990 Form

Department of the Treasury Internal Revenue Service

Retu of Organization Exempt From In me Tax

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

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

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

OMB No. 1545-0047 2016 Open to Public Inspection

Α	For the 2016 of	alendar year, or tax year beginning $07/01/16$, and ending $06/30/17$						
В	Check if applicable: C Name of organization EARLY CHILDHOOD ACADEMY PUBLIC							
	Address change	CHARTER SCHOOL						
	Name change	Doing business as 26-0088232 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number						
$\overline{\Box}$	Initial return	4025 9TH STREET, SE	On would		373-0035			
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code						
닐	terminated	WASHINGTON DC 20032		G Gross recei	pts \$ 4,722,690			
	Amended return	F Name and address of principal officer:			pordinates? Yes X No			
	Application pending	WENDY EDWARDS	H(a) Is this a grou	up return for sui	pordinates? Yes No			
		4025 9TH STREET, SE	H(b) Are all subc	ordinates includ	ed? Yes No			
		WASHINGTON DC 20032	If "No,"	attach a list. (s	ee instructions)			
ī	Tax-exempt status:	X 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 527						
J	Website: ▶ V	WWW.ECAPCS.ORG	H(c) Group exen					
ĸ	Form of organization	: X Corporation Trust Association Other ▶ L Year of	of formation: 2	004	M State of legal domicile: DC			
	100000000000000000000000000000000000000	ummary						
		escribe the organization's mission or most significant activities:						
Φ	CEE	SCHEDULE O						
Š								
Governance								
ŏ.	2 Check th	is box ▶ if the organization discontinued its operations or disposed of more than 25% of i	its net assets	i,				
ტ ფ		of voting members of the governing body (Part VI, line 1a)		3	11			
Se Se	4 Number	of independent voting members of the governing body (Part VI, line 1b)			9			
Activities	5 Total nui	mber of individuals employed in calendar year 2016 (Part V, line 2a)		. 1 1	66			
ćį	6 Total nui	mber of volunteers (estimate if necessary)		اءا	10			
٩		related business revenue from Part VIII, column (C), line 12		1 70 1	0			
	1	lated business taxable income from Form 990-T, line 34		. 7b	0			
			Prior Yea		Current Year			
Ф	8 Contribu	tions and grants (Part VIII, line 1h)		8,492	610,494			
nu.	9 Program	service revenue (Part VIII, line 2g)		5,275	4,094,001			
Revenue	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		4,393	2,395			
Œ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,077	4,923			
	12 Total rev	renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,09	2,237	4,711,813			
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)			0			
	1	paid to or for members (Part IX, column (A), line 4)	0 11	- 444	0 000 006			
S	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,11	7,411	2,922,206			
xpenses	16a Professi	onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 4,287			U			
ğ			1 53/		1 COE 257			
Ú	11 Office ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		0,893	1,625,357			
	· ·	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		8,304	4,547,563 164,250			
	19 Revenue	e less expenses. Subtract line 18 from line 12	eginning of Cur	3,933	End of Year			
Net Assets or	00 Tatal aas			9,696	5,230,539			
SSe	e 20 Total as:	sets (Part X, line 16)		4,868	221,461			
let/	21 Total liai	ets or fund balances. Subtract line 21 from line 20		4,828	5,009,078			
		ignature Block		-/				
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and	d to the hest of	f my knowled	ge and helief it is			
tı	rue, correct, and c	omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any l	knowledge.	ing knowled	go and bonon, it is			
_								
Qi.	gn P	Signature of officer		Date				
	ere	WENDY EDWARDS EXECUTI	VE DIR	ECTOR				
110		Type or print name and title						
		pe preparer's name Preparer's signature	Date	Check	X if PTIN			
Pa		RD M JONES, CPA Ruhant Jones (PA	01/12	/18 self-em				
	eparer Firm's na	VENDALL DEBOLA AND TONES ILC		irm's EIN	46-2108854			
	e Only	PO BOX 259						
	Firm's a	PEDEODD DX 15522-0250		hone no.	814-623-1880			
Ma		ss this return with the preparer shown above? (see instructions)			X Yes No			

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

4e Total program service expenses ▶

(Expenses \$ including grants of \$ 4,160,162) (Revenue \$

Form **990** (2016)

Checklist of Required Schedules Part IV 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 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 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, 5 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, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, X 8 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 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, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a 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 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 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 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 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 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III

Checklist of Required Schedules (continued) Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 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 X 22 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 through 24d and complete Schedule K. If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a 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 25b 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 X 27 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, 28 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 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 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, 34 X 34 or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b 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 X related organization? If "Yes," complete Schedule R, Part V, line 2 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 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 19? Note. All Form 990 filers are required to complete Schedule O.

