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** PUBLIC DISCLOSURE COPY **

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

Inspection

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, and ending JUN 30, 2020 Open to Public

OMB No. 1545-0047

B (a	heck if	C Name of organization PERRY STREET PREPARATORY PUBLIC		D Employer identifi	cation number
	Addres	S CHARMED COLOOT			
	change Name change			52-21746	17
	Initial return		Room/suite	E Telephone numbe	
	Final return/	1800 PERRY STREET, NE	1100III/Suite	202-529-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,490,565.
	Amend return			H(a) Is this a group re	
F	Application	·		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
1.7	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 527	-	list. (see instructions)
		www.PSPDC.ORG		H(c) Group exemptio	,
KF	orm of	organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: DC
Pa		Summary			
•	1	Briefly describe the organization's mission or most significant activities: ${ m TO}$ D	EVELOF	SOCIALLY R	ESPONSIBLE
Governance	:	LEADERS WHILE TRANSFORMING PUBLIC EDUCAT	ION.		
ern	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	
Š				3	9
		Number of independent voting members of the governing body (Part VI, line 1b)			9
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			80
Ϊ		Total number of volunteers (estimate if necessary)			9
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b l	Net unrelated business taxable income from Form 990-T, line 39			
		2 17 17 17 17 17 17 17 17 17 17 17 17 17		Prior Year 1,228,428.	Current Year 1,682,720.
ne		Contributions and grants (Part VIII, line 1h)		7,412,358.	8,457,387.
Revenue		Program service revenue (Part VIII, line 2g)		99,413.	75,061.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-111,920.	-16,196.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,628,279.	10,198,972.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,020,279.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	l	Senefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,444,370.	4,658,866.
Ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Fotal fundraising expenses (Part IX, column (D), line 25)	00.		
Ě	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,983,527.	4,721,669.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,427,897.	9,380,535.
	l	Revenue less expenses. Subtract line 18 from line 12		200,382.	818,437.
or Ses				ginning of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)		23,087,047.	24,644,957.
ASS	21	Total liabilities (Part X, line 26)		15,616,109.	16,354,210.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		7,470,938.	8,290,747.
Pa	art II	Signature Block			
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	KELLY SMITH, DIR. OF OPERATIONS			
		Type or print name and title		Data	I DTIN
<u>.</u>	. [Print/Type preparer's name Preparer's signature		Date Check Check if	PTIN
Paid		MEENA BISHNOI		self-employ	
		Firm's name JONES MARESCA & MCQUADE PA	m. 0		52-1853933
use	Only		UITE 8		2 206 2206
		WASHINGTON, DC 20036		Phone no. 20	2-296-3306
May	/ the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

		PERRY STE	REET PREPA	RATORY P	UBLIC				
Form	990 (2019)	CHARTER S	SCHOOL				52-	2174617	Page 2
Pa	rt III Statement of	f Program Servi	ce Accomplish	ments					
	Check if Schedul	le O contains a respo	onse or note to any	line in this Part	III				
1	Briefly describe the org		,						
	TO DEVELOP		ESPONSIBLE	LEADERS	WHILE	TRANSFO	RMING	PUBLIC	
	EDUCATION.								
	-								
2	Did the organization un	ndertake any significa	ant program service	s during the ve	ar which were	not listed on t	he		
	prior Form 990 or 990-l							Yes	X No
	If "Yes," describe these								
3	Did the organization ce			anges in how it a	conducts any	v program serv	ices?	Yes	X No
Ū	If "Yes," describe these			inges in new ic	ooridaoto, arij	program corv			
4	Describe the organizati	~		for each of its t	hree largest r	rogram service	es as measi	ired hy expense	s
•	Section 501(c)(3) and 5								
	revenue, if any, for eac			port the amoun	it or grants an	a anocations to	5 0111010, 1110	total expenses,	ana
 4а	(Code:) (Experience)	nses \$ 8.49	94,214. include	ling grants of \$		1	(Revenue \$	8,457,	387.
чu	THE SCHOOL'S	S CHARTER I	PROVIDES F	OR ENROL	LMENT (
	PRE-KINDERGA							1022112	
		(0 11			0111 0111				
4b	(Code:) (Expe	nses \$	includ	ding grants of \$)	(Revenue \$		
4c	(Code:) (Expe	nses \$	includ	ding grants of \$)	(Revenue \$)
			_			_			_

932002 01-20-20

including grants of \$ 8 , 494 , 214 .

