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** PUBLIC DISCLOSURE COPY **

Department of the Treasury

A For the 2014 calendar year, or tax year beginning

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 Open to Public

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

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

Tax year beginning JUL 1, 2014 and ending JUN 30, 2015

Inspection

B CI	neck if	C Name of organization NATIONAL COLLEGIATE PREPARATORY		D Employer identifi	cation number				
	Addres	S DIDITA GUADEED UTGU GGUOOT							
]change]Name			11_3	827089				
]change]Initial		Poom/cuita	E Telephone numbe					
]return]Final return/	4600 LIVINGSTON RD, SE	noom/suite	202-832-7737					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,613,376.				
	Amend	WASHINGTON, DC 20032		H(a) Is this a group re					
	Applica tion pendin	F Name and address of principal officer: O LINE IT EX TOOS		for subordinates					
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) of	or 527	If "No," attach a	list. (see instructions)				
		e: WWW.NATIONALPREPDC.ORG		H(c) Group exemptio					
	_	organization: X Corporation Trust Association Other	L Year	of formation: 2008 N	1 State of legal domicile: DC				
Ра		Summary	DOTTED	A DECOROTIO	0mii 10mii				
Governance	1 (Briefly describe the organization's mission or most significant activities: TO PIGRADE STANDARDS-BASED COLLEGE PREPARATORY	Y CURR	ICULUM WHIC	<u>9ТН-12ТН</u> Н				
in l	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.				
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	9				
& 2	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8				
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	69				
ξ	6	Total number of volunteers (estimate if necessary)		6	7				
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		6,001,263.	541,585.				
en		Program service revenue (Part VIII, line 2g)		42,731.	6,070,965.				
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		9.	9.				
-	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54.	-6,536.				
\rightarrow		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,044,057.	6,606,023.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,569,592.	3,583,357.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	5,000.				
꼾		Total fundraising expenses (Part IX, column (D), line 25)		2 ((((0)4	2 402 201				
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,666,694.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,236,286. -192,229.	5,990,648. 615,375.				
_ S	19	Revenue less expenses. Subtract line 18 from line 12			_				
Net Assets or Fund Balances		Fotol consts (Post V. Bor 40)	Ве	ginning of Current Year 741,678.	End of Year 1,062,528.				
Sse		Total assets (Part X, line 16)		594,563.	300,038.				
Vet /		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		147,115.	762,490.				
Pa	22 rt II	Signature Block		147,113	102,4301				
		ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the hest of m	v knowledge and belief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y kirowiougo aira bonoi, it io				
,		\		1					
Sign		Signature of officer		Date					
Here		▶ JENNIFER ROSS, CO-FOUNDER, EXECUTIVE I	DIRECT	'OR					
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN				
Paid		DAVID JONES		if self-employ	P01361002				
Prep	arer	Firm's name JONES MARESCA & MCQUADE PA	I	Firm's EIN	52-1853933				
Use Only Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE 800									
		WASHINGTON, DC 20036		Phone no. 20	2-296-3306				
Мау	the IF	S discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No				

Form 990 (2014)

Part III | Statement of

Pai	Obselvit Oak adula O agretina a year and a great to any line in this Dart III	X
_	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 A RIGOROUS 9TH-12TH GRADE STANDARDS-BASED COLLEGE	
	PREPARATORY CURRICULUM WHICH INTEGRATES INTERNATIONAL STUDIES	T.FADTNG
	TO AN INTERNATIONAL BACCALAUREATE (IB) DIPLOMA.	HEADING
	TO AN INTERNATIONAL DACCADAGREATE (ID) DITLOMA:	
2	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	1e31NO
3	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.	1e31NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	/ ovnoncoc
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of	
	revenue, if any, for each program service reported.	Apenses, and
 4а		,542,617.
·u	THE NATIONAL COLLEGIATE PREPARATORY PUBLIC CHARTER HIGH SCHOOL	
	"SCHOOL") WAS INCORPORATED IN JULY 2008 AS A PUBLIC CHARTER SC	•
	LOCATED IN WASHINGTON, D.C. THE SCHOOL IS A 9TH-12TH GRADE COL	
	PREPARATORY HIGH SCHOOL THAT SERVES STUDENTS IN WASHINGTON, DO	
	SCHOOL COMBINES CHALLENGING ACADEMICS WITH REAL-WORLD EXPERIEN	
	PREPARE STUDENTS FOR HIGH SCHOOL ACHIEVEMENT, POST-SECONDARY S	
	AND GLOBAL CITIZENSHIP. AS A D.C. PUBLIC CHARTER SCHOOL, THE S	
	A GUARANTEED FUNDING STREAM FROM THE DISTRICT OF COLUMBIA (UNI	
	STUDENT FUNDING) AND THE U.S. FEDERAL GOVERNMENT (FEDERAL FORM	íULA
	GRANTS FOR EDUCATION AND OTHER PROGRAMS) PROVIDED IT MEETS COM	PLIANCE
	REQUIREMENTS. A D.C. PUBLIC CHARTER SCHOOL IS CONSIDERED A LOC	AL
	EDUCATIONAL AGENCY (LEA) UNDER FEDERAL EDUCATION PROGRAMS. AS	A D.C.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_		
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 5,446,603.	
		Form 990 (2014)