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No 24 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 66 Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7с X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

26-	00)8ა	∠32
-----	----	-----	------------

Form 990 (2016) EARLY CHILDHOOD ACADEMY PUBLIC Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 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. 9 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? 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 Nο X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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? 13 X 14 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? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a 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 NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website |X| 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: > 20

4025 9TH STREET, SE

DC 20032

202-373-0035

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 organ		relate	a or			II COII	ipei	(D)	(E)	(F)
(A) Name and Title	(B) Average	İ			C) ition			Reportable	Reportable	Estimated
Name and Title	hours per	(de	o not o			than on	е	compensation	compensation from	amount of
	week					s both a		from	related organizations	other compensation
	(list any hours for	1				r/trustee		the organization	(W-2/1099-MISC)	from the
	related	or di	nsti	Officer	(팔호	Former	(W-2/1099-MISC)		organization
	organizations	rect	Ltio	Ĕ	를 기	est c	БĒ			and related organizations
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	gmo				
		stee	rust	ł	ď	ens				
		"	8			Highest compensated employee				
(1) DENNIS SAWYERS										
(-)	2.00		İ							
PRESIDENT	0.00	\mathbf{x}		X				0	0	0
(2) ERIC BELLAMEY	0.00	+==	-							
(2) ERIC BEHLMEN	2.00									
TREASURER	0.00	X		x				0	0	0
(3) DAVID A. DESCHRY		+								
(3)211112 111 22301111	2.00									
SECRETARY	0.00	X		X				0	0	0
(4) JAMES C. WILLIAM										
(4) 322223	2.00			İ		1 1				
BOARD MEMBER	0.00	$ \mathbf{x} $						0	<u> </u>	0
(5) GERALD D. JAYNES	3									
` ,	2.00									
BOARD MEMBER	0.00	X						0	0	0
(6) DEBORAH A. HALL										
	2.00									
BOARD MEMBER	0.00	X			1			0	0	0
(7) ARLETA FLEET										
	2.00								•	_
BOARD MEMBER	0.00	X			Ì			0	0	0
(8) PATRICK AKERS										
, , , , , , , , , , , , , , , , , , ,	2.00									_
BOARD MEMBER	0.00	X			<u> </u>			0	0	0
(9) PAT HALL JAYNES									·	
, ,	2.00		1							_
BOARD MEMBER	0.00	X						0	0	0
(10) RASHEDA DAVIS										
	40.00								_	1.000
PARENT BOARD MEMBER	0.00	X			1_			47,223	0	19,366
(11) LA' KEA EDWARDS										
	40.00								_	40 000
PARENT BOARD MEMBER	0.00	X					L	76,166	0	
DAA										Form 990 (2016)

