equal			38,737,578.	16	39,736,236.
	17	Accounts payable and accrued expenses	2,318,973.	17	3,239,845.		
	18	Grants payable				18	
	19	Deferred revenue			28,940.	19	33,311.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			15,852,056.	25	15,654,987. 18,928,143.
	26	Total liabilities. Add lines 17 through 25			18,199,969.	26	18,928,143.
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an					22 654 225
ů	27	Unrestricted net assets			20,537,609.	27	20,674,237.
3ale	28	Temporarily restricted net assets		<u> </u>	0.	28	133,856.
Þ	29					29	
Fu		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			00 505 505	32	00 000 000
Z	33	Total net assets or fund balances			20,537,609.	33	20,808,093.
	34	Total liabilities and net assets/fund balances			38,737,578.	34	39,736,236.

CARLOS ROSARIO INTERNATIONAL PUBLIC

Form 990 (2014) CHARTER SCHOOL, INC.

52-2157082 Page **12**

Pa	TEXT 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	23	,99	3,0	33.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23	,72	2,5	49.
3	Revenue less expenses. Subtract line 2 from line 1	3		27	0,4	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	,53	7,6	09.
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	20	,80	8,0	93.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	Ο.				
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					
	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?			2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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 the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audi	it			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi	t			
	an audite analysis who is Cabadula O and describe any stone talent to underse such audite		ı	Ola		1

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Employer identification number 52-2157082

Part I		Reason for Public C	Charity Status (A	All organizations must c	omplete th	is part.) Se	e instructions.	
he orga	aniza	ation is not a private founda						
1 📋	_	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2 X] /	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
з 🗌] /	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).	
4] A	A medical research organiza	ation operated in cor	njunction with a hospita	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	c	city, and state:						
5] /	An organization operated fo	r the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in
	:	section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6] A	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)((v).	
7] /	An organization that normal	ly receives a substar	ntial part of its support f	rom a gove	ernmental ı	unit or from the general p	oublic described in
	s	section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8] /	A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9] /	An organization that normal	ly receives: (1) more	than 33 1/3% of its sup	port from o	contribution	ns, membership fees, an	d gross receipts from
	a	activities related to its exem	pt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support f	from gross investment
	iı	ncome and unrelated busin	ess taxable income	(less section 511 tax) fro	om busines	ses acquir	red by the organization a	after June 30, 1975.
_	_ 5	See section 509(a)(2). (Cor	nplete Part III.)					
10 📙	_ /	An organization organized a	and operated exclusive	vely to test for public sa	fety. See	section 50	9(a)(4).	
11	_	An organization organized a	and operated exclusive	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or
		nore publicly supported org	-					Check the box in
г	li	nes 11a through 11d that o	* *					
a L		Type I. A supporting orga	•	•		•		•
		the supported organizatio		• • • •	a majority o	of the direc	tors or trustees of the su	pporting
. г	\neg	organization. You must c	-					
b L		Type II. A supporting orga	· ·					
		control or management of			ame perso	ns that cor	ntrol or manage the supp	oorted
_ [\neg	organization(s). You must			in connect	ion with a	and franctionally integrate	مانند ام
С		Type III functionally integrated organization					• •	ed with,
d [\neg	its supported organization Type III non-functionally		·				zation(s)
u _		that is not functionally into						* *
		requirement (see instruction	-		-			7011000
е		Check this box if the orga	•	-				
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f Er	nter	the number of supported o		, 5				
		de the following information						
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		, ,	(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	governing		support (see Instructions)	other support (see Instructions)
				(see instructions))	Yes	No	instructions)	instructions)

CARLOS ROSARIO INTERNATIONAL PUBLIC

Schedule A (Form 990 or 990-EZ) 2014 CHARTER SCHOOL, INC.