Page **3**

NATIONAL COLLEGIATE PREPARATORY PUBLIC CHARTER HIGH SCHOOL

Form 990 (2014)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(s) or 4947(s)(1) (other than a private foundation? 1				Yes	No
2 Is the organization required to complete Schedule of Contributions 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 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 5 Is the organization ascellon 501(c)(4) organization that receives membership dues, assessments, or similar amounts as defined in Newneu Procedule 98 191 If "Yes," complete Schedule C, Part III 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 II 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 III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization ineport an amount in Part X, line 21, for escrive or custodial account liability; serve as a custodian for amounts not listed in Part X, propriete Schedule O, Part IV 10 Did the organization ineport an amount in Part X, line 21, for escrive or custodial account liability; serve as a custodian for amounts in complete Schedule D, Part IV 10 Did the organization ineport an amount for investments or the securities in Part X, line 107 If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for investments in Part X, line 107 If "Yes," complete Schedule D, Part IV 12 Did the organization report an amount for investments program related in Part X, line 107 If "Yes," complete Schedule D, Part IV 13 Did the organization report an amount for i	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 Is the organization required to complete Schedule (9, Schedule of Contributions) 3 Did the organization engage in direct or indirect political campaging activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule (2, Part II 4 Section 501(6)(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 (2, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), 501(c)(6), 50		If "Yes," complete Schedule A	1		
public office? If "Yes," complete Schedule C, Part I 4 Section 501(6)(3) organizations. Did the organization epage in lobbying activities, or have a section 501(6) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 is the organization a section 501(6)(4), 501(6)(5), or 501(6)(6) organization that receives membership dues, assessments, or similar amounts as adelined in Newneue Procedure 98 197 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical draesa, or historical streament, including easements to preserve open space, the environment, historical draesa, or historical streament, including easements to preserve open space, the environment, historical reasons of streament, including easements to preserve open space, the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization export an amount in Part X, line 21, for escrow or outsofdial account liability; serve as a custodian for amounts not listed in Part X, circ provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part IV 11 Did the organization report an amount for other assets the securities in Part X, line 12? If "Yes," complete Schedule D, Part X II 12 Did the organization report an amount for other assets heavily assets reported in Part X, line 16? If "Yes,	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
4 Scholine 501(c)(3) organizations. Did the organization orgage in lobbying activities, or have a section 501(i)(i) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(i)(ii), 501(i)(i)(i), 501(i)(i), 501(i),	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II 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 Did the organization maintain any donor advised funds or any similar funds or accounts II "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures II "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part III 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 oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments II "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X II Did the organization shall be schedule D, Part X II Did the organization shall be a part X, line 16? If "Yes," complete Schedule D, Part X II Did		public office? If "Yes," complete Schedule C, Part I	3		X
Signature Sign	4				
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Bid 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to place the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part III and the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part III and the organization report an amount in Part X, line 21, for escrow or custodial account liability seve 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 or secrow or custodial account liability seve 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 or secrow or custodial account liability seve as a custodian for amounts and it is a supplicable. If It is the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V or sa applicable. If It is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V or several in Part X, line 16? If "Yes," complete Schedule D, Part V III or the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part V III or X If Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Sche	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III S X 10 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 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - chere securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization in Separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part S I and IV 11 Did the organization answered "No" to line 12s, then completing Schedule D	7				
Schedule D, Part III 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments - ordgam related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other islabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 If X 12 Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization's islability for uncertain tax positions under FIN 48 /SEC 740/19 If "Yes," complete Schedule D, Part X 11 If X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12 Did the organization shall be a propriet as schedule E, Part S I and IV 13 Did the organization man accordance of the United States? 14 Did the organization man accordance of the United States? 15 Did the organization man accordance of the United States? 16 Did		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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If "Yes," complete Schedule D, Part IV 10 10 the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments of "Yes," complete Schedule D, Part V 10 X 11 the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 2	9				
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10					
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X		complete Schedule G, Part III	19		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	2 0a		20a		Х
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

NATIONAL COLLEGIATE PREPARATORY PUBLIC CHARTER HIGH SCHOOL

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, Coultron (A), in 17 // 17 ws.; complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, country (A), in 17 wf. s.; complete Schedule I, Part I and III 23 Did the organization arewer "Yes" to Part VII, Section A, Inia 3, 4, or 5 about compensation of the organization surrent and former orificars, directors, brustees, key employees, and highest compensated employees? If "Yes," complete Schedule II and III and				Yes	No
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 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule III and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was sued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a. b) Did the organization maintain an escrow account other than a retunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization maintain an escrow account other than a retunding escrow at any time during the year? 24d	21				
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization of the organization surrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II I and Schedule I, Part II I I and Schedule I, Part II I I I I I I I I I I I I I I I I I		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
Did the organization answer "Yes" to Part VII, Section A, lino 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 th trough 24d and complete Schedule K. If "No", go to line 25a 24a	22				l
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "No", go to line 25s 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 25 Section 501(26), 501(24), and 501(2(28) organizations. Dut the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25s Schedule L, Part I 25s Is the organization was not a sexess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b If the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b If the organization provide a grant or other assistance to an officer, director, trustee, or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 10 10 10 10 10 10 10 10 10 10 10 10 10			22		X
Schedule J 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an 'on behalf of' issue for bonds outstanding at any time during the year to defease any tax exempt bonds? d Did the organization act as an 'on behalf of' issue for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf of' issue for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	23				
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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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 35b Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 37b 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 organization in Schedule O for Part VI, lines 11b and 19?			27		x
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Part V