Form **990** (2019)

) (Revenue \$

4d Other program services (Describe on Schedule O.)

Total program service expenses ▶

PERRY STREET PREPARATORY PUBLIC

Form 990 (2019)

CHARTER SCHOOL

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-25	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
8		8		x
0	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	•		25
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Λ	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

932003 01-20-20

Form **990** (2019)

Page 4

PERRY STREET PREPARATORY PUBLIC

Form 990 (2019)

CHARTER SCHOOL

Part IV Checklist of Required Schedules (continued)

			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	22		Х
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
•	Schedule J	23		Х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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 during the year? If "Yes," complete Schedule L, Part I	25a		Х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 21
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		х
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		- 21
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
4 ~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

932004 01-20-20

Form **990** (2019)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	80			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	unt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	ganization solicit			7.7
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	to file Form 8282?	as rec	quired	7c		х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		-	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	l	ı			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	1	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	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				
С	Enter the amount of reserves on hand	13c				
	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 on Schedu	ıle O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratio	n or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.			F	990	(0040)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)		_	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KELLY SMITH - 202-529-4400 1800 PERRY STREET, NE, WASHINGTON, DC 20018			
	TOOU LEARL SIREEL, NE, WASHINGION, DC 40010			

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.

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

See instructions for the order in which to list the persons above.

(A)	(B)	o, gc		(0	C)		104	(D)	(E)	(F)
Name and title	Average	(do	not cl	heck i	ition more	than	one	Reportable	Reportable	Estimated
	hours per week				rson i Iirecto			compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	ao			rted		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		9	suadı		(W-2/1099-MISC)		organization and related
	organizations below	dual tr	Institutional trustee		Key employee	st con	_			organizations
	line)	Indivic	Institu	Officer	Key er	Highest compensated employee	Former			
(1) CYNTHIA BROWN	4.00									_
PRESIDENT		Х		Х				0.	0.	0.
(2) CONSUELO GRIER	2.00								•	•
VICE PRESIDENT	4 00	Х		Х				0.	0.	0.
(3) HAROLD BARDONILLE	4.00								0	0
TREASURER	4 00	Х		Х	_			0.	0.	0.
(4) VINETTE E. BROWN	4.00	,,		3,7					0	0
SECRETARY	2 00	Х		Х	_			0.	0.	0.
(5) DARWIN K BAGLEY	2.00	х						0.	0.	0.
BOARD MEMBER	2.00	^		$\vdash\vdash$	<u> </u>			0.	0.	<u> </u>
(6) MARTINIQUE FREE BOARD MEMBER	2.00	х						0.	0.	0.
(7) KATHERINE NOONAN	2.00	^		\vdash	\vdash			0.	0.	<u></u>
BOARD MEMBER	2.00	Х						0.	0.	0.
(8) CATHERINE RANDALL	2.00								•	
BOARD MEMBER		х						0.	0.	0.
(9) BRUCE NEWBY	2.00									
BOARD MEMBER AS OF OCTOBER		Х						0.	0.	0.
(10) RACHEL CROUCH	40.00									
PRINCIPAL				x				131,030.	0.	6,132.
(11) KELLY SMITH	40.00									
DIRECTOR OF OPERATIONS				Х				124,481.	0.	11,000.
				Ш						
				Ш						
			Щ	Ш	<u> </u>	_	_			
				$\vdash \vdash$	<u> </u>	_				
		l								
			\vdash	$\vdash\vdash$	\vdash	\vdash				
				ш	Щ.			l		