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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.) Section A. Public Support Calendar 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 organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar 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 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.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2014

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		•				
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	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support		1	Γ		1	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u></u>
14	First five years. If the Form 990 is for	•			-		
Sa	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2014 (I			olumn (fl)		15	0/
	Public support percentage from 2013					16	<u>%</u> %
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
18	Investment income percentage from					18	——————————————————————————————————————
	a 33 1/3% support tests - 2014. If the						
.50	more than 33 1/3%, check this box ar						. —
	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		
	За		
L	3b		
L	3c		
Н	4a		
	4 b		
	4b		
	4c		
	5a		
L	5b		
L	5c		
	_		
-	6		
	7		
	8		
	9a		
L	9b		
	9с		
	46		
-	10a		
	104		
200	10b or 99	U-E21	2014
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Par	t IV	Supporting Organizations (continued)			<u>-</u>
				Yes	No
11	Has th	ne 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)			
	below	, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	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 mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. Type III Supporting Organizations		1	
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
		(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
•	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described in (2), did the organization's supported organizations have a			
	-	cant 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	3		
Sec	suppo tion E	orted organizations played in this regard. E. Type III Functionally-Integrated Supporting Organizations			
1		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.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions)		
2		ties Test. Answer (a) and (b) below.	.01.07.07.	Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activiti	ies but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer (a) and (b) below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

CARLOS ROSARIO INTERNATIONAL PUBLIC

Schedule A (Form 990 or 990-EZ) 2014 CHARTER SCHOOL, INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations		
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 co	mplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
_1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
_4	Add lines 1 through 3	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	ed Type III supporting orga	nization (see	

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	s	
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 to	the organization is responsive)	
	(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		_	
04	ion F. Diskilhukian Allasskians (see inskuuskians)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
Secu	ion E - Distribution Allocations (see instructions)		Pre-2014	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:			
a				
b				
с				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	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			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

CARLOS ROSARIO INTERNATIONAL PUBLIC

Schedule A	. (Form 990 or 990-EZ) 2014 CHA	RTER SCHOOL,	INC.	52-2157082 Page 8
Part VI	Supplemental Information	1. Provide the explanation	ons required by Part II	52-2157082 Page 8 , line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also secondate this west few second	Iditional information (Co.	- :tt	, mie 10, i are ii, iiilo 17a or 17b, aria i are iii, iiilo 12.
	Also complete this part for any ac	iditional information. (Sec	e instructions).	
	<u> </u>			

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Organization type (check one):

CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Employer identification number

52-2157082

Filers of:	Section:							
Form 990 or 990-E	Z 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							
1 01111 390-1 1								
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections any one of	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
year, tota	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, con is checke purpose.	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year							
Caution. An organ	nization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), r "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization
CARLOS ROSARIO INTERNATIONAL PUBLIC
CHARTER SCHOOL, INC.

Employer identification number

52-2157082

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL BOARD 3333 14TH STREET, NW STE 210 WASHINGTON, DC 20010	\$ 23,000,863.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 DC OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION 810 FIRST STREET, NE 9TH FLOOR WASHINGTON, DC 20002	S 100,740.	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
3	TOYOTA MOTOR NORTH AMERICA, INC. 601 LEXINGTON AVE., 49TH FLOOR NEW YORK, NY 10022	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VERIZON PO BOX 21075 TULSA, OK 74121-1075	\$5,000.	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
5	BANK OF AMERICA 125 DUPONT DR RI1-121-01-30 PROVIDENCE, RI 02907	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SHINBERG LEVINAS 5101 WISCONSIN AVE., NW SUITE 310 WASHINGTON, DC 20016	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
CARLOS ROSARIO INTERNATIONAL PUBLIC
CHARTER SCHOOL, INC.

Employer identification number

52-2157082

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UNITE DC/FIVE CORNERS STRATEGIES, LLC 233 NEEDHAM ST., SUITE 300 NEWTON, MA 02464	\$5,000.	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
8	EUGENE AND AGNES E. MEYER FOUNDATION 1250 CONNECTICUT AVE., STE 800 WASHINGTON, DC 20036	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 9	Name, address, and ZIP + 4 CONSULAR SECTION OF THE MEXICAN EMBASSY 1250 23RD ST., NW STE 002 WASHINGTON, DC 20037	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1101	Numb, audi 000, and aif T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	INAIIIG, AUGI ESS, AIIU ZIF T T	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization
CARLOS ROSARIO INTERNATIONAL PUBLIC
CHARTER SCHOOL, INC.