Form **990** (2016)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated — physical (controlled) Mains excited He Property Pr	260088232 01/12/2018 11:10 AM Form 990 (2016) EARLY CHI	LDHOOD	CA	DEI	ΥM	Pί	JBL	ΙI	C 26-008		Page 8
No. No.		, Directors, T	ιees	, Ke	y En	nplo	yees	, aı	nd Highest Compensated	ρloyees (continued)	
12 WENDY EDWARDS	(A)	(B) Average hours per week (list any	(B) Average hours per (do not ch week box, unles (list any officer and			c) ition more rson i	than or s both r/truste	ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the
EXECUTIVE DIRECTOR 0.00 X 139,890 0 47,870 (13) DEBRA ROBINSON-FOSTER 0.00 X 83,471 0 25,259 (14) THANN INGRAHAM 40.00 X 127,460 0 10,035 PRINCIPAL 0.00 X 127,460 0 10,035 This Sub-total 127,460 0 10,035 This Sub-total 127,460 0 10,035 This Sub-total 127,460 0 10,035 This Sub-total 127,460 1 120,287 To tall add monorinuation sheets to Part VII, Section A 1474,210 120,287 To tall fadd monorinuation sheets to Part VII, Section A 174,210 120,287 To tall fadd monorinuation sheets to Part VII, Section A 174,210 120,287 To tall number of invivious (moluting but not limited to those isled above) who received more than \$100,000 of reportable compensation from the organization by a Complete Schedule J for such invivious employee on line 12th "Yes," complete Schedule J for such invividual employee on line 12th "Yes," complete Schedule J for such invividual employee on line 12th "Yes," complete Schedule J for such invividual employee on line 12th "Yes," complete Schedule J for such invividual employee on line 12th "Yes," complete Schedule J for such person To Be a such a such a such a such a such a such a such a such a such a such a such a such a such as a such a su		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and related
10 Sub-total	(12) WENDY EDWARDS	40.00									47 970
FINANCIAL MANAGER 0.00 x 83,471 0 25,259 [14] THANN INGRAHM 40.00 x 127,460 0 10,035 PRINCIPAL 0.00 x 127,460 0 10,035					X		-	_	139,890	0	41,810
FENNICITAL MANAGER 0.00 X 127,460 0 10,035 THANN INGRAHAM 40.00 X 127,460 0 10,035 THANN INGRAHAM 40.00 X 127,460 0 10,035 The Sub-total 127,460 0 10,035 The Sub-total 127,460 0 10,035 The Sub-total 127,460 0 10,035 Total from continuation sheets to Part VII, Section A 474,210 120,287 Total from continuation sheets to Part VII, Section A 474,210 120,287 Total from continuation sheets to Part VII, Section A 474,210 120,287 Total from continuation sheets to Part VII, Section A 474,210 120,287 Total from the creamination from the organization For Total (add lines to hand tell) 120,287 Total from the organization from the o	(13) DEBRA ROBINSO		1								
Description Description	ETNANCTAT. MANAGER				x				83,471	0	25,259
10,000 X 127,460 0 10,035											
1b Sub-total Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total and from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total anumber of individuals (including but not limited to those listed above) who received more lhan \$100,000 of reportable compensation from the organization ≥ Total number of individuals (including but not limited to those listed above) who received more lhan \$100,000 of reportable compensation ist any former officer, director, or trustee, key employee, or highest compensated Total number of individuals and related organizations greater than \$150,000? If *Yes, *complete Schedule *I or such individual* Total anumber of individuals and related organizations greater than \$150,000? If *Yes, *complete Schedule *I or such individual* Total anumber of individuals and related organizations greater than \$150,000? If *Yes, *complete Schedule *I or such person* Section B. Independent Contractors Compensation from the organization *I or yes, *complete Schedule *I or such person* Total summon the organization Report compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation from the organization *I organization* Total summon the organization Report compensation for the calendary ear ending with or within the organizations tax year. Complete this table for your five highest compensation for the calendary ear ending with or within the organization stax year. Description of services Total summon the organization and the person of services and the person of services and the person of services and the person of services and the person of services and the person of services and the person of services and the person of services and the person of services and the person of services and the person of services and the person of services and the person of services and the person of services	(-1, -1, -1, -1, -1, -1, -1, -1, -1, -1,	40.00							10-10	. 0	10 025