Page **8**

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	ition	than	nne	Reportable	Reportable	,	Es	timate	d
	hours per	box	, unle	ss pe	rson	is bot	n an	compensation	compensation		an	nount (of
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related			other	
	(list any	recto						the	organization			pensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	SC)		om the	
	organizations	ustee	trust		e e	npens		(W-2/1099-MISC)			_	anizati d relate	
	below	dual tr	tional	١.	yoldr	st cor						anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme				0.90		
		_	_		Ť	Ι	_						
1b Subtotal							>	255,511.		0.	1	7,1	
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								255,511.		0.	1	7,1	<u> 32.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			_
compensation from the organization												1	2
										г		Yes	No
3 Did the organization list any former officer,			•		•		•		•				v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	-		-					· · · · · · · · · · · · · · · · · · ·	tne organization	- 1	4		Х
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	rs t	that received more than	\$100,000 of con	npensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir	n the organization's tax	/ear.				
(A)								(B)			(C		
Name and business								Description of s	ervices	C	ompei	nsatio	า
APPLETREE INSTITUTE FOR 1							- 1						
1801 MISSISSIPPI AVE. SE						SHI				1	<u>, 39</u>	6,9	56.
TENSQUARE, LLC, 818 CONNI					Ξ,		- 1	SCHOOL IMPRO	VEMENT				
NW. SUITE 1009, WASHINGTO	ON, DC 2	200) () (<u> </u>				SERVICES			48	3,5	56.
LUNCHERAS DI SI LLC	~	-	_	~ .	20		_		_				4 🗗
1717 N ST. NW, STE 1, WAS		Ν,	DC	<u>: </u>	200	U 3 6	<u> </u>	FOOD SERVICE	S		Т6	9,0	47.
STERLING SPEECH ASSOCIATE 4402 1ST PLACE NE #33, W	-	אר	т	חר	21	n n 1	, ₁	CDEECH WHED'S	_{DV}		11	4,0	75
TTO INI TUACE NE TOO, WA	7DIITING I) IN ,	, 1		۱ ک	001		DIEECH HIERA			<u> </u>	- , 0	, , ,