Employer identification number

52-2157082

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC. 52-2157082 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Employer identification number 52-2157082

Pai	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		r Accounts. Complete if the
	organization answered 165 to Form 330, Fair IV, IIIIe	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's e.	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	• •		
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certification	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure		l l
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements duri	ing the year ►
7	Amount of expenses incurred in monitoring, inspecting, and en	nforcing conservation easements during th	ne year > \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	bition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of publi	c 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 treas	sures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 110	6 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		\$

	dule D (Form 990) 2014 CHARTER	OSARIO IN	NC.				52-21	.57082 _{Page} 2
Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	easures, o	r Other S	Similar Asset	S (continued)
3 a	Using the organization's acquisition, accessio (check all that apply): Public exhibition	n, and other record		•	following that hange progra	_	ificant use of its	collection items
b	Scholarly research	е	,	Other				
С	Preservation for future generations							
4	Provide a description of the organization's col	ections and explain	n how th	ev further th	ne organizatio	n's exemp	t nurnose in Parl	· XIII
5	During the year, did the organization solicit or	•		,	J	•		
•	to be sold to raise funds rather than to be mai							Yes No
Par	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Part		ete ii tile	organizatio	ii alisweled	163 1010	iiii 990, i ait iv,	iii le 9, 0i
	Is the organization an agent, trustee, custodia on Form 990, Part X?	n or other intermed						Yes No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing t	able:				
								Amount
С	Beginning balance						1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fo	m 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liability	?∟	Yes No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10.		
	L	(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
	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 curre	nt year end balance	e (line 1g	, column (a)) held as:			
а	Board designated or quasi-endowment	•	%					
	Permanent endowment	%	_					
С	Temporarily restricted endowment							
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.						
За	Are there endowment funds not in the posses	· ·	tion tha	t are held ar	nd administer	ed for the	organization	
	by:							Yes No
	(i) unrelated organizations							
L	(ii) related organizations							3a(ii)
_	If "Yes" to 3a(ii), are the related organizations	-						. 3b
4 Par	Describe in Part XIII the intended uses of the centre of the Land, Buildings, and Equipment		wment t	urius.				
	Complete if the organization answered	"Yes" to Form 990	, Part IV	line 11a. S	ee Form 990,	Part X, line	e 10.	
	Description of property	(a) Cost or o	ther	(b) Cost	or other (other)	(c) Acc	umulated eciation	(d) Book value
		<u>`</u>	•					

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,169,735.	4,070,896.	4,098,839.
d Equipment		4,020,258.	2,485,800.	1,534,457.
e Other		18,566,259.	1,988,209.	16,578,051.
Takal Add Basa da Harrarda da 19			,	22 211 217

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

▶ | 22,211,347. Schedule D (Form 990) 2014

Part VII Investments - Other Securities.	" to Form 000 Dort IV I	ing 11h Sag Form 000 D	lart V lina 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	(2) = 2211 1212	(=,=================================		
(2) Closely-held equity interests				
(3) Other				
(A) CERTIFICATES OF DEPOSIT	3,048,00	0. END-OF-YI	EAR MARKET	VALUE
(B)	,			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,048,00	0.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes				
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	•			
Complete if the organization answered "Yes"	" to Form 990 Part IV I	ine 11d See Form 990 D	Part Y line 15	
) Description	ille 11d. See Follil 990, F	art A, iii le 13.	(b) Book value
	y Boomption			(D) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) lir	ne 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, I		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		12 212 211		
(2) CAPITAL LEASE OBLIGATION		13,310,211.		
(3) DEFERRED RENT		2,344,776.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

 \blacktriangleright

15,654,987.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

52-2157082 Page 4

CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC. Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	24,012,248.
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	19,215.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	19,215.
3	Subtract line 2e from line 1			3	23,993,033
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			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	23,993,033

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 23,741,764. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 19,215. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 2d 19,215. Add lines 2a through 2d 2e 23,722,549. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

| 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:

UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA, THE SCHOOL IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES IS REQUIRED FOR EITHER 2015 OR 2014. HOWEVER, TAX YEARS ENDED JUNE 30, 2012 THROUGH 2014 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE SCHOOL IS SUBJECT, AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS.

CARLOS ROSARIO INTERNATIONAL PUBLIC Schedule D (Form 990) 2014 CHARTER SCH Part XIII Supplemental Information (continued) CHARTER SCHOOL, INC. 52-2157082 Page 5

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

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
CARLOS ROSARIO INTERNATIONAL PUBLIC
CHARTER SCHOOL, INC.

