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

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

2015 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the	\pm 2015 calendar year, or tax year beginning $0.7/01/15$, and ending $0.6/30$	/16		
В	Check if ap	plicable: C Name of organization		D Employ	er identification number
	Address ch	nange BRIYA PUBLIC CHARTER SCHOOL	200	l	
$\overline{\Box}$	Name char	Doing business as		20-4	497716
_		Number and street (or P.O. box ir mail is not delivered to street address)	Room/suite	E Telepho	
	Initial return	······ · · · · · · · · · · · · · · · ·		202-	232-7777
	Final return terminated				
\equiv		WASHINGTON DC 20009		G Gross re	ceipts\$ 7,830,249
	Amended r	F Name and address of principal officer:	114-3 la thia a a-		subordinates Yes X No
	Application	pending BILL BLETZINGER	H(a) Is this a gr	oup return for	
			H(b) Are all su	pordinates in	cluded? Yes No
			If "No	" attach a list	t. (see instructions)
1	Tax-exem	ppt status: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527			
<u>: </u>	Website:		H(c) Group ex	emption numb	her •
		ganization: X Corporation Trust Association Other	Year of formation: 2		M State of legal domicile: DC
	arti		rear or formation.	003	W State of legal doffliche. DC
	T	Summary			
a)					
ĕ	٠.	SEE SCHEDULE O			
nai					
Governance	l				
9	2 C	heck this box 🕨 if the organization discontinued its operations or disposed of more the	an 25% of its ne	t assets.	
ಶ	3 N				11
S		Control of the second of the s			11
₹		otal number of individuals employed in calendar year 2015 (Part V, line 2a)			43
Activities &	1				11
ĕ	1	otal number of volunteers (estimate if necessary)			
	•	otal unrelated business revenue from Part VIII, column (C), line 12			0
	bN	et unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Ye		Current Year
ē	8 C	ontributions and grants (Part VIII, line 1h)		4,965	
Ĭ	9 P	rogram service revenue (Part VIII, line 2g)		2,776	
Revenue	10 In	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)	6	6,738	55,520
ĕ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			36,959
	1	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7 26	4,479	
			1 . / = 0	0	. / 555 / 1 10
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
		enefits paid to or for members (Part IX, column (A), line 4)	2 5 6	000	4 244 012
Expenses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,56	0,996	4,244,012
ŝ	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)			0
ğ	bT	otal fundraising expenses (Part IX, column (D), line 25) ▶ 27,020			
Ш	17 0	other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,48	5,514	1,556,612
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,04	6,510	5,800,624
	1	levenue less expenses. Subtract line 18 from line 12		7,969	
5	<u> </u>	The state of the s	Beginning of Cu		End of Year
ets	20 T	otal assets (Part X, line 16)	13,57		33,918,065
Net Assets or	21 T	otal liabilities (Part X, line 26)		6,849	
Ę	22 1	let assets or fund balances. Subtract line 21 from line 20		6,918	
13111101100	PROPERTY OF THE PROPERTY OF TH		1 11,13	0,010	13,323,343
	art II		· · · · · · · · · · · · · · · · · · ·		
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and			of my knowledge and belief, it
τr	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer has any kni	owieage.	
Sig	gn	Signature of officer		Date	•
He	ere	BILL BLETZINGER DIR.	FINANCE	& AI	OMIN
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	k if PTIN
Pai	id	-2 //		3/17 self-e	``
_	parer				
	· L	Firm's name		Firm's EIN	46-2108854
US	e Only	PO BOX 259	*		
	٠ ,	Firm's address BEDFORD , PA 15522-0259		Phone no.	814-623-1880
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			Yes No
For	Paperw	ork Reduction Act Notice, see the separate instructions.		· · · · · ·	Form 990 (2015)
DAA					(

n 990 (2015) BRIYA PUBLIC			
	n Service Accomplishments		X
	ontains a response or note to any line in t	nis Part III	<u>A</u> _
Briefly describe the organization's mis	sion:		
EE SCHEDULE O			
• • • • • • • • • • • • • • • • • • • •			
Did the constitution and adoles are also		e not listed on the	<u> </u>
: = 000 000 = 70	gnificant program services during the year which we		Yes X No
	an Sahadula O		res 🔼 No
If "Yes," describe these new services		v program	
Did the organization cease conducting services?	, or make significant changes in how it conducts, an		Yes X No
If "Yes," describe these changes on S	ohodulo O		165 21 110
	ervice accomplishments for each of its three largest	program services, as measured by	
	c)(4) organizations are required to report the amoun		
the total expenses, and revenue, if an		tor grants and anocations to others	• .
the total expenses, and revenue, if an	y, for each program service reported.	•	
(Code:) (Expenses \$	4,963,542 including grants of\$) (Revenue \$	6,341,808)
DUCATIONAL, ECONOMI	AND PROVIDES THE TOOLS AN C, AND SOCIAL OPPORTUNITI IARY'S CENTER FOR MATERNAL SCHOOL.	ES. THE SCHOOL W	ORKS IN NC., AND
,			
	······································		
		· · · · · · · · · · · · · · · · · · ·	
• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
(Code:) (Expenses \$) (Revenue \$	
(Code:) (Expenses \$	including grants of\$) (Revenue \$	
(Code:) (Expenses \$	including grants of\$) (Revenue \$	
(Code:) (Expenses \$	including grants of\$) (Revenue \$	
(Code:) (Expenses \$	including grants of\$) (Revenue \$	
Code:) (Expenses\$	including grants of\$) (Revenue \$	
Code:) (Expenses \$	including grants of\$) (Revenue \$	
Code:) (Expenses \$	including grants of\$) (Revenue \$	
Code:) (Expenses \$	including grants of\$) (Revenue \$	
Code:) (Expenses \$	including grants of\$) (Revenue \$	
Code:) (Expenses \$	including grants of\$) (Revenue \$	
Code:) (Expenses \$	including grants of\$) (Revenue \$	
Code:) (Expenses \$	including grants of\$) (Revenue \$	
Code:) (Expenses\$	including grants of\$) (Revenue \$	
(Code:) (Expenses \$	including grants of\$) (Revenue \$	
(Code:) (Expenses \$	including grants of\$) (Revenue \$	
(Code:) (Expenses \$	including grants of\$) (Revenue \$	
(Code:) (Expenses\$	including grants of\$) (Revenue \$	
Code:) (Expenses \$ Code:) (Expenses \$	including grants of\$ including grants of\$) (Revenue \$	
(Code:) (Expenses\$	including grants of\$ including grants of\$ Schedule O.)) (Revenue \$	

Form 990 (2015) BRIYA PUBLIC CHARTER SCHOOL 20-4497716 Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for 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) X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 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," 8 X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form **990** (2015)

If "Yes," complete Schedule G, Part III

Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 X 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 19? Note. All Form 990 filers are required to complete Schedule O.

Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Pa	rt V .				
1a	Enter the	e number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	122		Yes	No
b		e number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C		organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>				
		le gaming (gambling) winnings to prize winners?			1c_	X	
2a	Enter the	e number of employees reported on Form W-3, Transmittal of Wage and Tax					
		nts, filed for the calendar year ending with or within the year covered by this return \dots	2a	43			
b		t one is reported on line 2a, did the organization file all required federal employment tax r		s?	2b	X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		he sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions)				
3a		organization have unrelated business gross income of \$1,000 or more during the year?		.,.,	3a		X
b		has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu			3b		
4a	-	ne during the calendar year, did the organization have an interest in, or a signature or oth nancial account in a foreign country (such as a bank account, securities account, or othe			7		
	account)		ı ııııaı	ICIAI	4a	+	X
b		enter the name of the foreign country: ▶					
-		ructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financ	ial Ac	counts			
	(FBAR).						
5a	Was the	organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5a_	,	X
b	Did any t	axable party notify the organization that it was or is a party to a prohibited tax shelter trans	sactio	on?	5b		X
C		o line 5a or 5b, did the organization file Form 8886-T?			5c_		
6a		e organization have annual gross receipts that are normally greater than \$100,000, and di	d the				
	-	tion solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b		did the organization include with every solicitation an express statement that such contrib	utions	s or	C h		
7	-	e not tax deductible?			6b		
7 a		ations that may receive deductible contributions under section 170(c). organization receive a payment in excess of \$75 made partly as a contribution and partly	for an	ods			
a		ices provided to the payor?	ioi go	ous	7a		X
b		did the organization notify the donor of the value of the goods or services provided?		· · · · · · · · · · · · · · · · · · ·	7b		
С		organization sell, exchange, or otherwise dispose of tangible personal property for which i	t was				
	required	to file Form 8282?					X
d	If "Yes," i	indicate the number of Forms 8282 filed during the year	7d	`			
е		organization receive any funds, directly or indirectly, to pay premiums on a personal bene			7e		X
f		organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7f		X
g		anization received a contribution of qualified intellectual property, did the organization file					<u> </u>
h		anization received a contribution of cars, boats, airplanes, or other vehicles, did the orga					
8		ring organizations maintaining donor advised funds. Did a donor advised fund maint	ained	by the	8		
9		ng organization have excess business holdings at any time during the year? ring organizations maintaining donor advised funds.					
a	-	ponsoring organization make any taxable distributions under section 4966?			9a		
b		ponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10		501(c)(7) organizations. Enter:					
а		fees and capital contributions included on Part VIII, line 12	10a	· .			
b	Gross re	ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	·			
11.		501(c)(12) organizations. Enter:		1			
а		come from members or shareholders	11a				
b		come from other sources (Do not net amounts due or paid to other sources					
40-		amounts due or received from them.)	11b	10412	120		
12a h		4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of February enter the amount of tax-exempt interest received or accrued during the year	orm 12b	10 4 1?	12a		
b 13		501(c)(29) qualified nonprofit health insurance issuers.	120	L			
а		ganization licensed to issue qualified health plans in more than one state?			13a		
-		te the instructions for additional information the organization must report on Schedule O.					
b		amount of reserves the organization is required to maintain by the states in which		_			
		nization is licensed to issue qualified health plans	13b				
С	Enter the	e amount of reserves on hand	13c				
14a		organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes,"	has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	dule (<u> </u>		001	<u> </u>
DAA					For	m 岁岁((2015)

Form 990 (2015) BRIYA PUBLIC CHARTER SCHOOL

20-4497716

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management** Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 1b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8a X a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No X 10a **10a** Did the organization have local chapters, branches, or affiliates? b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website **X** Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 2333 ONTARIO ROAD NW BILL BLETZINGER 202-232-7777 DC 20009 WASHINGTON

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) Position Reportable Reportable Estimated Name and Title Average compensation from amount of hours per (do not check more than one compensation box, unless person is both an related other week from (list any officer and a director/trustee) organizations compensation the (W-2/1099-MISC) from the hours for organization (W-2/1099-MISC) organization related stitutional trustee and related organizations employee idual trustee organizations below dotted compensate line) (1) JOEL GOERING 2.00 BOARD CHAIR 0 0.00 X X 0 0 (2) JULIA TORO 2.00 BOARD VICE CHAIR X X 0 0 0 0.00 (3) EMMANUEL CAUDILLO 2.00 BOARD TREASURER 0.00 X X 0 0 0 (4) LILY BRADLEY 2.00 BOARD TREASURER - OG 0.00 X X 0 0 0 (5) YIZEL ROMERO OCTAVIANO 2.00 0 0 X 0 BOARD SECRETARY X 0.00 (6) CHARLOTTE BAER 2.00 0 0 X 0 TRUSTEE 0.00 (7) ELIZABETH BOWMAN 2.00 0 0 TRUSTEE 0.00 X 0 (8) DORIS GARAY 2.00 TRUSTEE 0.00 X 0 0 0 (9) WHYTNI KERNODLE 2.00 X 0 0 0 TRUSTEE 0.00 (10) YAPSIS PALACIOS 2.00 TRUSTEE 0.00 X 0 0 0 (11)DEBORAH SPITZ 2.00 0.00 0 0 0 TRUSTEE Form **990** (2015) DAA