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

\$100,000 of compensation from the organization

Form 990 (2019) CHARTER
Part VIII | Statement of Revenue

			or note to any lin	o in this Part VIII			
		Check if Schedule O contains a response of	or note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
S S							30000013 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns1a					
ارق ق		Membership dues					
fts,		Fundraising events1c					
를 를	C	d Related organizations 1d					
ns, Sim		Government grants (contributions)	1,674,653.				
흕	f	All other contributions, gifts, grants, and					
ᅙ		similar amounts not included above 1f	8,067.				
do	ç	Noncash contributions included in lines 1a-1f 1g \$	7,724.				
္မွာ မ	ł	Total. Add lines 1a-1f		1,682,720.			
			Business Code				
e l	2 8	PER PUPIL APPROPRIATIONS	611710	7,110,338.	7,110,338.		
اھ∑	k	PER PUPIL FACILITY ALLOWANCE	611710	1,340,670.	1,340,670.		
Se		ACTIVITY FEE	900099	6,379.	6,379.		
E Š				, -	, -		
Ba							
Program Service Revenue		All other program service revenue					
		Total. Add lines 2a-2f		8,457,387.			
	3	Investment income (including dividends, interes		0,137,307.			
	3			75,061.			75,061.
		other similar amounts)		73,001.			75,001.
	4	Income from investment of tax-exempt bond pr	t				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 270,720.					
	k	Less: rental expenses 6b 291,593.					
	C	Rental income or (loss) 6c -20,873.					
	c	Net rental income or (loss)		-20,873.			-20,873.
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
e		and sales expenses 7b					
e l		Gain or (loss) 7c					
Revenue		Net gain or (loss)	▶				
ē		a Gross income from fundraising events (not					
₹	•	including \$ of					
		contributions reported on line 1c). See					
		' '					
	L	· · · · · · · · · · · · · · · · · · ·					
		Net income or (loss) from fundraising events					
	9 8	a Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	(Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances10a					
	k	Less: cost of goods sold 10b					
	(Net income or (loss) from sales of inventory	>				
s			Business Code				
Miscellaneous Revenue	11 a	MISC. REFUNDS	900099	4,382.			4,382.
ane l	ŀ	REBATES	900099	295.			295.
e e							
S R		All other revenue					
≥		• Total. Add lines 11a-11d		4,677.			
	12	Total revenue. See instructions		10,198,972.	8,457,387.	0.	58,865.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	276,240.	245,930.	29,862.	448
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,586,665.	3,192,088.	388,773.	5,804
8	Pension plan accruals and contributions (include				_
	section 401(k) and 403(b) employer contributions)	19,841.	17,749.	2,058.	34 705
9	Other employee benefits	414,210.	370,534.	42,971.	
10	Payroll taxes	361,910.	323,748.	37,546.	616
11	Fees for services (nonemployees):				
а	Management	1,381,384.	1,235,724.	143,310.	2,350
b	Legal	7,886.		7,886.	
С	Accounting				
d					
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	219,404.	203,324.	15,693.	387
12	Advertising and promotion				
13	Office expenses	86,664.	75,052.	11,424.	188
14	Information technology	40,417.	36,155.	4,193.	69
15	Royalties				
16	Occupancy	794,160.	710,419.	82,389.	1,352
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	89,728.	80,266.	9,309.	153
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	799,767.	715,436.	82,970.	1,361
23	Insurance	91,774.	82,097.	9,521.	156
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	DIRECT STUDENT EXPENSES	1,145,166.	1,145,166.		
b	STAFF DEVELOPMENT	45,399.	40,611.	4,711.	77
С	BAD DEBT	19,855.	19,855.		
d	OTHER MISC. EXPENSES	65.	60.	5.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,380,535.	8,494,214.	872,621.	13,700
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,710,379.	1	2,312,881
	2	Savings and temporary cash investments			8,842,958.	2	9,721,713
	3	Pledges and grants receivable, net			372,665.	3	238,405
	4	Accounts receivable, net			150,430.	4	95,366
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ				6	
Ŋ	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
	9				62,402.	9	87,686
	1	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,913,988.			
	b	Less: accumulated depreciation	10b	7,236,053.	11,318,672.	10c	11,677,935
	11	Investments - publicly traded securities	378,103.	11	383,963		
	12	Investments - other securities. See Part IV, line		·	12	<u> </u>	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		251,438.	15	127,008	
	16	Total assets. Add lines 1 through 15 (must eq			23,087,047.	16	24,644,957
	17	Accounts payable and accrued expenses		538,309.	17	716,894	
	18	Grants payable	·	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			11,719,059.	20	11,787,232
	21	Escrow or custodial account liability. Complete			· · · · · · · · · · · · · · · · · · ·	21	, ,
S	22	Loans and other payables to any current or for					
ij		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unre	-			23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	•				
		of Schedule D	,	,, , , , , , , , , , , , , , , , , , , ,	3,358,741.	25	3,850,084
	26	Total liabilities. Add lines 17 through 25			15,616,109.		16,354,210
		Organizations that follow FASB ASC 958, ch					, ,
Ses		and complete lines 27, 28, 32, and 33.					
au	27	And the second second			7,275,983.	27	8,123,642
Bal	28	Net assets with donor restrictions	194,955.	28	8,123,642 167,105		
nd		Organizations that do not follow FASB ASC			•		,
교		and complete lines 29 through 33.	,				
S O	29	Capital stock or trust principal, or current fund			29		
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	7,470,938.	32	8,290,747
_	33	Total liabilities and net assets/fund balances			23,087,047.		24,644,957

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1]	0,19		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,38		
3	Revenue less expenses. Subtract line 2 from line 1	3			37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,47		
5	Net unrealized gains (losses) on investments	5		<u>1,3</u>	72.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,29	0,7	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		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				
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	. 3a	X	1
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 on Schedule O and describe any steps taken to undergo such audits		. 3b	X	
				990	(2019)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

PERRY STREET PREPARATORY PUBLIC Employer identification number Name of the organization CHARTER SCHOOL 52-2174617 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