11-3827089

PUBLIC CHARTER HIGH SCHOOL

Percent Percent Percent Percent Post of Form 1006. Enter -0, if not applicable 1a 46 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part v					<u>Ш</u>			
b Enter the number of Forms W2G included in line 1s. Enter of -1 find applicable				1 40		Yes	No			
b Id the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) without without several contributions of the provided on Form W3, Transmittal of Woge and Tax Statements, filed for the calendar year ending with or within the year covered by this return. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 1 If vess, it is in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Is the organization have unreated bouisines gross income of \$1,000 or more during the year? 3 If vess, it is littled a Form 990 Tro this year? If "No," to file 3b, provide an explanation in Schedule O 3 If vess, it is it is defined to the year? If "No," to file 3b, provide an explanation in Schedule O 4 At any time the name of the foreign country, seuch as a bank account, securities account, or other financial account; or a financial account in a foreign country (such as a bank account, securities account, or other financial account; or a financial account in a foreign country (such as a bank account, securities account, or other financial account; or a financial account;	1a			48						
Separation of the comment of employees reported on Form W.3, Transmittal of Wage and Tax Stationents, 2a 6.9				<u> </u>						
28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with on within the year covered by this returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-fle (see instructions) 30 bit the organization have unrested business gross income of \$1,000 or more during the year? 31 bit 1 fless and 16 flores pool for this year? If "No," to fire 3b, provide an explanation in Schedule O 32 bit 1 fleves, in the 16 flores 900 for the year? If "No," to fire 3b, provide an explanation in Schedule O 33 bit 1 fleves, in the 16 flores 900 flores year? If "No," to fire 3b, provide an explanation in Schedule O 34 A ary time during the calendary ava, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; level or the name of the foreign country. See instructions for filing requirements for FinicPN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 35 Was the organization a party to a prohibited that where the same of the foreign country. See instructions for filing requirements for FinicPN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 36 Did any taxable party notify the organization file Form 8886 f7 37 West, to line 5a or 5b, did the organization file Form 8886 f7 38 Does the organization and party to a prohibited tax schedit transactions of the value of the year of the value of the year of the value of the year of the year of the value of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of the year of year year of the year of the year of the year of year year of year year of year of year of year of year of year of year of year of year of year of year of year of year of year of year of year of y	С					v				
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3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif "Yes," has it filled a Form 9901 for this year? if "No." to line 3b, provide an explanation in Schedule O definancial account in a foreign country (such as a bank account, securities account, or other financial account)? At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization for you be prohibited that shelter transaction? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b Were not tax deductible? 6c If "Yes," to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If "Yes," did the organization necess of \$75 made partly as contribution and partly for poods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization necess and \$75 made partly as a contribution and partly for poods and services provided to the payor? 7c If "Yes," did the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," indicate the number of Forms 8282 filed during the year 9d If "Yes," indicate the number of Forms 8282 filed during the year 10 Life Form 8282? 11 If the organization received a contribution of qualified intellectual property, did the organization file	D				20	21				
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a Initiation fees and capital contributions included on Part VIII, line 12										
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b										
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b										
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	Gross income from members or shareholders	11a							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b									
b 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. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b										
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			1	?	12a					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14a	b	•	12b							
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b										
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а				13a					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b										
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		.مہ ا	ı						
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b										
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b				l	14-		¥			
	u	in res, rias it lileu a Form 720 to report triese payments? If two, provide an explanation in Schedul	U			990	(2014)			

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

PUBLIC CHARTER HIGH SCHOOL Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request X Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 202-832-7737 4600 LIVINGSTON RD, SE, WASHINGTON, 20032

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) WALTER W. PRYOR	1.00	Х		Х				0.	.0	0	
CHAIR (2) TY JOHNSON	1.00	^		Λ				0.	0.	0	
TREASURER	1.00	X		х				0.	0.	0	
(3) ANN WILSON	1.00	Δ		Λ				0.	0.	U	
PARENT/SECRETARY	1.00	Х		Х				0.	0.	0	
(4) NADIA GARNETT	1.00	25		22				0.	0.	0	
TRUSTEE	2700	x						0.	0.	0	
(5) DR. CAROLINE LANG	1.00										
TRUSTEE		х						0.	0.	0	
(6) ROBERT RIGSBY	1.00							-			
TRUSTEE		Х						0.	0.	0	
(7) JASON BEVIER	1.00										
VICE CHAIR		Х						0.	0.	0	
(8) JENNIFER ROSS	40.00										
FOUNDER & EXEC. DIRECTOR		Х		Х				148,750.	0.	8,916	
(9) MONICA JONES	0.00										
PARENT/TRUSTEE		Х						0.	0.	0	
(10) DIANE BROWN	40.00								_		
CHIEF ACADEMIC OFF.						Х		132,153.	0.	4,292	
		-									