(A) Name and title	(B) Average hours per week (list any	(do	not o	(0 Pos check ess pe	C) ition more rson	than dis both	one ı an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other ompensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1039-WIGC)		organization and related organizations
(12) NISHIT SHETH	2.00	-									
TRUSTEE	0.00	x						0	0		0
(13) TODD SHEARS	2.00							·			
TRUSTEE	0.00	x						0	0		0
(14) BILL BLETZIN DIR. FINANCE & ADMIN	40.00			x				98,956	0		7,372
(15) CHRISTINE R.	MCKAY			^				98,930			1,512
EXECUTIVE DIRECTOR	32.00			x				104,238	0		7,766
EARCOITVE DIRECTOR	0.00			^				104,230			7,700
			-								,
											,
4h Cub total				L				203,194			15,138
1b Sub-total c Total from continuation sh							>				
d Total (add lines 1b and 1c) Total number of individuals (liste	▶	203,194		l	15,138
reportable compensation from				10 (1)		note	u al	ove, who received more			Yes No
3 Did the organization list any employee on line 1a? If "Yes	," complete Sch	edu	le J 1	for s	uch	indiv	idua	al			3 X
For any individual listed on li organization and related org- individual	anizations great	er th	an \$	150	,000)? If '	'Yes	s," complete Schedule J fo			4 X
5 Did any person listed on line for services rendered to the	Ta receive or a	ccru	e co	mpe	nsa	tion i	rom	i any unrelated organization	on or individual		5 X
Section B. Independent Contrac	tors										
1 Complete this table for your compensation from the organ	nization. Report	npen con	sate ipen	d ind satio	depe	ende or the	nt co cal	ontractors that received m endar year ending with or	ore than \$100,000 of within the organization's	tax year	•
Name and	(A) d business address							Descrip	(B) otion of services		(C) Compensation
				-							
	,										
				-							
2 Total number of independen received more than \$100,00									0		Form 990 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue (A) Total revenue exempt function excluded from tax business revenue revenue 512-514 Grants, 1a Federated campaigns 1a 1b **b** Membership dues Gifts, ilar An c Fundraising events 1c 1d d Related organizations Contributions, and Other Sim 1,352,896 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 43,066 1f g Noncash contributions included in lines 1a-1f: 1,395,962 h Total, Add lines 1a-1f Program Service Revenue Busn. Code 900099 4,771,607 4,771,607 2a PER PUPIL FUNDING ALLOCATION 1,552,628 PER PUPIL FACILITIES ALLOWANC 1,552,628 900099 14,721 14,721 900099 STUDENT FEES 900099 2,852 2,852 d EDUCATION PROGRAM FEES f All other program service revenue 6,341,808 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 55,520 55,520 Income from investment of tax-exempt bond proceed Royalties ... (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets other than inventor **b** Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities \triangleright 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 36,959 36,959 11a CAPITALIZED LÕAN COSTS d All other revenue 36,959 e Total. Add lines 11a-11d 7,830,249 6,341,808 92,479 Total revenue. See instructions.

Form **990** (2015)

Statement of Functional Expenses

Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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, 100,345 116,299 10,738 227,382 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,508 3,134,096 375,454 3,521,058 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 28,691 1,403 Other employee benefits 219,754 189,660 275,818 238,048 36,010 1,760 Payroll taxes Fees for services (non-employees): 173,165 87,106 86,059 Management 25,200 15,715 9,485 Legal 118,912 76,011 42,901 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 12,564 74 200,103 187,465 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 67,418 109 9,995 77,522 13 Office expenses Information technology 173,432 151,070 22,362 14 Royalties 15 27,936 216,671 187,319 1,416 Occupancy 16 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 80,873 80,873 20 Payments to affiliates 21 20,519 12 122,805 143,336 Depreciation, depletion, and amortization 22 **2,5**39 19,687 17,148 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 178,424 178,424 DIRECT STUDENT COST 86,456 75,309 11,147 STAFF DEVELOPMENT COSTS 5,967 40,316 46,283 OTHER EXPENSES 13,438 1,733 11,705 BUSINESS FEES AND DUES 2,709 401 e All other expenses 3,110 810,062 27,020 4,963,542 5,800,624 25 Total functional expenses. Add lines 1 through 24e 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 254,823 1,508,908 Cash—non-interest bearing 5,469,795 10,523,387 2 2 Savings and temporary cash investments 174,924 293,968 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 8 190,132 67,235 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10a 24,610,409 other basis. Complete Part VI of Schedule D 23,940,028 424,180 b Less: accumulated depreciation 10b 670,381 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 2,010,174 2,634,278 15 15 Other assets. See Part IV, line 11 13,573,767 33,918,065 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 519,398 10,587,918 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 7,807,293 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,617,451 1,597,311 of Schedule D 19,992,522 2,136,849 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶X and Balances complete lines 27 through 29, and lines 33 and 34. 11,434,918 13,923,543 27 Unrestricted net assets 2,000 2,000 28 Temporarily restricted net assets 28 Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and ō complete lines 30 through 34. **Net Assets** 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 13,925,543 11,436,918 33 33 Total net assets or fund balances

Form **990** (2015)

33,918,065

13,573,767

Total liabilities and net assets/fund balances.

orm	1 990 (2015) BRIYA PUBLIC CHARTER SCHOOL 20-4497716			Page	<u>: 12</u>
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	, ,			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		00,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		29,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,43	<u> 36,9</u>	<u> 18</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4.	59,0	00
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	13,9	<u> 25,5</u>	<u>43</u>
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>	<u>,</u> .	
			Commission	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 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				
	separate basis, consolidated basis, or both:				
	Separate basis X 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 the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	mard
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>	3b	X	
			Foi	m 990 ((2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			BRIY	1 PUBLIC	CHARTER	SCHOO	L			20-449	7716
Pa		Reas			Status (All o			comple	ete this part.)	See instru	uctions.
ASSESSED LANCE	THE PERSON NAMED IN COLUMN NAM				use it is: (For lines						
1					sociation of churc						
2)(A)(ii). (Attach Se						
3					vice organization						
4										A)(iii). Enter	the hospital's name,
	city	, and stat	e:								
5	An	organizat	ion operated	for the benefit	of a college or u	niversity own	ed or ope	rated by	a governmenta	unit describe	ed in
				. (Complete Pa							
6					governmental uni						
7	An	organizat	ion that norr	nally receives a	a substantial part	of its support	from a g	overnme	ntal unit or from	the general p	oublic
	des	scribed in	section 170	(b)(1)(A)(vi). (Complete Part II.)				÷		
8					170(b)(1)(A)(vi).						
9					(1) more than 33						
					mpt functions—s						
					and unrelated bus					m businesse:	S
					30, 1975. See se						
10					d exclusively to te						
11					d exclusively for the						
					ations described i						
					scribes the type of						
а					ited, supervised,						
			_		r to regularly appo		majority	of the di	rectors or truste	es of the supp	porting
					IV, Sections A a						
b					rvised or controlle						
					g organization ve		ame perso	ons that	control or mana	ge the suppor	ted
					art IV, Sections A						201
С					porting organizat					ly integrated	witn,
_					ctions). You mus						ian(a)
d					A supporting orga						
					rganization gener					an attentiver	ness
			-		st complete Par					II Tuno III	
е			•		ed a written dete				sa Type I, Type	п, туре п	•
		-	•		unctionally integra	ated supporting	ng organi	zation.			
f				ed organization		zation(s)					
<u>g</u>				T	supported organi		(iv) Is the o	manization	(v) Amount o	monetary	(vi) Amount of
(1	Name of s organiza		(") EIN	(described on		13 7	r governing	support		other support (see
	J				above (see ins	tructions))	docur	nent?	instruct	ions)	instructions)
				•			Yes	No			
(A)											
											-i-
(B)						*					
		-						-			
(C)							İ				
(D)											
(E)											
			-	-							