	(Complete only if you checke fails to qualify under the tests			-	on failed to qualify	under Part III. If th	e organization
Sec	ction A. Public Support	, [
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) 2010	(6) 2017	(4) 2010	(6) 2010	(i) rotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			_	_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				_		<u> </u>
	Total support. Add lines 7 through 10		,			10	
	Gross receipts from related activities,	•	,			12	
	First five years. If the Form 990 is for						. □
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				<u></u>
	Public support percentage for 2019 (14	%
	Public support percentage from 2018					15	
	33 1/3% support test - 2019. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the						
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17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	>

Schedule A (Form 990 or 990-EZ) 2019

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

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons bit exceed the greater of \$5,000 or 1% of the amount on line 3 for the year c Add lines 7a and 7b 8 Public support. (Subteatlies 7s tom line 5) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total	Section A. Public Suppor	ts listed below, please 1	complete Part II.)				
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
20		
3c		
4a		
4b		
4c		
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5c		_
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40.		
10b m 990 or 99	1 20-F7	2019

Par	rt IV Supporting Organizations (continued)			
	··· · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations	1.0		
	- The compressing organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	140
•	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			
		1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
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,			
800	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		T.,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		1.,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	ction 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 yea(see instr	uctions).		
а	· · · · · · · · · · · · · · · · · · ·			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		(see instruction:		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h	1	1

932025 09-25-19

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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
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	ns	
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		outions to attentive supported organizations to which the	ne organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2019 from Section C, line 6			
10		B amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
-	and 4				
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
		as from 2019			

Schedule A (Form 990 or 990-EZ) 2019

PERRY STREET PREPARATORY PUBLIC

Schedule A	(Form 990 or 990-EZ) 2019 CHARTER SCHOOL	52-2174617 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6.	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	(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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number

52-2174617

Organization type	(check one):
Filers of:	Section:
Form 990 or 990-E	Z X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 5 any one c	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 ontributor, 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; n 990-EZ, line 1. Complete Parts I and II.
year, tota	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the n of cruelty to children or animals. Complete Parts I, II, and III.
year, cont is checke purpose.	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box d, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year \$\bigsim \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \t
but it must answer	ization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to "It meet the filing requirements of Schedule B (Form 990, 990-FZ, 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) (2019)

Name of organization
PERRY STREET PREPARATORY PUBLIC
CHARTER SCHOOL

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$184,274.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,72 4.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,482,656.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
PERRY STREET PREPARATORY PUBLIC
CHARTER SCHOOL

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FEDERAL COMMODITIES		
2			
		\$7,724 .	06/30/20
(a) No.	(b)	(c) FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	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.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received

Name of organization
PERRY STREET PREPARATORY PUBLIC
CHARTER SCHOOL

Part III
Exclusively religious, charitable, etc., contributions to organizations described in section from any one contributor. Complete columns (a) through (e) and the following line entry. For completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less

Employer identification number

(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift nd ZIP + 4 (c) Use of gift	(d) Description of how gift is held ft Relationship of transferor to transferee (d) Description of how gift is held
	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(a) Transfer of gi	<u> </u>
Transferee's name, address, a		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	ft Relationship of transferor to transferee
	(b) Purpose of gift Transferee's name, address, a	(b) Purpose of gift (c) Use of gift (e) Transfer of gi Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number 52-2174617

Schedule D (Form 990) 2019

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Sim	ilar Funds or <i>P</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advised fu	nds	(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	-		
	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 of	or donor advisor, or for any of	ther purpose confe	
Da				
Par		-	n Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	· —		
	Preservation of land for public use (for example, recrea			orically important land area
	Protection of natural habitat	L Pre	eservation of a cert	ified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or term	ninated by the orgai	nization during the tax
	year •			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			□ Vaa □ Na
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and e	enforcing conservati	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onforc	sing consonvation of	asoments during the year
′	\$\\$\$ \$\$	alling of violations, and emore	ing conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements o	f section 170(h)(4)(f	3)(i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
Ŭ	balance sheet, and include, if applicable, the text of the footi		· ·	
	organization's accounting for conservation easements.	noto to the organization o line	arrolal otatomorno ti	iai addonidos ind
Par	t III Organizations Maintaining Collections o	f Art, Historical Treas	ures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	•	ŕ	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue	e statement and ba	llance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describ	es these items.	·
b	If the organization elected, as permitted under FASB ASC 95			ce sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	, ,		,
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
				L A
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			•
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			