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 Total number of independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization or provided the provided of the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization and business address Description of services Description of services Description of services Description of services 213,49 DYNAMIC NETWORK SOLUTIONS 3919 NATIONAL DR STELIO BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STUDENT SUPPORT 2 Total number of independent contractors (including but not limited to those listed above) who	PRINCIPAL	0.00		<u> </u>	X			<u> </u>	127,460	. 0	10,035
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 Total number of independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization or provided the provided of the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization and business address Description of services Description of services Description of services Description of services 213,49 DYNAMIC NETWORK SOLUTIONS 3919 NATIONAL DR STELIO BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STUDENT SUPPORT 2 Total number of independent contractors (including but not limited to those listed above) who											
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 Total number of independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization or provided the provided of the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization and business address Description of services Description of services Description of services Description of services 213,49 DYNAMIC NETWORK SOLUTIONS 3919 NATIONAL DR STELIO BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STUDENT SUPPORT 2 Total number of independent contractors (including but not limited to those listed above) who											
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 Total number of independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization or provided the provided of the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization and business address Description of services Description of services Description of services Description of services 213,49 DYNAMIC NETWORK SOLUTIONS 3919 NATIONAL DR STELIO BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STUDENT SUPPORT 2 Total number of independent contractors (including but not limited to those listed above) who				-	_		-	-			
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 Total number of independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization or provided the provided of the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization and business address Description of services Description of services Description of services Description of services 213,49 DYNAMIC NETWORK SOLUTIONS 3919 NATIONAL DR STELIO BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STUDENT SUPPORT 2 Total number of independent contractors (including but not limited to those listed above) who											
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 Total number of independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization or provided the provided of the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization and business address Description of services Description of services Description of services Description of services 213,49 DYNAMIC NETWORK SOLUTIONS 3919 NATIONAL DR STELIO BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STUDENT SUPPORT 2 Total number of independent contractors (including but not limited to those listed above) who											
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 Total number of independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization or provided the provided of the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization and business address Description of services Description of services Description of services Description of services 213,49 DYNAMIC NETWORK SOLUTIONS 3919 NATIONAL DR STELIO BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STUDENT SUPPORT 2 Total number of independent contractors (including but not limited to those listed above) who					-			-	<u> </u>		
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 Total number of independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization or provided the provided of the calendar year ending with or within the organization's tax year. Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation from the organization and business address Description of services Description of services Description of services Description of services 213,49 DYNAMIC NETWORK SOLUTIONS 3919 NATIONAL DR STELIO BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STUDENT SUPPORT 2 Total number of independent contractors (including but not limited to those listed above) who									474 210		120 287