Employer identification number 52-2157082

	CHARTER SCHOOL, INC.	<u> </u>	002	
a	art I			
			YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
•	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	Г
;	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.			
			х	
	If you need more space, use Part II THE SCHOOL ADVERTISES IN VARIOUS NEWSPAPERS SERVING ITS	3		
	TARGETED COMMUNITY.			
	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?	4b	Х	Γ
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			T
	admissions, programs, and scholarships?	4c	Х	
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	T
١	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	-tu		
_	Does the organization discriminate by race in any way with respect to:	F-		
	a Students' rights or privileges?	5a		H
	Admissions policies?	5b		H
	Employment of faculty or administrative staff?	5c		-
	Scholarships or other financial assistance?	<u>5d</u>		L
	Educational policies?	<u>5e</u>		L
	f Use of facilities?	5f		L
c	Athletic programs?	5g		L
	011			
	Other extracurricular activities?	5h		т
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	_5h		
		5h		
		5h		
r	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
r	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		X	
r	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6a	X	
t	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a	X	

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

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

CARLOS ROSARIO INTERNATIONAL PUBLIC

Schedule E (Form 990 or 990-EZ) (2014) CHARTER SCHOOL, INC.	52-2157082	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, a	nd 7, as applicable.	
Also provide any other additional information.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
CONTRIBUTIONS RECEIVED FROM GOVERNMENT AGENCIES:		
DISTRICT OF COLUMBIA CHARTER PUBLIC SCHOOL BOARD		
DISTRICT OF COLUMBIA OFFICE OF THE STATE SUPERINTENDENT O	F EDUCATION	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

CARLOS ROSARIO INTERNATIONAL PUBLIC

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CHARTER S	CHOOL, IN	C.					52-2157082
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	tance?						Yes X No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	Domestic Organiz	zations and Domestic	c Governments. C	complete if the org	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	ional space is need		(6) 14 - 11 - 5		T
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARLOS ROSARIO EDUCATIONAL FOUNDATION - 1100 HARVARD STREET, NW - WASHINGTON, DC 20009	27-1678341	501(C)3	0.	111,226.	COST	RECEIVABLES	TRANSFER OF RECEIVABLES FROM RELATED PARTY
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 	-	•				1	1 .

CHARTER SCHOOL, INC. Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of non-cash assistance recipients cash grant cash assistance SCHOLARSHIPS 0. 14 31,076. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2014

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

CARLOS ROSARIO INTERNATIONAL PUBLIC Empl
CHARTER SCHOOL, INC.

Employer identification number 52-2157082

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

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

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

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

(a) Name and Title (i) Base compensation (ii) Bonus & (iii) Other reportable compensation (1) SONIA GUTIERREZ (i) 118,087. 17,351. 14,212. 175,784. 1,293. MEMBER EX-OFFICIO (ii) 44,166. 5,784. 4,737. 3,383. 409. (2) ALLISON KOKKOROS (i) 153,609. 11,346. 18,950. 48,995. 15,257. EXECUTIVE DIRECTOR/CEO (ii) 0. 0. 0. 0. 0. (3) CANDIDA HERNANDEZ (CHIEF OPERATING OFFICER (ii) 26,382. 1,859. 3,790. 1,954. 1,251. (i) (ii)	0.	4,375. 17,500. 0.
MEMBER EX-OFFICIO (ii) 44,166. 5,784. 4,737. 3,383. 409. (2) ALLISON KOKKOROS (i) 153,609. 11,346. 18,950. 48,995. 15,257. EXECUTIVE DIRECTOR/CEO (ii) 0. 0. 0. 0. 0. (3) CANDIDA HERNANDEZ (i) 105,529. 7,436. 15,160. 94,704. 5,006. CHIEF OPERATING OFFICER (ii) 26,382. 1,859. 3,790. 1,954. 1,251.	58,479. 248,157. 0. 227,835.	4,375. 17,500. 0. 14,000.
MEMBER EX-OFFICIO (ii) 44,166. 5,784. 4,737. 3,383. 409. (2) ALLISON KOKKOROS (i) 153,609. 11,346. 18,950. 48,995. 15,257. EXECUTIVE DIRECTOR/CEO (ii) 0. 0. 0. 0. 0. (3) CANDIDA HERNANDEZ (i) 105,529. 7,436. 15,160. 94,704. 5,006. CHIEF OPERATING OFFICER (ii) 26,382. 1,859. 3,790. 1,954. 1,251.	58,479. 248,157. 0. 227,835.	4,375. 17,500. 0. 14,000.
(2) ALLISON KOKKOROS (i) 153,609. 11,346. 18,950. 48,995. 15,257. EXECUTIVE DIRECTOR/CEO (ii) 0. 0. 0. 0. 0. (3) CANDIDA HERNANDEZ (i) 105,529. 7,436. 15,160. 94,704. 5,006. CHIEF OPERATING OFFICER (ii) 26,382. 1,859. 3,790. 1,954. 1,251.	248,157. 0. 227,835.	17,500. 0. 14,000.
EXECUTIVE DIRECTOR/CEO (ii) 0. 0. 0. 0. 0. 0. (3) CANDIDA HERNANDEZ (CHIEF OPERATING OFFICER (ii) 26,382. 1,859. 3,790. 1,954. 1,251. (i)	0. 227,835.	14,000.
(3) CANDIDA HERNANDEZ (i) 105,529. 7,436. 15,160. 94,704. 5,006. CHIEF OPERATING OFFICER (ii) 26,382. 1,859. 3,790. 1,954. 1,251.	227,835.	14,000.
CHIEF OPERATING OFFICER (ii) 26,382. 1,859. 3,790. 1,954. 1,251.	227,835. 35,236.	14,000.
CHIEF OPERATING OFFICER (ii) 26,382. 1,859. 3,790. 1,954. 1,251.	35,236.	3,500.
(i)		
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(i)		
(ii)		
(i)		
(ii)		
(i)		
(ii)		