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

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

Section A. Public Support

Caler	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4					· .	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on					, .	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total Support: Add infoo 7 through 10	100000 100000 100000 100000 100000 100000 100000 100000 1000000	and the second second				
12	Gross receipts from related activities, et					n 501(a)(3)	
13	First five years. If the Form 990 is for the						▶ □
500	organization, check this box and stop hetion C. Computation of Public					 	
14	Public support percentage for 2015 (line			olumn (f))		14	%
15	Public support percentage for 2013 (interpretage from 2014 Sc					45	%
16a	33 1/3% support test—2015. If the orga	anization did not o	check the box on				
	box and stop here. The organization qu						· > 🔲
b	33 1/3% support test—2014. If the orga	anization did not d	check a box on lin	e 13 or 16a, and		or more,	
	check this box and stop here. The orga	nization qualifies	as a publicly supp	oorted organizatio	n		
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me						
	Part VI how the organization meets the	"facts-and-circum	stances" test. The	e organization qua	alifies as a publicl	y supported	
,	organization	<u></u>					L
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization	on meets the "fac	ts-and-circumstar	ices" test, check t	nis box and stop	nere.	
	Explain in Part VI how the organization	meets the "facts-a	and-circumstance	s test. The organ	ization qualifies a	s a publicity	•
40	supported organization Private foundation. If the organization	did not about a b	ov on line 13 16a	16b 17a or 17b	check this hove	and see	
18	-						· • • □
	instructions						· <u> </u>

Schedule A (Form 990 or 990-EZ) 2015 BRIYA PUBLIC CHARTER SCHOOL

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	7/0					·
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			,			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6				<u> </u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		-				
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	-	first, second, third				
Sec	organization, check this box and stop hetion C. Computation of Public		entage		<u></u>		
15	Public support percentage for 2015 (line			olumn (f))		15	%
	Public support percentage for 2013 (interpretage from 2014 Sc					16	- %
16 Sec	ction D. Computation of Investn				<u></u>		
17	Investment income percentage for 2015			e 13. column (fl)		17	%
18	Investment income percentage from 20°					40	%
19a	33 1/3% support tests—2015. If the org			n line 14, and line	15 is more than 3		
·Ju	17 is not more than 33 1/3%, check this						▶ □
b	33 1/3% support tests—2014. If the or	ganization did not	t check a box on l	ine 14 or line 19a	, and line 16 is me	ore than 33 1/3%, a	and
20	line 18 is not more than 33 1/3%, check Private foundation . If the organization						

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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.
- 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.
- 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
2 1		1
3a		
3b		
3с		
4a		
4h	Ì	1
TU		
4c		
1133		
5a		
***************************************	1	H HOUSE
5b		
5c		
6		
1 7	1	Į.
1		
8_		
9a		
		Ú H
9b		
9c		1
		6.0 1000000000
10a		1
1	<u>.</u>	1

Sched	ule A (Form 990 or 990-EZ) 2015 BRIYA PUBLIC CHARTER SCHOOL	20-4497716	Pag	је 5
	Supporting Organizations (continued)			
11 a b	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (below, the governing body of a supported organization? A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in ion B. Type I Supporting Organizations	c) 11a 11b	Yes No	***************************************
			Yes No	<u> </u>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervise 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 sup organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	d, or		
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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	Part 2		
Sect	ion C. Type II Supporting Organizations			
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 coor management of the supporting organization was vested in the same persons that controlled or manathe supported organization(s).	ectors ntrol	Yes N	0
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of organization's tax year, (i) a written notice describing the type and amount of support provided during tyear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies.	f the the prior tax es of the	Yes N	<u>o</u>
2	organization's governing documents in effect on the date of notification, to the extent not previously provided any of the organization's officers, directors, or trustees either (i) appointed or elected by the supportant organization or (ii) serving on the governing body of a supported organization? If "No," explain in Pathe organization maintained a close and continuous working relationship with the supported organization	oorted art VI how		
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 supported organizations played in this regard.	o's 3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.		s).	
2 . a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purporties the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI iden those supported organizations and explain how these activities directly furthered their exempt purpown the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	sees of tify poses,	Yes N	lo L

	that these activities constituted substantially all of its activities.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the
	reasons for the erganization's position that its supported organization(s) would have engaged in these

reasons for the organization's position that its supported organization(s) would have engaged activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a 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**.
- **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.

Sched	ule A (Form 990 or 990-EZ) 2015 BRIYA PUBLIC CHARTER SCHOO	L	20-4497	716 Page 6				
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgan	izations	· · · · · · · · · · · · · · · · · · ·				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on			s. All				
	other Type III non-functionally integrated supporting organizations must complete Se	ctions	A through E.	(B) Current Year				
Sect	Section A - Adjusted Net Income (A) Prior Year							
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							
col	lection of gross income or for management, conservation, or							
ma	intenance 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							
ins	tructions for short tax year or assets held for part of year):							
	a Average monthly value of securities	1a						
	b Average monthly cash balances	1b						
	c Fair market value of other non-exempt-use assets	1c						
	d Total (add lines 1a, 1b, and 1c)	1d						
	e 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,							
se	e 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							

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

emergency temporary reduction (see instructions)

instructions).

	ule A (Form 990 or 990-EZ) 2015 BRIYA PUBLIC CHAR		20-4497	/16 Page 7
Раг	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup			
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	instinction in management		
8	Distributions to attentive supported organizations to which the organ	ization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Section E - Distribution Anocations (see instructions)	LYCE33 DISTIDUTIONS	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			Attribution and to
2	Underdistributions, if any, for years prior to 2015			
-	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
	EXCESS distributions sarry 94-94, if any, to 2-94-9.			
b				
	From 2013			
	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount		·	
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7:			
<u>a</u>				
<u>b</u>	Excess from 2013			
	Excess from 2013			
	Excess from 2015			
•			· · · · · · · · · · · · · · · · · · ·	

Schedule A (I	Form 990 or 990-E	Z) 2015 BRIYA	PUBLIC	CHARTER	SCHOOL	2	20-4497716	5	Page 8
Part VI	Supplementa III, line 12; Pa B, lines 1 and 3a and 3b; Pa	al Information. art IV, Section A I 2; Part IV, Sec art V, line 1; Par	Provide the , lines 1, 2, tion C, line t V, Section	explanations 3b, 3c, 4b, 4d 1; Part IV, Se B, line 1e; P	required by F c, 5a, 6, 9a, 9l ction D, lines art V, Section	Part II, line b, 9c, 11a, 2 and 3; P D, lines 5,	10; Part II, line 11b, and 11c; art IV, Section 6, and 8; and	17a or Part IV, E, lines	17b; Part Section 1c, 2a, 2
	lines ∠, 5, and	d 6. Also comple	ete this part	for any additi	onai iniormat	ion. (See ii	istructions.)		
	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·			
• • • • • • • • • • • • • • • • • • • •						· · · · · · · · · · · · · · · · · · · ·			
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									
•									
••••••									
• • • • • • • • • • • • • • • • • • • •					· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·							
••••••••••••••••••••••••••••••••••••••							• • • • • • • • • • • • • • • • • • •		``````````````````````````````````````
• • • • • • • • • • • • • • • • • • • •									
			· · · · · · · · · · · · · · · · · · ·						
			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
,									
	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	••••••••••			
								,	
				•••••					