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 Vestria									4/4,210		120,207
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address TOP SPANISH CATERING WASHINGTON DC 20010 DYNAMIC NETWORK SOLUTIONS 3919 NATIONAL DR STE100 DYNAMIC NETWORK SOLUTIONS BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOUUTIONS FOR SPECIAL ED 714 G WASHINGTON DC 20003 STUDENT SUPPORT 213,49 WASHINGTON DC 200003 2 Total number of independent contractors (including but not limited to those listed above) who services the \$100,000 of compensation from the organization programment of the paragization programme								>	474,210		120,287
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and buboiness address TOP SPANISH CATERING 3541 GEORGIA AVEUNE WASHINGTON DC 20010 FOOD SERVICE (B) Description of services (C) Compensation BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G WASHINGTON DC 20003 STREET SE, SUITE 201 STUDENT SUPPORT 100,022 Total number of independent contractors (including but not limited to those listed above) who	2 Total number of individuals (ir	cluding but not lin	nited	to t	hose	liste	ed ab	ove			
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (B) (C) Compensation TOP SPANISH CATERING WASHINGTON DC 20010 DC 20010 DC 20010 FOOD SERVICE 213,49 BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STREET SE, SUITE 201 WASHINGTON DC 20003 STUDENT SUPPORT 100,02	3 Did the organization list any fo	ormer officer, dire	ector	, or t	ruste	e, k	ey en	nplo	oyee, or highest compensated	d	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) Name and business address TOP SPANISH CATERING 3541 GEORGIA AVEUNE WASHINGTON DC 20010 FOOD SERVICE 213,49 DYNAMIC NETWORK SOLUTIONS 3919 NATIONAL DR STE100 BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G WASHINGTON DC 20003 STUDENT SUPPORT 100,02	employee on line 1a? If "Yes,"	<i>complete Sched</i> e 1a. is the sum o	<i>ule</i> J	<i>for</i> sorta	s <i>uch</i> ble c	<i>indi</i> omp	<i>vidua</i> pensa	ı <i>l</i> itior	n and other compensation fro	m the	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address TOP SPANISH CATERING WASHINGTON DC 20010 FOOD SERVICE DYNAMIC NETWORK SOLUTIONS BURTONSVILLE MD 20866 IT CONSULTANTS END-TO-END SOLUTIONS FOR SPECIAL ED 714 G WASHINGTON DC 20003 STREET SE, SUITE 201 WASHINGTON DC 20003 STUDENT SUPPORT 100,02	individual	a receive or acci	 ue c	omo	 ensa	 ition	from	an	y unrelated organization or in	dividual	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B)			 , (COITI	JIELE	JUI	cault	, 0	ioi suon paraon		
compensation from the organization. Report compensation for the calendar year ending with of within the calendar year ending with of services C. C. C. C. C. C. C. C. C. C. C. C. C. C	4 Complete this table for your fi	vo highest compe	ensat	ted ir	ndep	ende	ent co	ontr	actors that received more that	an \$100,000 of	
TOP SPANISH CATERING WASHINGTON DC 20010 FOOD SERVICE DYNAMIC NETWORK SOLUTIONS BURTONSVILLE MD 20866 IT CONSULTANTS END-TO-END SOLUTIONS FOR SPECIAL ED 714 G WASHINGTON DC 20003 STUDENT SUPPORT 2 Total number of independent contractors (including but not limited to those listed above) who	compensation from the organ	ization. Report co	mpe	ensat	ion f	or th	e cal	end	dar year ending with or within	the organization's tax year.	(C)
WASHINGTON DC 20010 FOOD SERVICE 213,49 DYNAMIC NETWORK SOLUTIONS BURTONSVILLE MD 20866 IT CONSULTANTS END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STREET SE, SUITE 201 WASHINGTON DC 20003 STUDENT SUPPORT 213,49 213,49 213,49 213,49 213,49						35	41	d F		ption of services	Compensation
DYNAMIC NETWORK SOLUTIONS 3919 NATIONAL DR STE100 BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STREET SE, SUITE 201 WASHINGTON DC 20003 STUDENT SUPPORT 100,02			c :	200	010						213,49
BURTONSVILLE MD 20866 IT CONSULTANTS 104,18 END-TO-END SOLUTIONS FOR SPECIAL ED 714 G STREET SE, SUITE 201 WASHINGTON DC 20003 STUDENT SUPPORT 100,02 2 Total number of independent contractors (including but not limited to those listed above) who						39	19	ΝZ	ATIONAL DR STE100		
WASHINGTON DC 20003 STUDENT SUPPORT 100,02 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3	BURTONSVILLE	M						_			104,18
respired more than \$100,000 of compensation from the organization		S FOR SPEC	C	L E	D 003		. 4 G	; [5			100,02
respired more than \$100,000 of compensation from the organization								1			
respired more than \$100,000 of compensation from the organization							-11		and listed observal value		
	2 Total number of independent received more than \$100,000	contractors (included) of compensation	uding n fror	put n the	not I org	ımıte aniz	ed to	ino:	se iisteu above) who	3	Form 990 (201