932051 10-02-19

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

Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, d	or Other	Similar As	sets(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	t make sig	nificant use o	f its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how tl	ney further t	he organizati	on's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran							IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
		·	· ·					Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F						/?	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					-			
Pai									
	·	(a) Current year		rior year) Three years b	ack (e) Four	years back
1a	Beginning of year balance	,	, ,		' '	,	, ,		<u>′</u>
b	Contributions								
С	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a column (a)) held as:				
	Board designated or quasi-endowment	one your one balanc	%	9, 001411111 (a)) 1101a ao.				
	Permanent endowment	%							
Ŭ	The percentages on lines 2a, 2b, and 2c sho	, -							
3a	Are there endowment funds not in the posse	•	ation th	at are held a	and administe	ered for the	organization		
-	by:	ocion or the organiza	41.011 111	21 410 11014 0	ara aarriiriiote	700 101 1110	organization	Ţ.	Yes No
	(i) Unrelated organizations							 	100 110
	(ii) Related organizations								
h	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the								
Ė	t VI Land, Buildings, and Equipm		WITICITE	iuiius.					
	Complete if the organization answere) Part I	/ line 11a 9	See Form 990) Part X lir	ne 10		
	Description of property	(a) Cost or o		i .	or other		umulated	(d) Book	value
	bescription of property	basis (investr			(other)		eciation	(u) Dook	value
12	Land	- ` ` 	110116	Buoio	(01.101)	чорго	301411011		
	Land								
	Buildings			18.05	6,336.	6.56	57,565.	11,488	771.
					5,849.		76,878.		7,711
	Equipment Other				1,803.		91,610.		,193.
	. Add lines 1a through 1e. (Column (d) must e		X colu				_, = , • = • •	11,677	

Schedule D (Form 990) 2019

CUIDEED COU	T PREPARATORY		-2174617 Page 3
Schedule D (Form 990) 2019 CHARTER SCH Part VIII Investments - Other Securities.	001	52	ZI/IOI/ Page
Complete if the organization answered "Yes"	on Form 000 Port IV line	11h Soc Form 000 Port V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(a) Book value	(c) metrica er valdatiem elect er eric	or your market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must squal Form 000, Part V, sol. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	an Farms 000 Dart IV lines	11a Cas Farra 000 Dart V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(b) DOOK VAIGE	(c) Method of Valdation. Cost of end	-or-year market value
<u>(1)</u>			
(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.			
	E 000 D 111/1	44 L O . E	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Dook volue
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			2 462 561
(2) DEFERRED RENT			3,492,584
(3) DEPOSITS PAYABLE			157,500
(4) PPP LOAN PAYABLE			200,000
(5)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

3,850,084.

(6) (7) (8)

Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Witl	n Revenue per R	eturı	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,510,723.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a	1,372.		
b	Donated services and use of facilities	2b	18,786.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	291,593.		
	Add lines 2a through 2d			2e	311,751.
	Subtract line 2e from line 1			3	10,198,972.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	$\overline{}$			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,198,972.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0 600 014
	Total expenses and losses per audited financial statements			1	9,690,914.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		10 706		
	Donated services and use of facilities	2a	18,786.		
	Prior year adjustments	2b			
	Other losses	2c	201 502		
	Other (Describe in Part XIII.)		291,593.		210 270
	Add lines 2a through 2d			2e	310,379.
	Subtract line 2e from line 1			3	9,380,535.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	$\overline{}$			
	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,380,535.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			l; Part	X, line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	rmation.		
ם אם	T X, LINE 2:				
LVI	I A, DINE Z.				
тнг	SCHOOL BELIEVES IT HAS APPROPRIATE SUPPOR	т ғо	R ALL TAX P	OST	TIONS
	DOILOGE DELETION IN THE INTERIOR DOLLAR			<u> </u>	110110
TAK	EN, AND AS SUCH, DOES NOT HAVE ANY UNCERTA	IN T	AX POSITION	s w	HICH ARE
MA T	ERIAL TO THE FINANCIAL STATEMENTS OR THAT	WOUL	D HAVE AN E	FFE	CT ON ITS
TAX	EXEMPT STATUS. THERE ARE NO UNRECOGNIZED	TAX	BENEFITS OR	LI	ABILITIES
THA	T NEED TO BE RECORDED.				
ם אם	T XI, LINE 2D - OTHER ADJUSTMENTS:				
LAI	I AI, DINE 2D - OTHER ADOUGHENTS:				
DTR	ECT RENTAL EXPENSES				291,593.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
DIR	ECT RENTAL EXPENSES				291,593.
22225	40.00.40			Saha	dula D (Farm 000) 2010