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

BRIYA PUBLI	C CHARTER SCHOOL	20-4497716
Organization type (chec	k one):	
	Castian	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priva	ate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private f	foundation
	501(c)(3) taxable private foundation	
Note. Only a section 501 instructions. General Rule X For an organization or more (in mone	on is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General on filing Form 990, 990-EZ, or 990-PF that received, during the year, by or property) from any one contributor. Complete Parts I and II. See	contributions totaling \$5,000
contributor's total Special Rules	contributions.	
For an organizati regulations under 13, 16a, or 16b, a	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met to rections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Found that received from any one contributor, during the year, total contributors.	form 990 or 990-EZ), Part II, line tributions of the greater of (1)
For an organizati	of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Eg the year, total contributions of more than \$1,000 exclusively for religional purposes, or for the prevention of cruelty to children or animals.	EZ that received from any one gious, charitable, scientific,
contributor, durin contributions tota during the year fo General Rule ap	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Eig the year, contributions exclusively for religious, charitable, etc., purpled more than \$1,000. If this box is checked, enter here the total control or an exclusively religious, charitable, etc., purpose. Do not complete oplies to this organization because it received nonexclusively religious r more during the year	poses, but no such tributions that were received any of the parts unless the s, charitable, etc., contributions
990-EZ, or 990-PF), but i	n that is not covered by the General Rule and/or the Special Rules do it must answer "No" on Part IV, line 2, of its Form 990; or check the b 2, to certify that it does not meet the filing requirements of Schedule	pox on line H of its Form 990-EZ or on its

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
BRIYA PUBLIC CHARTER SCHOOL

Employer identification number 20-4497716

Part	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE COMMUNITY FOUNDATION FOR THE NATIONAL CAPITAL REGION 1201 15TH STREET, NW SUITE 420 WASHINGTON DC 20005	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE RICHARD E. AND NANCY P. MARRIOT FOUNDATION 10400 FERNWOOD RD, DEPT 901 BETHESDA MD 20817		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
3	Name, address, and ZIP + 4 OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION 810 1ST STREET, NE, 9TH FLOOR WASHINGTON DC 20002	Total contributions \$ 1,352,896	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	STUDIO 27 ARCHITECTURE 1600 K STREET NW WASHINGTON DC 20006	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Name of the organization

B	RIYA 1	PUBLIC CHARTER SCHOOL		20-4497716
	art I	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" of	Funds or Other Similar Funds on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total num	ber at end of year		
2	Aggregate	e value of contributions to (during year)		
3		e value of grants from (during year)		
4	Aggregate	e value at end of year		
5		ganization inform all donors and donor advisors in writing		V
	funds are	the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6		ganization inform all grantees, donors, and donor advisors		
	only for cl	naritable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose	<u></u>
	conferring	impermissible private benefit?		Yes No
Pa	20 BBB HILL 2005	Conservation Easements.		
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s	s) of conservation easements held by the organization (che	eck all that apply).	-
	Prese	rvation of land for public use (e.g., recreation or education	Preservation of a historically im	portant land area
	Protec	ction of natural habitat	Preservation of a certified histo	ric structure
	Prese	rvation of open space		
2		lines 2a through 2d if the organization held a qualified cor	nservation contribution in the form of a c	
	easement	t on the last day of the tax year.		Held at the End of the Tax Ye
а	Total num	ber of conservation easements		2a
b	Total acre	eage restricted by conservation easements		2b
С	Number o	f conservation easements on a certified historic structure	included in (a)	2c
d	Number o	of conservation easements included in (c) acquired after 8/	17/06, and not on a	
	historic st	ructure listed in the National Register		2d
3		of conservation easements modified, transferred, released,		
	tax year			
4	Number o	f states where property subject to conservation easement	is located ▶	
5		organization have a written policy regarding the periodic n		
		, and enforcement of the conservation easements it holds'		Yes No
6		volunteer hours devoted to monitoring, inspecting, handlin		
	N		3	3 ,
7		f expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	asements during the year
	L			
8		h conservation easement reported on line 2(d) above satis	sty the requirements of section 170(h)(4)(B)(i)
		on 170(h)(4)(B)(ii)?		
9		II, describe how the organization reports conservation eas		
		heet, and include, if applicable, the text of the footnote to t		
	organizati	on's accounting for conservation easements.	_	
Pa		Organizations Maintaining Collections of All Complete if the organization answered "Yes" of the Complete if the Organization answered "Yes" of the Complete is the Organization answered of the Complete is the Organization answered of the Organization and Organizations of All Complete is the Organization and Organizations of All Complete is the Organization and Organization and Organizations of All Complete is the Organization and Organization an		ner Similar Assets.
1a		anization elected, as permitted under SFAS 116 (ASC 958		and balance sheet
		art, historical treasures, or other similar assets held for pub		
		vice, provide, in Part XIII, the text of the footnote to its fina		
b		anization elected, as permitted under SFAS 116 (ASC 958		
_		art, historical treasures, or other similar assets held for pub		
		vice, provide the following amounts relating to these items		
		nue included on Form 990, Part VIII, line 1		▶ \$
				L .
2	. ,	anization received or held works of art, historical treasures	or other similar assets for financial gain	
2	_		and the control of th	ii, provide tile
		amounts required to be reported under SFAS 116 (ASC 98)		▶ ¢
a	Accetains	included on Form 990, Part VIII, line 1		\$
D	ASSEIS INC	Judeo in Comi 990. Par A		— 5