ıaı	Section A. Officers, Directors, Trus	tees, Key Em	bio	ees	, an	a Hi	igne	st (ompensated Employe	es (continuea)			
	(A)	(B)			(0	C)			(D)	(E)		(F)
	Name and title	Average	(40	Position (do not check more than one		Reportable	Reportable		Estir	nated			
		hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	ı	amo	unt of			
		week	_	cer an	d a d	irecto	or/trus	tee)	from	from related		ot	her
		(list any	ector						the	organizations		compe	ensation
		hours for	or din	au			rted		organization	(W-2/1099-MIS	2)		n the
		related	stee (ruste			es uec		(W-2/1099-MISC)			•	nization
		organizations	al tru	onal t		loyee	comi						related
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
		11110)	Ĕ	ıı	HO.	Ş.	ij.e	요			\rightarrow		
							_				\rightarrow		
							_	_			\rightarrow		
											\dashv		
											\rightarrow		
1b	Sub-total							▶	280,903.		0.	13	,208.
С	Total from continuation sheets to Part V								0.		0.		0.
d									280,903.		0.	13	,208.
2	Total number of individuals (including but n								eceived more than \$100	,000 of reportable			
	compensation from the organization						-						2
												Y	es No
3	Did the organization list any former officer,	director, or tru	ıste	e. ke	v er	olan	ovee	or	highest compensated e	mplovee on			
_	line 1a? If "Yes." complete Schedule J for s											3	Х
4	For any individual listed on line 1a, is the su												
•	and related organizations greater than \$15	-		-					•	ario organizacion		4	x
5	Did any person listed on line 1a receive or a									dual for services			_
J	rendered to the organization? If "Yes," com	=				-		Ciai	ica organization or indivi	dual for scrylocs		5	х
Sec	etion B. Independent Contractors	piete corredar	001	0/ 30	1011	perc							
1	Complete this table for your five highest co	mnensated in	den	anda	nt o	ont	racto	ore t	that received more than	\$100 000 of com		ation fro	.m
•	the organization. Report compensation for	=	-								JC1136	ILIOIT II C	1111
	(A)	trie Caleridar y	cai	criui	ilg v	VILII	OI W	<u> </u>	(B)	/eai.		(C)	
	احم) Name and business	address							Description of s	ervices	Co	ompens	ation
REY	VOLUTION FOODS, INC							\dashv	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
	BOX 742759, LOS ANGELI	ES CA G	9 N (772	1 – 1	27	59	ŀ	FOOD SERVICE	g		152	,317.
	E MECCA GROUP, 1050 17							┪	TOOD DERVICE				, 5 ± , •
	ITE 800, WASHINGTON, DO			, -	***			ŀ	VOC. ASSESSM	FNT		111	,790.
50 .	112 000, MIDHINGTON, D	20050						-					, , , , 0 •
								\dashv		+			
								\dashv					

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

\$100,000 of compensation from the organization

Pa	t VII	I Statement of Reven	nue					
		Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
25.5		Membership dues		1 202				
Ţż,		Fundraising events		1,293.				
iar	d	Related organizations	1d	<u> </u>				
ns,		Government grants (contributi	· —	506,386.				
e ë	f	All other contributions, gifts, grant	1 1	22 006				
들된		similar amounts not included abov		33,906.				
no n	_	Noncash contributions included in lines			E 41 E 0 E			
<u>a</u> C	h	Total. Add lines 1a-1f			541,585.			
		DED DIDTI ADDDO		Business Code 900099		F 006 100		
ice	2 a	PER PUPIL APPRO		900099	5,096,199.	040 022		
le Š	b	ACTIVITY FEES	TY ALLO	611710	34,004.	940,032. 34,004.		
Wen S	С.	MISCELLANEOUS P	DOCD XM	990009	730.	730.		
gra Re	a		ROGRAM	330003	730.	750.		
Program Service Revenue	e							
_		All other program service reve			6,070,965.			
	<u>9</u>	Total. Add lines 2a-2f			0,010,303			
	3	other similar amounts)			9.			9.
	4	Income from investment of tax						
	5	Royalties		-				
	•	, iojanios	(i) Real	(ii) Personal				
	6 a	Gross rents	() 1.00.	(.,, : :::::::::::::::::::::::::::::::::				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		>				
e e	8 a	Gross income from fundraising	g events (not					
len		including \$1,2						
Re.		contributions reported on line	•	0				
Other Revenue		Part IV, line 18		0. 7,353.				
₹		Less: direct expenses		1,353.	-7,353.			-7,353.
		Net income or (loss) from fund	-		-1,333.			-1,333.
	9 a	Gross income from gaming ac						
		Part IV, line 19			1			
		Less: direct expenses Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales		•				
l		Miscellaneous Revenue		Business Code				
İ	11 a	MISCELLANEOUS I		900099	817.			817.
	b		-					
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			817.			
40000	12	Total revenue. See instructions.			6,606,023.	6,070,965.	0.	<u> </u>
43200 11-07-	, 14							Form 990 (2014)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 144,423. 17,850. 162,273. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,947,366. 2,630,809. 316,557. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 198,151. 222,309. 24,158. Other employee benefits 9 224,077. 27,332. 251,409. Payroll taxes 10 Fees for services (non-employees): a Management 40,174. 18,500. 21,674. Legal 105,731. 105,731. Accounting Lobbying 5,000. 5,000. Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 297,799. 5,388. 303,187. column (A) amount, list line 11g expenses on Sch O.) 18,262. 18,262. Advertising and promotion 12 137,622. 136,990. 632. Office expenses 13 14 Information technology Royalties 15 3,976. 851,466. 847,490. 16 Occupancy 5,091. 5,091. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 21,630. 21,630. Conferences, conventions, and meetings 19 2,675. 13. 2,688. 20 Payments to affiliates _____ 21 120,976. 120,411. 565. Depreciation, depletion, and amortization 22 17,303. 17,222. 81. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) DIRECT STUDENT EXPENSES 580,214. 580,214. FOOD SERVICES/CATERING 165,787. 165,787. PROFESSIONAL DEVELOPMEN 32,160. 32,160. С All other expenses е 5,990,648. 5,446,603. 539,045. 5,000. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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if following SOP 98-2 (ASC 958-720)