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (A) Total revenue Revenue excluded from tax business revenue under sections 512-514 revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e 588,130 Contributions, and Other Simi e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 22,364 14,037 g Noncash contributions included in lines 1a-1f: 610,494 h Total. Add lines 1a-1f \blacktriangleright Program Service Revenue Busn. Code 4,007,170 900099 4,007,170 PER PUPIL FUNDING 900099 68,969 68,969 STUDENT ACTIVITY FEES 900099 17,862 17,862 C SERVICE FEES f All other program service revenue 4,094,001 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, 4,140 4,140 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities sales of assets other than inventor b Less: cost or other 1,745 basis & sales exps. -1,745 c Gain or (loss) -1,745-1,745d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 14,055 **b** Less: direct expenses 9,132 b 4,923 c Net income or (loss) from fundraising events 4,923 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a **d** All other revenue e Total. Add lines 11a–11d 4,711,813 4,092,256 9,063 Total revenue. See instructions.

Form 990 (2016) EARLY CHILDHOOD ACADEMY PUBLIC

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Management and 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 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 3,008 138,838 424,774 282,928 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 99,413 2,033,770 1,934,357 Other salaries and wages Pension plan accruals and contributions (include 39,068 340 39,409 section 401(k) and 403(b) employer contributions) 6 235,025 2,040 237,071 Other employee benefits 206 16,468 187,182 170,508 Payroll taxes Fees for services (non-employees): Management 6,739 6,739 **b** Legal 22 23,278 41,714 18,414 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 109 103,075 94,249 8,717 (A) amount, list line 11g expenses on Schedule O.) 16,526 16,526 12 Advertising and promotion 35,760 40 32,574 3,146 Office expenses 13 2,859 29,601 36 32,496 Information technology 14 15 Royalties 716,209 789 652,406 63,014 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 852 852 20 Payments to affiliates 21 69 57,338 62,945 5,538 Depreciation, depletion, and amortization 22 1,773 20,132 18,359 23 Other expenses. Itemize expenses not covered 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.) 229,828 229,828 STUDENT FOOD 108,095 108,095 CONTRACTED INSTRUCTION 103,160 103,160 STUDENT MATERIALS 5,027 52,050 57,077 STAFF DEVELOPMENT 5,924 90,749 84,824 e All other expenses 383,114 4,287 4,547,563 4,160,162 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 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 (B) (A) End of year Beginning of year 480,682 658,686 Cash—non-interest bearing 3,812,049 4,008,541 2 Savings and temporary cash investments 129,517 189,047 3 Pledges and grants receivable, net 27,262 26,127 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 12,952 20,829 Prepaid expenses and deferred charges ______ 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 94,948 b Less: accumulated depreciation 10b 432,193 111,966 10c 11 Investments—publicly traded securities _____ 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 80,772 606,857 15 15 Other assets. See Part IV, line 11 5,230,539 5,029,696 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 178,323 212,107 17 Accounts payable and accrued expenses 18 18 Grants payable 2,795 19 Deferred revenue 19 Tax-exempt bond liabilities _____ 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 9,354 3,750 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 184,868 221,461 Total liabilities. Add lines 17 through 25 ... X and Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 5,009,078 4,808,765 27 Unrestricted net assets 36,063 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 4,844,828 5,009,078 33 Total net assets or fund balances 5,029,696 5,230,539 Total liabilities and net assets/fund balances

Form **990** (2016)

Schedule O.

X

Form **990** (2016)

3a

3b

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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.

the Single Audit Act and OMB Circular A-133?

DAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Jupport

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 26-0088232

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

Schedule A (Form 990 or 990-EZ) 2016

EARL: CHILDHOOD ACADEMY PUBLIC

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2015 (e) 2016 (f) Total **(b)** 2013 (c) 2014 Calendar year (or fiscal year beginning in) (a) 2012 Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2015 Schedule A, Part II, line 14 15 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 17a 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Page 3

Schedule A (Form 990 or 990-EZ) 2016 EARL1 CHILDHOOD ACADEMY PUBLIC

Part III Support Schedule for Organizations Described in Section 500(a)(2) Support Schedule for Organizations Described in Section 509(a)(2)

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

2 1	in A Dublic Cumpart								
	ion A. Public Support dar year (or fiscal year beginning in)		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
	Gifts, grants, contributions, and membership	-	(4) 20.2	(-,	, ,				
	fees received. (Do not include any "unusual grants.")					<u> </u>			
	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								<u> </u>
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								
-	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						88 888888888		
Calor	idar year (or fiscal year beginning in)		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	3	(f) Total
9	Amounts from line 6	-	(4) 2012	(4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4					·
10a									
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.)	. L		<u> </u>			1		
14	First five years. If the Form 990 is for the	ne orga	ınization's first	, second, third, fou	ntn, or titth tax year	r as a section 501())(3)		▶ 「
	organization, check this box and stop he								·····
	etion C. Computation of Public Support percentage for 2016 (line				(f)			15	%
15	Public support percentage for 2016 (line Public support percentage from 2015 Sc	o, coll	A Part III lin.	e 15	(() /			16	%
16 Soc	Public support percentage from 2015 Sciention D. Computation of Investn	nent	income Pe	rcentage	<u> </u>				
	Investment income percentage for 2016	(line 1	Oc. column (f)	divided by line 13.	column (f))			17	%
17 18	Investment income percentage from 201							18	%
19a	33 1/3% support tests—2016. If the or	ganiza	tion did not ch	eck the box on line	14, and line 15 is	more than 33 1/3%	, and line		Г
134	17 is not more than 33 1/3%, check this	box ar	nd stop here.	The organization q	ualifies as a public	ly supported organ	ization		
b	33 1/3% support tests—2015, if the or	ganiza	tion did not ch	eck a box on line 1	4 or line 19a, and	line 16 is more that	n 33 1/3%, and		
~	line 18 is not more than 33 1/3%, check	this bo	x and stop he	ere. The organizati	on qualifies as a p	ublicly supported o	ganization		🕨 L
20	Private foundation. If the organization	did not	check a box	on line 14, 19a, or	19b, check this box	x and see instructio	ns		