Sched	dule D (F	orm 990) 2015	BRIYA	PUBLIC	CHARTE	R SCHOOL	_	20-4497	716	Page 2
AND DESCRIPTION OF THE PARTY OF	rt III	Organizati	ons Maint	taining Col	lections of	Art, Historic	cal Treasure	es, or Other	Similar As	sets (continued)
		e organization' n items (check	s acquisition,	accession, ar	nd other record	ds, check any of	the following th	at are a significa	ant use of its	
а	Publ	ic exhibition			d 🗌 Lo	oan or exchange	programs	•		
b		plarly research				ther				
c		ervation for fut	ure generatio	ns						
					ons and explai	n how they furth	er the organiza	tion's exempt pu	irpose in Part	1.
	XIII.					•				
5	During tl	ne year, did the	organization	solicit or rece	eive donations	of art, historical	treasures, or o	ther similar		
						part of the organ				Yes No
Pa	rt IV	Escrow ar	nd Custod	ial Arrange	ements.					
	-	Complete i	f the orgar	nization ans	wered "Yes	s" on Form 99	90, Part IV, I	ine 9, or repo	rted an am	nount on Form
		990, Part >	(, line 21.							
1a	Is the or	ganization an a	gent, trustee	, custodian or	other interme	diary for contribu	itions or other a	assets not		
	included	on Form 990,	Part X?							Yes No
b	If "Yes,"	explain the arr	angement in	Part XIII and o	complete the fo	ollowing table:				
			1							Amount
C	Beginnir	ng balance								
d	Addition	s during the ye	ar							
									1 1	
						e 21, for escrow				
				Part XIII. Che	ck here if the	explanation has t	been provided	on Part XIII		
- Pa	rt V	Endowme		-:+:	www.d "Vo	" on Form OC	00 Dort IV I	ino 10		
		Complete	r the organ			s" on Form 99		L L	hree years back	(e) Four years back
	_ ` .				urrent year	(b) Prior year	(c) Two ye	ars back (u) i	Tiree years back	(e) I our years back
		ng of year bala								
		itions								
С		stment earning							ŕ	•
_	losses	or scholarships								
		penditures for		I						
E		-								
f		is trative expense								
		ear balance								
					ear end balan	ce (line 1g, colur	mn (a)) held as	:		
		esignated or qu				((//			•
		ent endowmen		%						
		arily restricted			%					
		centages on lir								
3a	Are ther	e endowment i	unds not in th	ne possession	of the organiz	zation that are he	eld and adminis	stered for the		
	organiza	ation by:								Yes No
	(i) unre	elated organiza	tions							3a(i)
		ted organizatio								
		• • •		-		uired on Schedul	le R?			3b
CONTRACTOR OF THE PARTY OF THE	***************************************					lowment funds.				
Pa	rt VI	Land, Bui	ldings, an	d Equipme	ent.				- 000	D = of V U = 40
										, Part X, line 10.
	•	Description of p	roperty	(a) Cost or other ba	1. '.'	t or other basis	(c) Accumula		(d) Book value
	 				(investment)		(other)	depreciation		
1a	Land									
b	Building	s					285,013	220	3,828	46,185
		old improveme					873,653		1,553	442,100
		ent				22	451,743		.,	23,451,743
	Other .	oo 10 through	10 (Col	(d) much =====	Form 000 D			<u>'I</u>	•	23,431,743
lota	ı. Add lin	es 1a through	re. (Column ((u) must equa	i Form 990, Pa	art X, column (B)	, iiile 100.)	<u></u>	<u>P</u>	23,340,020

))2015 drii	A PUDLIC CHARIER	SCHOOT	20-449//1
4	O		

(A) (B) (C) (C) (D) (E) (F) (G) (H) (F) (G) (H) (F) (G) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	Part VII	Investments—Other Securities.			2 D () () i
(nauding name of security) (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (B) (C) (C) (C) (F) (F) (G) (H) (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(1) Financial derivatives (2) Closely-held equity interests (A) (B) (C) (C) (D) (C) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Fait/III Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part X, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: (c) (e) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			(b) Book value	, ,	
			· · · · · · · · · · · · · · · · · · ·	Cost or end-or-year i	market value
(3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(A) (B) (C) (C) (D) (E) (F) (G) (F) (G) (P) (F) (G) (P) (E) (P) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(2) Closely-he	ld equity interests			
(B) (C) (D) (C) (E) (F) (G) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(3) Other				
(C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (a) Description (b) must equal Form 990, Part X, line 15. (b) Ecok value (c) Deposits (c) Deposits (d) Capital Leasehold - Georgia Avenue 1,713,750 (d) Deposits (e) Deposits (f) Loan Costs (g) Deposits (g) Description (h) Transport (h) Ecok value (h	(A)				
(D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-d-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) Method of valuation: Cost or end-d-year market value (1) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (b) Book value (b) Book value (c) (c) Description (c) Book value (c)	(B)				
(E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-dryear market value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation: Cost or end-dryear market value (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (b) Book value (c) Method of valuation: Cost or end-dryear market value (c) Method of valuation: Cost or end-dryear market value (c) Method valuation: Cost or end-dryear market value (c) Method valuation: Cost or end-dryear market value (c) Method valuation: Cost or end-dryear market value (d) Cost or end-dryear market value (e) Method valuation: Cost or end-dryear market value (f) Cost or end-dryear market value (g) (g) (g) (g) (g) (g) (g) (g	(C)				
(F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Use of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) DEPOSITS (a) LOAN COSTS (b) Sook value (c) A477, 277 (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(D)				
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Description (b) Book value (c) Description (c) Description (d) Descr	(E)	·			
(H)	(F)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (e) Book value (c) Method of valuation: Cost or end-of-year market value (f) (2) (3) (4) (6) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (7) (8) (9) (7) (7) (7) (8) (9) (7) (7) (7) (8) (9) (7) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(G)				
Part VII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) (e) Hothod of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (h) Book value (g) Book value	Total. (Column				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (ii) (iii) (ii	Part VIII				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CAPITAL LEASEHOLD – GEORGIA AVENUE (1) CAPITAL LEASEHOLD – GEORGIA AVENUE (2) DEPOSITS (3) LOAN COSTS (4473, 251 (3) LOAN COSTS (6) (6) (7) (8) (9)		Complete if the organization answered "Yes" of	n Form 990, Part IV	, line 11c. See Form 990	0, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CAPITAL LEASEHOLD − GEORGIA AVENUE 1,713,750 (2) DEPOSITS 473,251 (3) LOAN COSTS 4447,277 (4) (5) (6) (7) (8) (9)		(a) Description of investment	(b) Book value	(c) Method of va	aluation:
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CAPITAL LEASEHOLD − GEORGIA AVENUE 1,713,750 (2) DEPOSITS 473,251 (3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)				Cost or end-of-year i	market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CAPITAL LEASEHOLD − GEORGIA AVENUE 1,713,750 (2) DEPOSITS 473,251 (3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)	(1)				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CAPITAL LEASEHOLD − GEORGIA AVENUE (1) CAPITS (2) DEPOSITS (3) LOAN COSTS (4) (5) (6) (7) (8) (9)					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CAPITAL LEASEHOLD - GEORGIA AVENUE 1,713,750 (2) DEPOSITS 473,251 (3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CAPITAL LEASEHOLD − GEORGIA AVENUE 1,713,750 (2) DEPOSITS 473,251 (3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)	(4)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 1, 713, 750 (2) DEPOSITS (3) LOAN COSTS 473, 251 (4) (5) (6) (7) (8) (9)					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CAPITAL LEASEHOLD - GEORGIA AVENUE 1,713,750 (2) DEPOSITS 473,251 (3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)		× '			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CAPITAL LEASEHOLD − GEORGIA AVENUE 1,713,750 (2) DEPOSITS 473,251 (3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)			,		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part.IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CAPITAL LEASEHOLD − GEORGIA AVENUE 1,713,750 (2) DEPOSITS 473,251 (3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X					· · · · · · · · · · · · · · · · · · ·
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CAPITAL LEASEHOLD - GEORGIA AVENUE 1,713,750 (2) DEPOSITS 473,251 (3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)		n (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value					
(a) Description (b) Book value (1) CAPITAL LEASEHOLD - GEORGIA AVENUE 1,713,750 (2) DEPOSITS 473,251 (3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)		Complete if the organization answered "Yes" of	n Form 990, Part IV	, line 11d. See Form 99	0, Part X, line 15.
(2) DEPOSITS 473,251 (3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)					
(2) DEPOSITS 473,251 (3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)	(1)	CAPITAL LEASEHOLD - GE	ORGIA AVENUE		1,713,750
(3) LOAN COSTS 447,277 (4) (5) (6) (7) (8) (9)					
(4) (5) (6) (7) (8) (9)					447,277
(5) (6) (7) (8) (9)			-		
(6) (7) (8) (9)					
(7) (8) (9)					
(8) (9)					
(9)					
10tan (Oblanni (D) maot ogaan om 100t i alt (t) ook (D) mo 10t/		n (b) must equal Form 990, Part X. col. (B) line 15.)		•	2,634,278