Check here

Part X Balance Sheet

Part X	Balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X .			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	194,443.	1	255,388.
2	Savings and temporary cash investments			6,328.
3	Pledges and grants receivable, net		3	29,475
4	Accounts receivable, net	40.004	4	399,312
5	Loans and other receivables from current and former officers, directors,			_
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined und			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ا و	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
₹ ₈	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	115,652
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 708,08	31.		
b	Less: accumulated depreciation 10b 456,70		10c	251,373
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	5,000
16	Total assets. Add lines 1 through 15 (must equal line 34)	741,678 .	16	1,062,528
17	Accounts payable and accrued expenses	139,346.	17	114,756
18	Grants payable		18	
19	Deferred revenue	10001	19	35,282
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္က 22	Loans and other payables to current and former officers, directors, trustees	,		
	key employees, highest compensated employees, and disqualified persons.			
<u> </u>	Complete Part II of Schedule L		22	
2 3	Secured mortgages and notes payable to unrelated third parties		23	150,000
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			_
	Schedule D	265,000.		0 .
26	Total liabilities. Add lines 17 through 25	<u></u> 594,563.	26	300,038
	Organizations that follow SFAS 117 (ASC 958), check here	nd		
g	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	762,490
27 28 29 29	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here ▶∟			
30 31 32	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
g 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
² 33	Total net assets or fund balances		_	762,490
34	Total liabilities and net assets/fund balances	741,678.	34	1,062,528.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		6,60		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,99		
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	<u>7,1</u>	15.
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	76	2,4	90.
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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL COLLEGIATE PREPARATORY
PUBLIC CHARTER HIGH SCHOOL

Employer identification number 11-3827089

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).					
2	X	A school described in sect i										
3	一	A hospital or a cooperative		•	ection 170	γьγ1γΔγii	i)					
4	一	A medical research organiz						the hospital's name				
7		city, and state:	ation operated in 60	njanotion with a noopita	1 400011500	3 111 000010	ii ii o(b)(i)(i-)(iii). Liitoi	the hoopital o hame,				
_			or the benefit of a co	llogo or university owne	d or operat	tod by a g	avornmental unit describ	and in				
5		An organization operated for		niege of university owner	u or opera	ted by a go	overnmental unit descrit	Jeu III				
_		section 170(b)(1)(A)(iv). (C	•			.	<i>(</i>)					
6	H	An ergonization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
_		section 170(b)(1)(A)(vi). (C										
8	Н	A community trust describe										
9		An organization that norma	•	•	-							
		activities related to its exen	•	•				•				
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	•									
10	Н	An organization organized a	•	•	-							
11		An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·					
		more publicly supported or	~					Check the box in				
		lines 11a through 11d that	• •			•						
а			•	•	•							
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must o	•									
b			•					-				
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.					
d			integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)				
		that is not functionally int	-		•			iveness				
		requirement (see instruct	·	· ·								
е		□ Check this box if the organic					Type I, Type II, Type III					
		functionally integrated, or										
f		er the number of supported of										
g		vide the following information i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
	,	organization	(11) 2114	(described on lines 1-9	listed i	n your	support (see	other support (see				
		ŭ		above or IRC section	governing of Yes		Instructions)	Instructions)				
				(see instructions))	res	No						
Γota	ı											

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 PUBLIC CHARTER HIGH SCHOOL

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	, ,	, ,	, ,		` ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
	First five years. If the Form 990 is for	•		d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	$\ensuremath{\text{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2013. If the o						nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	~					
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				-		•
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶∟

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.)

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		` ,	<u> </u>	, ,	1 ,	\
	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						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	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						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				1	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						
b	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						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						>
Sec	ction C. Computation of Public	Support Pe	ercentage				
15	Public support percentage for 2014 (lin	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	4 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2014. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2013. If the o						
	line 18 is not more than 33 1/3%, chec	· ·			•	•	
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 yi 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
		. 55	
	1		
	2		
	За		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	35		
	9с		
	10a		
2 00	10b 90 or 99	0-EZ\	2014

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person 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 family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
<u> </u>	tion of Type it supporting organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	INO
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s).	1		Ь
Sec	tion D. Type III Supporting Organizations		· ·	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	;)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the 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			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in part vi the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 PUBLIC CHARTER HIGH SCHOOL

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	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 S	Sections 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-integra	ated Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Schedule A (Form 990 or 990-EZ) 2014 PUBLIC CHARTER HIGH SCHOOL