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4B:
CONTRIBUTIONS WERE MADE BY THE ORGANIZATION TO AN IRC SECTION 457(F)
DEFERRED COMPENSATION PLAN AS FOLLOWS:
SONIA GUTIERREZ - \$167,085
CANDIDA HERNANDEZ - \$86,887
ALLISON KOKKOROS - \$37,500
PART I, LINE 7:
THE CHIEF EXECUTIVE OFFICER'S BONUSES ARE DETERMINED AND APPROVED BY THE
BOARD. ALL OTHER BONUSES ARE AT THE DISCRETION OF THE CEO UPON BOARD
APPROVAL OF THE BUDGET.

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

2014
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Employer identification number 52-2157082

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

THE CFO REVIEWS AND MAKES CHANGES AS NEEDED. THE RETURN IS ALSO DISTRIBUTED TO THE BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD OF DIRECTORS

ONCE A YEAR, WHO SIGN OFF THAT THEY ARE IN COMPLIANCE WITH THE POLICY. THE

POLICY IS DISTRIBUTED ANNUALLY TO THE EMPLOYEES AS PART OF THE EMPLOYEE

HANDBOOK.

OFFICERS AND DIRECTORS ARE TO DISCLOSE TO THE CHIEF EXECUTIVE OFFICER ANY

ACTUAL OR POTENTIAL CONFLICTS OF INTEREST IMMEDIATELY SO THAT SAFEGUARDS

CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

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

THE SALARY OF THE CEO IS DETERMINED BY REVIEWING SALARY DATA PRODUCED BY AN INDEPENDENT CONSULTANT. THIS INCLUDES REVIEW OF SURVEY DATA FOR CHARTER SCHOOLS OF SIMILAR SIZE/COMPLEXITY, OTHER NOT FOR PROFITS AND OTHER COMPARABLE AGENCIES. THE EXECUTIVE COMMITTEE ESTABLISHES THE COMPENSATION OF THE CEO WHICH IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD AND DOCUMENTED IN THE MINUTES BY A SIGNED AFFIDAVIT.