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) CAPITAL LEASES	1,596,552
(3) DEPOSITS HELD FOR OTHERS	759
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,597,311

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Scrie	dule D (Form 990) 2013 DICTIA TODDIC CHIRCIDIC BOILE	701	20 110 / / 2	<u> </u>	1 490
Pa	Reconciliation of Revenue per Audited Financial S			Retur	n.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	7,924,111
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	,		
. b	Donated services and use of facilities	2b	93,862		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	93,862
	Subtract line 2e from line 1			3	7,830,249
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	7,830,249
MH 11111					

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

 Total exp 	enses and losses per audited financial statements		1	5,894	486			
2 Amounts	included on line 1 but not on Form 990, Part IX, line 25:							
a Donated	services and use of facilities 2a	93,862						
b Prior year	adjustments 2b							
c Other los	ses 2c							
d Other (De	scribe in Part XIII.) 2d				862			
	e Add lines 2a through 2d							
	ine 2e from line 1		3	5,800	624			
4 Amounts	included on Form 990, Part IX, line 25, but not on line 1:							
a Investme	nt expenses not included on Form 990, Part VIII, line 7b							
b Other (De	scribe in Part XIII.) 4b							
c Add lines	4a and 4b		4c					
5 Total exp	enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5	5,800	624			

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE SCHOOL'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SCHOOL PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2016, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2016, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2012 THROUGH 2014 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE ORGANIZATION FILES TAX RETURNS. IT IS

Schedu	le D (F	orm 99	0) 201	BR.	IYA	PUB:	LIC	CHART	ER S	SCHOO	<u> </u>		20-4	4977	16			Page 5
Part	XIII	Sup	pleme	ntal l	nform	ation	(conti	nued)										
	. ~ -		~	D67 :		mc -		~\1+ ==		mpec.	m »**) /OF	ייבות		ים סק	יי איי	י רישו	TIO.
THE	SC	сноо	L'S	POL.	ICY	TO I	RECO	GNIZE	, TN.	ERES'	I. ANI)/OR	PENA	7T-T-T	SR	ĽАЛ	. עם:	ľO
ITNIC	יםיםי	זא ד גזי	ጥልፕ	, DO	2 T TT	ONG	TE	ΔNV	TN	TNCO	ме ти	7X E.	XPENS	SE.	AS	OF J	IINE	30,
OIAC	-E-K-1	.YTIV	152	. PO.	2.4.4.4	CND	/ † .‡.			11100		141	221 1111	· · · · · · · · · · · · · · · · · · ·		Y = 1		
201	L 6 ,	THE	SCE	OOL	HAD	NO (ACC	RUALS	FOE	RINT	EREST	r an	D/OR	PEN	ALTI	ES.		
	T. T. J																	
												• • • • • • • • • • • • • • • • • • • •						
					-													
												• • • • • • • •					٠,	
							• • • • • • • • •											
			• ; • • • •															
			•••••															
																		÷

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

BRIYA PUBLIC CHARTER SCHOOL

Employer identification number 20-4497716

■Pa	W State of the sta			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		X
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		X
	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 CHARTER SCHOOLS. THE RACIALLY NONDISCRIMINATORY POLICY IS INCLUDED IN MOST OF THE SCHOOLS LITERATURE AND IS			
2	INCLUDED ON ITS WEBSITE.			
4	Does the organization maintain the following?	4a	X	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	<u> </u>	
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 4d	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4a		
_	Does the organization discriminate by race in any way with respect to:			
5		5a		X
а	Students' rights or privileges?	"		
b	Admissions policies?	5b	`	х
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d	,	х
е	Educational policies?	5e		х
		5f		X
f	Use of facilities?	51		
g	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.			
	<u></u>			
	<u>,</u>			
			.	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	v
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 Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7		X

Schedule E (Form 990 or 990-EZ) 2015 BRIYA PUBLIC CHARTER SCHOOL	20-4497716 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5l applicable. Also provide any other additional information (see instructions).	h, 6b, and 7, as
SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANA	ATION
THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING	G UNDER A CONTRACT
WITH THE DC GOVERNMENT. REVENUE PROCEDURE 75-50 DOES	NOT APPLY TO CHARTE
SCHOOLS.	
	· · · · · · · · · · · · · · · · · · ·
SCH E - NONCOMPLIANCE WITH NONDISCRIMINATION REQUIREM	
THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING	
WITH THE DC GOVERNMENT. REVENUE PROCEDURE 75-50 DOES	NOT APPLY TO CHARTE
SCHOOLS.	
·	······································
· · · · · · · · · · · · · · · · · · ·	
·	
	······································
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE 0 (Form 990 or 990-EZ)

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.

Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form99d. Inspection

2015 Open to Public

OMB No. 1545-0047

Department of the Treasury Name of the organization

Employer identification numbe

BRIYA PUBLIC CHARTER SCHOOL 20-4497716

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITES BRIYA PCS IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT WITH THE DC GOVERNMENT THROUGH THE DC PUBLIC CHARTER SCHOOL BOARD, PROVIDING HIGH QUALITY EDUCATION FOR ADULTS AND CHILDREN THAT EMPOWERS FAMILIES THROUGH A CULTURALLY SENSITIVE FAMILY LITERACY MODEL.