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D -	Distributions	,	Current Year	
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrik	outions to attentive supported organizations to which the	ne organization is responsive	9	
		de details in Part VI). See instructions.			
9		outable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Distrib	outable assessment for 2014 from Continue Of the C		Pre-2014	Amount for 2014
1		butable amount for 2014 from Section C, line 6			
2		rdistributions, if any, for years prior to 2014			
2		enable cause required-see instructions) ss distributions carryover, if any, to 2014:			
3	Exces	s distributions carryover, if any, to 2014.			
<u>a</u> b					
C					
d					
	e From 2013				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2014 distributable amount			
i	Carry	over from 2009 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrik	outions for 2014 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2014 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2014, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6		ining underdistributions for 2014. Subtract lines 3h b from line 1 (if amount greater than zero, see			
		ctions).			
7		ss distributions carryover to 2015. Add lines 3j			
	and 4				
8	Break	down of line 7:			
a					
<u>b</u>					
C	Evece	s from 2013			
		ss from 2013			
_		O HOHE ZUIT			

Schedule A (Form 990 or 990-EZ) 2014

NATIONAL COLLEGIATE PREPARATORY

Schedule A	(Form 990 or 990-EZ) 2014 PUBLIC CHARTER HIGH SCHOOL	11-3827089 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

NATIONAL COLLEGIATE PREPARATORY PUBLIC CHARTER HIGH SCHOOL Employer identification number

11-3827089

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year > \$						
but it mu	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Name of organization
NATIONAL COLLEGIATE PREPARATORY
PUBLIC CHARTER HIGH SCHOOL

Employer identification number

11-3827089

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		10,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
NATIONAL COLLEGIATE PREPARATORY
PUBLIC CHARTER HIGH SCHOOL

Employer identification number

11-3827089

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Employer identification number Name of organization NATIONAL COLLEGIATE PREPARATORY PUBLIC CHARTER HIGH SCHOOL 11-3827089 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL COLLEGIATE PREPARATORY PUBLIC CHARTER HIGH SCHOOL

Employer identification number 11-3827089

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
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 v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	`	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		·····
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		-
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		·

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

Schedule D (Form 990) 2014

Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	or Oth	er Simi	lar Asse	e ts (conti	nued)	g-
3	Using the organization's acquisition, accession	on, and other record	ls, checl	any of the	following tha	at are a s	ignifican	t use of its	collection	n item	าร
	(check all that apply):										
а	Public exhibition	d	· 🖳 i	Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further t	he organizati	on's exe	mpt purp	ose in Pa	rt XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	sures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgai	nization's c	ollection?				Yes		☐ No
Pa	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered	"Yes" to	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included	t			
	on Form 990, Part X?								Yes		□No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	ıt	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	provided in	Part XIII					
Pa	rt V Endowment Funds. Complete if	the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	•		•							
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1	a column (a)) held as:				1		
– a	Board designated or quasi-endowment	one your one balanc	%	9, 00,4,1,1,1	4)) 11014 40.						
b	Permanent endowment	%	_′°								
	Temporarily restricted endowment										
Ŭ	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posse	•	ation the	nt are held a	and administe	ered for t	he organ	ization			
ou	by:	oolori or tilo organiza	ation the	it are riela c	ina daniiniote	0100 101 1	ine organ	Zation		Yes	No
	(i) unrelated organizations								3a(i)	100	110
	(ii) related organizations										
h	If "Yes" to 3a(ii), are the related organizations	: listed as required o	n Scher	 Iula R2					3b		
4	Describe in Part XIII the intended uses of the								[30		
<u> </u>	t VI Land, Buildings, and Equipm		WITIETT	unus.							
	Complete if the organization answered		Part IV	line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o			t or other		ccumula	bed	(d) Boo	k valu	
	Description of property	basis (investr			(other)		preciatio		(u) B00	n valu	IC
10	Land	 	,	54013	(24.101)	40					
ia b	Land										
C	Buildings Leasehold improvements							- 			
d				2.2	3,947.	,	177,6	89.	4	6,2	58
	Equipment				34,134.		279,0			$\frac{5,2}{5,1}$	
	Other			4.0) 4 . 1 34 - 1		4/2.1		20		

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 PUBI	LIC CHARTER HIGH	H SCHOOL	11-3827089 Page
Part VII Investments - Other Se	ecurities.		Ţ.
Complete if the organization ar	nswered "Yes" to Form 990, P	art IV, line 11b. See Form 990	, Part X, line 12.
(a) Description of security or category (including			valuation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col.	(B) line 12.) ▶		
Part VIII Investments - Program			
Complete if the organization ar		art IV. line 11c. See Form 990	. Part X. line 13.
(a) Description of investment			valuation: Cost or end-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col.	(B) line 13.) ▶		
Part IX Other Assets.			
Complete if the organization ar	nswered "Yes" to Form 990, P	art IV, line 11d. See Form 990	, Part X, line 15.
	(a) Description	,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Pa	art X, col. (B) line 15.)		>
Part X Other Liabilities.			
Complete if the organization as	nswered "Yes" to Form 990, P	art IV, line 11e or 11f. See For	m 990, Part X, line 25.
1. (a) Description o	f liability	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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 X

Schedule D (Form 990) 2014

(8)

 $\cap \cap \cap$

	·							
Part XI	Recon	ciliation	of Revenue	per Audited	Financia	al Statements	With Revenue per Return	٦.
Schedule D	(Form 990) 2014	PUBLIC	CHARTER	HIGH	SCHOOL	11-	382

	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	6,616,101.
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	2,725.		
	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	7,353.		
е	Add lines 2a through 2d			2e	10,078.
3	Subtract line 2e from line 1			3	6,606,023.
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	6,606,023.

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.