SALARIES OF THE OTHER OFFICERS WERE DETERMINED AS PART OF A STUDY CONDUCTED

BY AN INDEPENDENT CONSULTANT, AND THEREON ANNUAL SALARY INCREASES WERE

PERFORMED ACROSS THE BOARD FOR ALL EMPLOYEES. SALARIES OF OTHER OFFICERS

WERE APPROVED BY THE CEO AND THE SALARY EXPENSE WAS APPROVED BY THE BOARD

Name of the organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.	Employer identification number 52-2157082
AS PART OF THE ANNUAL BUDGET PROCESS.	
EODM 000 DADM VI CECUTON C I THE 19.	
FORM 990, PART VI, SECTION C, LINE 18:	WHEN IS WHILE DO
THE FORM 990 IS AVAILABLE ON GUIDESTAR. OTHER INFO	MATION IS AVAILABLE BY
REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 2C	
THE FINANCE COMMITTEE OVERSEES BOTH THE AUDIT AND SE	LECTION OF THE
AUDIT FIRM. THE PROCESS HAS NOT CHANGED FROM THE PRI	OR YEAR.
FORM 990, PART VII, SECTION B, LINE 1	
PROACTIVE SCHOOL INC STUDENT INFORMATION SYSTEM S	SERVICES
FORM 990, PART VI, SECTION A, LINE 1A	
COMPOSITION OF THE COMMITTEE: CHAIR, VICE CHAIR, TRE	ASURER AND
SECRETARY. THE COMMITTEE PERFORMS OVERSIGHT OF THE M	IANAGEMENT OF THE
BUSINESS AFFAIRS OF THE SCHOOL. THE BOARD MAY DELEC	ATE ADDITIONAL
DUTIES IN WRITING FROM TIME TO TIME. THE COMMITTEE	REPORTS
PERIODICALLY TO THE BOARD AND PERFOMS FUNCTIONS AS I	IRECTED BY THE
BOARD.	

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Employer identification number 52-2157082

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt 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	Section 5 contr ent	olled
				501(c)(3))		Yes	No
COMMUNITY CAPITAL CORPORATION - 52-2332161	PROVIDING AND OPERATING A						
1100 HARVARD STREET, NW	FACILITY TO HOUSE						
WASHINGTON, DC 20009	NON-PROFIT ORGANIZATIONS	DISTRICT OF COLUMBIA	501(C)(3)	11, II	N/A		X
CARLOS ROSARIO EDUCATIONAL FOUNDATION -	PROVIDE FUNDING AND						
DISSOLVED IN SEP. 2014 - 27-1678341, 1100	SUPPORT FOR CHARITABLE AND						
HARVARD STREET, NW, WASHINGTON, DC 20009	EDUCATIONAL ACTIVITIES	DISTRICT OF COLUMBIA	501(C)(3)	7	N/A	Х	
COMMUNITY CAPITAL CORPORATION - SONIA	TO HOLD TITLE AND DEVELOP						
GUTIERREZ CAMPUS - 46-0612061, 1100 HARVARD	PROPERTY FOR EDUCATIONAL				COMMUNITY CAPITAL		
STREET, NW, WASHINGTON, DC 20009	USES	DISTRICT OF COLUMBIA	501(C)(2)		CORPORATION	Х	

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

Schedule R (Form 990) 2014 CHARTER SCHOOL, INC.

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I		(i)	((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of end-of-year	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage ownership
or related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	assets	alloca	tions?	20 of Schedule	parti	ner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
				l	l	l	l .	l .	ı	I		

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	(i) Section 512(b)(13) controlled entity?	

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	у				1a		_X_		
					1b	Х			
c Gift, grant, or capital contribution from related organization(s)					1c		X		
					1d		X		
e Loans or loan guarantees by related organization(s)					1e		X		
f Dividends from related organization(s)					1f		X		
g Sale of assets to related organization(s)					1g		X		
h Purchase of assets from related organization(s)					1h		X		
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)					1j		X		
k Lease of facilities, equipment, or other assets from related organization(s)					1k	X			
I Performance of services or membership or fundraising solicitations for related orga					11		X		
m Performance of services or membership or fundraising solicitations by related orga	nization(s)				1m		X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organizati	ion(s)				1n	X			
Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses					1 p	X			
q Reimbursement paid by related organization(s) for expenses					1q	X			
r Other transfer of cash or property to related organization(s)					1r		X		
s Other transfer of cash or property from related organization(s)					1s		X		
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	elationship	s and transaction thresholds.					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) Method of determining amount in	volved				
(1) COMMUNITY CAPITAL CORPORATION	K	4,763,871.	EM7/						
(I) COMMONTH CAN HAD COM COMPTON	- 1	4,703,071.	T 1.1 V						
(2) COMMUNITY CAPITAL CORPORATION	P	2,143,616.	FMV						
(3) CARLOS ROSARIO EDUCATIONAL FOUNDATION	В	111,226.	FMV						
(4)						_			
(4)									
(5)									
<u> </u>									
(6)									

Schedule R (Form 990) 2014

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

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0014

CARLOS ROSARIO INTERNATIONAL PUBLIC

Schedule	R (Form 990) 2014	CHARTER	SCHOOL,	INC.		52-2157082	Page 5
Part VI	R (Form 990) 2014 Supplemental Info	rmation					
	Provide additional inform	mation for response	s to questions	on Schedule R (see instru	uctions).		

432165 08-14-14 Schedule R (Form 990) 2014