Part IV Supporting

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- 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
	162	
		·····
1		
00000000000	800000000000000	100000000000000000000000000000000000000
2		
*********	************	
32		
	**********	800000000000000000000000000000000000000
35		
	*************	**********
3C		
		p.::::::::::::::::::::::::::::::::::::
4a		
	***************************************	**********
4b		
7	************	
		p. 2000
4c		
7	************	
F -		
ъa		
pococco	p. 000000000000000000000000000000000000	
5b		
50]
JU		
		
	 	ļ —
6		
		
		
		
7	1	1

]
8		
		
		l
		
	1	
9a	000000000000000000000000000000000000000	000000000000000000000000000000000000000
		
ı	1	1
9b		L
 	 	
9с	l	
30		
		
	[[
1 40-		I
10a		100000000000000000000000000000000000000

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

EARL: CHILDHOOD ACADEMY PUBLIC 26-0088232 Page 6 Schedule A (Form 990 or 990-EZ) 2016 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1b **b** Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3.

em	ergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type	e III supporting	organization (see
	instructions).		

Schedule A (Form 990 or 990-EZ) 2016

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedul	A (Form 990 or 990-EZ) 2016 EARL CHILDHOOD AC		26-0088	232 Page 7
Part		ipporting Organizati	ons (continuea)	Current Year
	on D - Distributions			Current real
	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of	supported		
	organizations, in excess of income from activity	d organizations		
	Administrative expenses paid to accomplish exempt purposes of supporte	d organizations		
	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
<u>6</u> 7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	n is responsive		
0	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 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
			Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e Applied to underdistributions of prior years			
	Applied to Underdistributions of prior years Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
•	Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
<u> </u>	Excess from 2016		Schodul	e A (Form 990 or 990-EZ) 2010

Schedule A /Ear-	1 990 or 990-EZ) 2016	EARL.	CHILDHOOD	ACADEMY	PUBLIC	26-0088232	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B. lines 1 and 2; Pa	ormation. P Section A, I art IV, Section line 1; Part	rovide the expla ines 1, 2, 3b, 3c on C, line 1; Part V, Section B, line	nations requi , 4b, 4c, 5a, 6 t IV, Section I e 1e; Part V,	red by Part II, line 5, 9a, 9b, 9c, 11a, D, lines 2 and 3; Pa Section D, lines 5,	10; Part II, line 17a or 17b 11b, and 11c; Part IV, Se art IV, Section E, lines 1c, 6, and 8; and Part V, Sec structions.)	ction 2a, 2b,
						·	
						· · · · · · · · · · · · · · · · · · ·	
	-						
• • • • • • • • • • • • • • • • • • • •							
						,	
			· · · · · · · · · · · · · · · · · · ·				

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

Department of the Treasury Internal Revenue Service Name of the organization

EARLY CHILDHOOD ACADEMY PUBLIC

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

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

26-0088232

CHARTER SCHO	OOL 26-0088232
Organization type (check	cone):
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 private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Note: Only a section 5010 instructions.	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
For an organization or more (in mone contributor's total	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 by or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3 % support test of the r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organizati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
literary, or educa	tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, durin contributions tota during the year fo General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, contributions exclusively for religious, charitable, etc., purposes, but no such alled more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the opplies to this organization because it received nonexclusively religious, charitable, etc., contributions r more during the year
990-EZ, or 990-PF), but i	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, t must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

EARLY CHILDHOOD ACADEMY PUBLIC

Employer identification number 26-0088232

Part I	Contributors (See instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE RICHARD E. AND NANCY P. MARRIOTT FOUNDATION 10400 FERNWOOD ROAD BETHESDA MD 20817	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	OFFICE OF STATE SUPERINTENDENT FOR EDUCATION 810 FIRST STREET, NE 9TH FLOOR WASHINGTON DC 20002	\$ 548,643	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
3	Name, address, and ZIP + 4 UNIVERSAL SERVICE ADMINISTRATIVE COMPANY 30 LANIDEX PLAZA WEST PARSIPPANY NJ 07054	Total contributions \$ 25,450	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