PERRY STREET PREPARATORY PUBLIC

Schedule D (Form 990) 2019 CHARTER SCHOOL	52-2174617 Page 5
Schedule D (Form 990) 2019 CHARTER SCHOOL Part XIII Supplemental Information (continued)	-
Cupplemental information (continued)	
-	

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

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

 $Employer\ identification\ number \\ 52-2174617$

Schedule E (Form 990 or 990-EZ) 2019

	CHARTER BEHOOD	1 T / I	<u> </u>	
Pa	rt I		VEC	NC
			YES	NC
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	١.,	х	
	other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	1		
2	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		X
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	_		
3	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
		3		Х
	If you need more space, use Part II THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER			
	A CONTRACT WITH THE DC GOVERNMENT REVENUE PROCEDURE 75-50			
	DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS.			
1	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	_
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		Σ
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER			
	SCHOOLS.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5с		X
	Scholarships or other financial assistance?	5d		Χ
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
_			37	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	7.
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			X
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7		_2

932061 10-09-19

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
THE SCHOOL RECEIVES GOVERNMENT FINANCIAL ASSISTANCE FROM THE DISTRICT OF
COLUMBIA, FEDERAL DEPARTMENT OF AGRICULTURE SCHOOL LUNCH PROGRAM, AND
FEDERAL CONGRESSIONAL APPROPRIATIONS.
LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:
THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT
WITH THE DC GOVERNMENT REVENUE PROCEDURE 75-50 DOES NOT APPLY TO PUBLIC
CHARTER SCHOOLS.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number 52-2174617

CHARLER	<u> </u>								<u> </u>	T / 4	<u> </u>		
Part I Bond Issues													
(a) Issuer name	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g						(g) De) Defeased (h) On behal			f (i) Pooled		
										of is:	suer	finan	cinç
								Yes	No	Yes	No	Yes	No
DISTRICT OF COLUMBIA					I	ACILITY							l
A REVENUE BONDS	53-6001131	NONE	05/13/10	1262	5000.F	RENOVATI	ON		X		Х		X
													l
<u>B</u>													\vdash
													l
С													\vdash
D													l
Part II Proceeds			l						<u> </u>				
. a.c.i			Α .			В	С				D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue			40.00	5,000.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds													
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceed													
10 Capital expenditures from proceeds													
11 Other spent proceeds													
12 Other unspent proceeds				010					_				
13 Year of substantial completion							, , , , , , , , , , , , , , , , , , ,		_		\neg		
14 Were the bonds issued as part of a refun-	ding icoup of tay avamat h	aanda (ar	Yes	No	Yes	No	Yes	No	+	Yes	+	No	
if issued prior to 2018, a current refunding	•	• •		Х									
15 Were the bonds issued as part of a refund									+		+		
issued prior to 2018, an advance refundir	-			Х									
16 Has the final allocation of proceeds been											\dashv		
17 Does the organization maintain adequate											\top		
		•	X										

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

Schedule K (Form 990) 2019

Part III Private Business Use								
		A	E	В		C	I	D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		X						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property	?							
c Are there any research agreements that may result in private business use of								
bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government	>	%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government	▶	%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		Х						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		Х						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of	.	%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?	.							
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?	X							
Part IV Arbitrage	•	•				•		•
		Α	E	В		C		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?		-		•		-		-
a Rebate not due yet?	.	X						
b Exception to rebate?								
c No rebate due?		Х						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was		•		•		•		•
performed	. [
3 Is the bond issue a variable rate issue?		X						
932122 10-18-19	•	-				Sch	edule K (Fo	rm 990) 2019