FORM 990 - ORGANIZATION'S MISSION

BRIYA PCS IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT WITH THE DC GOVERNMENT THROUGH THE DC PUBLIC CHARTER SCHOOL BOARD, PROVIDING HIGH QUALITY EDUCATION FOR ADULTS AND CHILDREN THAT EMPOWERS FAMILIES THROUGH A CULTURALLY SENSITIVE FAMILY LITERACY MODEL.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE AND ADMIN REVIEW THE FORM 990 AND THEN A COPY IS FORWARDED TO ALL BOARD MEMBERS FOR REVIEW AND APPROVAL BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUALLY THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH ALL BOARD MEMBERS ANY CONFLICT OF INTEREST ISSUES THAT ARISE ARE REQUIRED AND KEY EMPLOYEES. TO BE DOCUMENTED AND ADDRESSED ON AN ONGOING BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AT A REGULAR MEETING. A PERFORMANCE REVIEW IS CONDUCTED AND A

Name of the organization

BRIYA PUBLIC CHARTER SCHOOL

Employer identification number

20-4497716

COMPARISON OF SALARY CONSIDERED IN RELATION TO OTHER SIMILAR ORGANIZATIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL KEY EMPLOYEE SALARY AMOUNTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR

ANNUALLY AND APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE ANNUAL

BUDGET APPROVAL AND REVIEW. THE EXECUTIVE DIRECTOR'S SALARY AMOUNT IS

ANNUALLY REVIEWED, ADJUSTED, AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE DOCUMENTS ARE AVAILABLE UPON REQUEST FOR INSPECTION AT THE SCHOOL AND A

COPY MAY BE OBTAINED AT THE SCHOOL.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
BRIYA PUBLIC CHARTER SCHOOL AND BRIDGES PUBLIC CHARTER SCHOOL FORMED MAMIE
D. LEE, LLC (THE LLC), WHICH WAS ESTABLISHED TO LEASE A SCHOOL BUILDING
FROM THE DC GOVERNMENT. THIS SCHOOL BUILDING WAS RENOVATED BY THE LLC IN
ORDER TO BE SUBLEASED TO BRIYA AND BRIDGES PUBLIC CHARTER SCHOOLS FOR THE
SUBSEQUENT 2016-2017 SCHOOL YEAR. THESE TWO SCHOOLS, WHO ARE BOTH 501(C)(3)
ORGANIZATIONS, ARE THE ONLY MEMBERS OF THE LLC. ALL TRANSACTIONS OF THE LLC
ARE CONSOLIDATED WITH THE TRANSACTIONS OF BRIYA PUBLIC CHARTER SCHOOL BASED
ON CONTROLLING INTERESTS OF THE LLC.

ON MARCH 28, 2016, BRIDGES PUBLIC CHARTER SCHOOL MADE AN INITIAL CAPITAL CONTRIBUTION OF \$459,000 TO MAMIE D. LEE, LLC, WHICH WAS THEIR CONTRIBUTED CAPITAL BALANCE AS OF JUNE 30, 2016.

PAGE 1 OF 1

₹
10:48
/2017
1/13/
0.91
4977
204

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

BRIYA PUBLIC CHARTER SCHOOL

Open to Publi Inspection OMB No. 1545-0047

Employer identification number 20-4497716

DOUGH STREET COUNTY TO THE POSITION OF THE POS						
Part I Identification of Disregarded Entities Complete if the	if the organization answered "Yes" on Form 990, Part IV, line 33.	nswered "Yes" c	n Form 990, P	art IV, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MAMIE D. LEE, LLC 1250 TAYLOR ST, NW DC 20011 WASHINGTON DC 20011	PROPERTY	DG D			24,073,710	BRIYA
(3)						
(4)						
(5)						
	ons Complete if the organization answered "Yes" no the tax year.	organization ar	swered "Yes"	on Form 990, P	on Form 990, Part IV, line 34 because it had	scause it had
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No
(1) BRIDGES PUBLIC CHARTER SCHOOL 100 GALLATIN STREET NE 73-1681983 WASHINGTON DC 20011	SUPPORT	DC	50103	2	N/A	×
(2)						
(3)					-	,
(4)						
(9)				·		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedu	Schedule R (Form 990) 2015

204497716 01/13/2017 10:48 AM

HE HIRT GAME CONSISTENCE WITH CONSISTENCE	Decause It liad of the relative organizations are a participant and the same and th	organizations	real	ed as a pari	Jersino durisia	ine lax year					-
	(a) Name, address, and EIN of related organization	(b) Primary activity (((c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from excluded from searings 412,5141	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate alloc.?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage g ownership
			connuta)					Yes No		Yes No	
		F									
Pari V	Identification of Related Organizations Taxable a	tions Taxab	le as	a Corporations treated as	on or Trust Cα	omplete if the	is a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV flows treated as a corporation or trust during the tax year.	nswered "	Yes" on Form	990, P	art IV,
	Name, address, and EIN of related organization	(b) Primary activity	>	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	of Perci	(h) Percentage ownership	Section 512(b)(13) controlled entity?
									.,		
										·	
			\dashv								_ ;

Schedule R (Form 990) 2015 BRIYA PUBLIC CHARTER SCHOOL

PartV

20-4497716

Page 3

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

Schedule R (Form 990) 2015 ×× × × × × MM × × × × × Yes × Method of determining amount involved 3 4 **1**9 7 7 9 4 19 **1** 9 5 Lease of facilities, equipment, or other assets to related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) for expenses o Sharing of paid employees with related organization(s) BOOK VALUE BOOK VALUE If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 459,000 7,807,293 c Gift, grant, or capital contribution from related organization(s) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Amount involved Transaction type (a-s) ບ 闰 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from related organization(s) BRIDGES PUBLIC CHARTER SCHOOL BRIDGES PUBLIC CHARTER SCHOOL s Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) Name of related organization d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) ر م <u>4</u> 9 9 Ö Ξ (2) ල

Part St

Page 4

20-4497716

Schedule R (Form 990) 2015 BRIYA PUBLIC CHARTER SCHOOL

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	(k) Percentage ownership
		foreign country)		organizations?			Yes			Yes	
(1)											· ·
(2)							,		,		1
(3)											
(4)							,				
(5)									,		
(9)								-			
(4)					4.						
(8)											
(6)											
(10)											
(11)											
	•								Schedule	e R (Form	Schedule R (Form 990) 2015

Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	Page 5
	<u></u>	
• • • • • • • • • • • • • • • • • • • •		