1	Total expenses and losses per audited financial statements			1	0,000,720.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,725.		
b	Prior year adjustments	2b			
	Other losses	ا مما			
d	Other (Describe in Part XIII.)	2d	7,353.		
е	Add lines 2a through 2d			2e	10,078.
3	Subtract line 2e from line 1			3	5,990,648.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,990,648.

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:

THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE SCHOOL IS CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE SCHOOL HAS ADOPTED THE ACCOUNTING OF UNCERTAINTY IN INCOME TAXES AS REQUIRED BY THE INCOME TAXES TOPIC OF THE FASB ASC. THE TOPIC REQUIRES THE SCHOOL TO DETERMINE WHETHER A TAX POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION AUTHORITY, PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS MORE THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WHICH

Schedule D (Form 990) 2014

Supplemental Information (continued)
COULD RESULT IN THE SCHOOL RECORDING A TAX LIABILITY THAT WOULD REDUCE ITS
NET ASSETS. THE SCHOOL HAS ANALYZED ITS TAX POSITIONS, AND HAS CONCLUDED
THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED
TO ANY UNCERTAIN TAX POSITIONS TAKEN ON RETURNS FILED FOR OPEN TAX YEARS
(2011-2013), OR EXPECTED TO BE TAKEN IN ITS 2014 RETURN. THE SCHOOL IS NOT
AWARE OF ANY TAX POSITIONS FOR WHICH IT BELIEVES THAT THERE IS A
REASONABLE POSSIBILITY THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS
WILL CHANGE MATERIALLY IN THE NEXT TWELVE MONTHS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSE 7,353.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSE 7,353.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

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.

NATIONAL COLLEGIATE PREPARATORY Employee

PUBLIC CHARTER HIGH SCHOOL

 $Employer\ identification\ number \\ 11-3827089$

			YES	N
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		X	
_	other governing instrument, or in a resolution of its governing body?	1	Α.	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	_		١,
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		2
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			١,
	If you need more space, use Part II THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER	3		2
	A CONTRACT WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE 70-50			
	DOES NOT APPLY TO CHARTER SCHOOLS.			
ŀ	Does the organization maintain the following?			١,
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		2
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		[]
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		l	
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	L
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER			
	A CONTRACT WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE 70-50			
	A CONTRACT WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE 70-50 DOES NOT APPLY TO CHARTER SCHOOLS.			
5	DOES NOT APPLY TO CHARTER SCHOOLS.			
	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to:	52		
а	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		
a b	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		2
a b c	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		2
a b c d	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		2
a b c d	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		2
a b c d e f	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		2 2 2
a b c d e f	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		2 2 2 2 2 2 2
a b c d e f	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a b c d e f g	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		2 2 2 2 2 2 2
a b c d e f	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		2 2 2 2 2 2 2
b c d e f	DOES NOT APPLY TO CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	2
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? 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?	5b 5c 5d 5e 5f 5g 5h	X	
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2 2

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

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

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.								
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:								
THE ORGANIZATION IS A PUBLICLY-FUNDED INDEPENDENT CHARTER SCHOOL THAT IS								
PAID TUITION BY THE DISTRICT OF COLUMBIA GOVERNMENT USING A WEIGHTED								
STUDENT FORMULA. FAMILIES OF CHILDREN MEETING RESIDENCY REQUIREMENTS DO								
NOT PAY ANY TUITION. THE ORGANIZATION IS EXEMPT UNDER REV. PROC. 75-50.								

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. NATIONAL COLLEGIATE PREPARATORY PUBLIC CHARTER HIGH SCHOOL

Employer identification number 11-3827089

1a 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	
ta 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	es No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	
Travel for companions Payments 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 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Organization of the Organization of the Organization of the CEO/Executive Director, but explain in Part III. Driven 990 of other organizations 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: 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 C Participate in, or receive payment from, an equity-based compensation arrangement? 4 C Participate in, or receive payment from, an equity-based compensation arrangement? 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: 5 The organization? 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: 7 The organization?	
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 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Ompensation consultant Ompensation survey or study Independent compensation consultant Ompensation survey or study 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: a Receive a severance payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, a nequity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Crafticipate in, or receive payment from, an equity-based compensation arrangement? 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: 5 The organization? 5 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: 7 The organization? 8	
Tax indemnification and gross-up payments	
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 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 Indicate which, if any, of the following the filling 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 committee Independent compensation consultant Compensation survey or study Independent compensation consultant Compensation survey or study Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c 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: a The organization? 5 The organization? a The organization? 5 The organization? 5 The organization? 5 The organization?	
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establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	
Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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: The organization? If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? The organization? The organization? 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:	
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Form 990 of other organizations 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: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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: a The organization? 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: a The organization? 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: a The organization? 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: a The organization? 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:	
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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: a The organization? b Any related organization? f "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: a The organization? 6a	
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a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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: a The organization? b Any related organization? f "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? a The organization? f a The organization?	
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c Participate in, or receive payment from, an equity-based compensation arrangement? 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. 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: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: a The organization? 6a The organization?	X
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. 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: The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: The organization? 6a The organization?	X
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: a The organization? b Any related organization? 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: a The organization? 6 a	
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: a The organization? b Any related organization? 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: a The organization? 6a	
contingent on the revenues of: a The organization? b Any related organization? 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: a The organization? 6a	
a The organization? b Any related organization? 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: a The organization? 5a 5b 6a	
b Any related organization? 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: a The organization? 5b 6a	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: a The organization? 6a	X
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: a The organization? 6a	
contingent on the net earnings of: a The organization? 6a	
a The organization?	
	Х
	X
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	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	Х
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53.4958-6(c)?	