52-2174617

Page 3

i ai	t IV Arbitrage (continued)								
		A		В		С)
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	hedge with respect to the bond issue?		Х						
b	Name of provider								
	Term of hedge								
	Was the hedge superintegrated?								
	Was the hedge terminated?								
	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of								
	section 148?	X							
Par	t V Procedures To Undertake Corrective Action								
		1	A		В)	[)
	Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
	federal tax requirements are timely identified and corrected through the voluntary								
	closing agreement program if self-remediation isn't available under applicable								
	regulations?	X		I					
	regulations?	Λ							
Par	tVI Supplemental Information. Provide additional information for responses to questions		 e K. See insti	ructions					
Par	_ ·		le K. See insti	ructions					
Par	_ ·		 e K. See insti	ructions					
Par	_ ·		Le K. See insti	ructions					
Par	_ ·		Le K. See insti	ructions					
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SCHEDULE O

Internal Revenue Service

(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.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number 52-2174617

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

THE 990 IS REVIEWED BY THE DIRECTOR OF OPERATIONS, THEN BY THE FINANCE

COMMITTEE AND IT IS INCLUDED IN THE BOARD PACKAGE. IT IS SIGNED BY DIRECTOR

OF OPERATIONS AFTER BEING APPROVED BY THE BOARD.

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

THE SCHOOL DISTRIBUTES THE POLICY TO EVERY BOARD MEMBERS AND THEY EACH

ACKNOWLEDGE THAT THEY HAVE RECEIVED IT AND READ THE POLICY AND DISCLOSE IF

THERE ARE ANY CONFLICTS OF INTEREST. THE SIGNED POLICIES ARE KEPT IN THE

BUSINESS OFFICE. ALL EMPLOYEES SIGN A STATEMENT SAYING THAT THEY HAVE READ

AND UNDERSTOOD THE CONTENTS OF THE EMPLOYEE HANDBOOK. IN THE HANDBOOK

EMPLOYEES ARE ENCOURAGED TO AVOID BECOMING INVOLVED IN ACTIVITIES THAT

CONFLICT WITH PERRY STREET PREP DUTIES AND RESPONSIBILITIES. REGARDLESS OF

THE SOURCE OR VALUE OF ANY GIFT, CASH OR FAVOR, EMPLOYEES AND ANY MEMBERS

OF THE EMPLOYEE'S FAMILY MUST DECLINE ANY GIFT OFFERED UNDER CIRCUMSTANCES

INDICATING THAT ITS PURPOSE IS TO INFLUENCE THE EMPLOYEE IN THE PERFORMANCE

OF HIS/HER JOB. IN ADDITION, EMPLOYEES MUST REFUSE ANY GIFTS OF NOMINAL

VALUE IF THEY ARE PART OF A PATTERN OR PRACTICE WHICH, WHEN VIEWED AS A

WHOLE, WOULD BE CONSIDERED LAVISH OR EXPENSIVE.

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

THE SCHOOL'S BOARD MEMBERS DETERMINE THE COMPENSATION OF THE DIRECTOR OF

OPERATIONS AND THE PRINCIPAL BY RESEARCHING COMPETITIVE SALARIES VIA THE

990S OF OTHER SCHOOLS, INDEPENDENTLY GENERATED SALARY SURVEYS AND THE

EVALUATION OF EMPLOYEE'S PERFORMANCE. THE COMPENSATION REVIEWS FOR ARE DONE

ANNUALLY AFTER THE COMPLETION OF EMPLOYEE PERFORMANCE REVIEWS BY THE BOARD

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL	Employer identification number 52-2174617
OF TRUSTEES, AND DURING THE COMPLETION OF THE ANNUAL BUDG	SET CYCLE. THE LAST
TIME THIS WAS PERFORMED WAS IN JUNE 2020.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON	REQUEST AND ARE ON
THE SCHOOL'S WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THESE PROCESSES HAVE NOT CHANGED FROM THE PRIOR YEAR.	