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

Schedule J (Form 990) 2014

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) JENNIFER ROSS	(i)	148,750.	0.	0.	0.	8,916.	157,666.	0.
FOUNDER & EXEC. DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
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	(ii)							
	(i)							
	(ii)							-1- 1/5 000\ 0044

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014	PUBLIC CHARTER HIGH SCHOOL	11-3827089	Page 3
Part III Supplemental Informati	on		
Provide the information, explanation	n, 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 c	complete this part for any additional informati	on.
PART I, LINE 3:			
THE SCHOOL'S BOARI	O OF TRUSTEES' DETERMINES AND VOTES ON THE SALARY FOR	THE	
EXECUTIVE DIRECTOR	R.		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

2014

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

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

NATIONAL COLLEGIATE PREPARATORY

Emplo
PUBLIC CHARTER HIGH SCHOOL

11

Employer identification number 11-3827089

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

INTEGRATES INTERNATIONAL STUDIES LEADING TO AN INTERNATIONAL

BACCALAUREATE (IB) DIPLOMA.

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

PUBLIC CHARTER SCHOOL, THE SCHOOL ENJOYS SIGNIFICANT FREEDOM FROM THE

BUDGET AND OPERATIONAL RESTRICTIONS PLACED ON TRADITIONAL PUBLIC

SCHOOLS, ALLOWING IT TO CREATE A UNIQUE EDUCATIONAL MISSION AND

APPROACH.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE INCLUDES THE BOARD CHAIR, BOARD VICE-CHAIR, BOARD
TREASURER, BOARD SECRETARY, AND THE SCHOOL'S EXECUTIVE DIRECTOR, AND THE
EXECUTIVE COMMITTEE HAS BROAD AUTHORITY TO MAKE SCHOOL-WIDE DETERMINATIONS
IN EMERGENT CASES.

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

THE EXECUTIVE DIRECTOR REVIEWS THE 990 AND PROVIDES A COPY TO THE BOARD FOR REVIEW BEFORE FILING.

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

ALL POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED BY THE BOARD AND RESOLVED WHEN A SITUATION ARISES.

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

THE SCHOOL'S BOARD OF TRUSTEES' DETERMINES AND VOTES ON THE SALARY FOR THE

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

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

432211
68-27-14

Employer identification number 11-3827089

EXECUTIVE DIRECTOR. THE COMPENSATION IS DETERMINED BY MARKET COMPARISONS

AND A COST-OF-LIVING RATE CALCULATION, SIMILAR TO HOW SALARIES ARE

DETERMINED FOR ALL OTHER EMPLOYEES OF NATIONAL COLLEGIATE PREP. NATIONAL

PREP EMPLOYEE SALARIES ARE DETERMINED USING COMPARATIVE DATA OF THE PAY

STRUCTURE FOR DC PUBLIC SCHOOLS AND "INDUSTRY NORMS," LIMITED OF COURSE BY

THE BUDGET OF THE SCHOOL ITSELF, AND ALL BUDGETARY DATA, INCLUDING

SALARIES, IS RATIFIED IN ADVANCE BY THE BOARD OF TRUSTEES. THE PROCESS FOR

DETERMINING COMPENSATION FOR THE TOP OFFICIALS WAS LAST PREFORMED BEFORE

2015.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESSES FOR AUDITOR APPOINTMENT AND AUDIT OVERSIGHT HAVE NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XII, LINE 3B:

THE AUDIT WAS CONDUCTED FOR THE PURPOSE OF FORMING AN OPINION ON THE

FINANCIAL STATEMENTS AS A WHOLE. THE FINANCIAL STATEMENTS INCLUDE AN

ACCOMPANYING SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS, AS REQUIRED BY

OFFICE OF MANAGEMENT AND BUDGET CIRCULAR A-133, AUDITS OF STATES, LOCAL

GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS, IS PRESENTED FOR PURPOSES OF

ADDITIONAL ANALYSIS AND IS NOT A REQUIRED PART OF THE FINANCIAL

STATEMENTS. SUCH INFORMATION IS THE RESPONSIBILITY OF MANAGEMENT AND

WAS DERIVED FROM AND RELATES DIRECTLY TO THE UNDERLYING ACCOUNTING AND

OTHER RECORDS USED TO PREPARE THE FINANCIAL STATEMENTS. THE INFORMATION

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

Name of the organization PUBL	IC CHARTER HIGH S		Employer identification number 11-3827089
HAS BEEN SUBJECTED	TO THE AUDITING	PROCEDURES APPLIED IN	THE AUDIT OF
THE FINANCIAL STAT	EMENTS AND CERTAI	N ADDITIONAL PROCEDURE	S, INCLUDING
COMPARING AND RECO	NCILING SUCH INFO	DRMATION DIRECTLY TO TH	E UNDERLYING
ACCOUNTING AND OTH	ER RECORDS USED I	O PREPARE THE FINANCIA	L STATEMENTS
OR TO THE FINANCIA	L STATEMENTS THEM	SELVES, AND OTHER ADDI	TIONAL
PROCEDURES IN ACCO	RDANCE WITH AUDIT	TING STANDARDS GENERALL	Y ACCEPTED IN
THE UNITED STATES	OF AMERICA.		