EARLY CHILDHOOD ACADEMY PUBLIC

Employer identification number 26-0088232

Part II	Noncash Property (See instructions). Use duplicate	copies of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	DONATED FOOD COMMODITIES		
		\$ 14,037	06/30/17
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

SCHEDULE 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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

	or the organization	I	• •
	ARLY CHILDHOOD ACADEMY PUBLIC		26-0088232
	HARTER SCHOOL Int I Organizations Maintaining Donor Advised Fun	uds or Other Similar Funds or Ac	
Га	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 6.	
	Complete it are a game	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusion		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi		
	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on F		
1	Purpose(s) of conservation easements held by the organization (check al		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import	
	Protection of natural habitat	Preservation of a certified historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservat	ion
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic structure include		20
d	Number of conservation easements included in (c) acquired after 8/17/06		2d
_	historic structure listed in the National Register	article of arterminated by the organization	
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization	during the
_	tax year	natod N	
4	Number of states where property subject to conservation easement is loc Does the organization have a written policy regarding the periodic monitor		
5			☐ Yes ☐ No
c	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation ease	
6	Start and volunteer riburs devoted to morntoning, inspecting, narrating or t	violations, and emotioning contest tallet and	
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	tions, and enforcing conservation easemen	ts during the year
•	>\$,	
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easemer		
	balance sheet, and include, if applicable, the text of the footnote to the or		
	organization's accounting for conservation easements.		
Pa	organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on I		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and bala	ince sheet
	works of art, historical treasures, or other similar assets held for public ex		nce of
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	report in its revenue statement and balance	s sneet
	works of art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furthera	nce or .
	public service, provide the following amounts relating to these items:		L ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	the similar and for financial gain provide	▶ \$
2	If the organization received or held works of art, historical treasures, or o		ie trie
	following amounts required to be reported under SFAS 116 (ASC 958) re		▶ \$
а	Revenue included on Form 990, Part VIII, line 1		> \$

Schedule D (Form 990) 2016 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Loan or exchange programs Public exhibition Other Scholarly research b Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar Yes assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1e e Distributions during the year 1f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (e) Four years back (c) Two years back (b) Prior year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ **b** Permanent endowment ▶ % c Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value (b) Cost or other basis (c) Accumulated (a) Cost or other basis Description of property (other) depreciation (investment) 1a Land 75,235 69,816 c Leasehold improvements 362,377 451,906 **d** Equipment 94,948 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Fo	orm 990) 2016 EARLY CHILDHO	OD ACADEMY	PUBLIC	≥6-0088232	Page 3
Part VII	Investments—Other Securities.				
	Complete if the organization answer	ered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X,	ine 12.
	(a) Description of security or category		(b) Book value	(c) Method of valuation:	
	(including name of security)			Cost or end-of-year market	/alue
(1) Financial d	erivatives				·
(2) Closely-he	ld equity interests				
		l l			
		I			
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line	9 12.) ▶			
Part VIII	Investments—Program Related.				
***************************************	Complete if the organization answ	ered "Yes" on Fo	rm 990, Part IV, lin	e 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)					
	n (b) must equal Form 990, Part X, col. (B) lin	e 13.) ▶			
Part IX	Other Assets.				
	Complete if the organization answ	ered "Yes" on Fo	rm 990, Part IV, lir	ne 11d. See Form 990, Part X,	line 15
		(a) Description			(b) Book value
(1)	CONSTRUCTION I	N PROGRESS			550,000
(2)	DEPOSITS				56,857
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	606,85
Part X	Other Liabilities.				
***************************************	Complete if the organization answ	ered "Yes" on Fo	rm 990, Part IV, lir	ne 11e or 11f. See Form 990, F	[∍] art X,
	line 25.				
1.	(a) Description of liability		(b) Book value		
	income taxes				
(2)					
(3)				\neg	
(4)					
(5)					
(6)					
(8)				7	
(8)					
(9)	n (b) must equal Form 990, Part X, col. (B) lin	ne 25.) ▶			
i otal. (Colum	i (b) illust equal i Ollii 330, Falt A, Col. (D) III				

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,547,563 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b **b** Prior year adjustments 2c c Other losses 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d 4,547,563 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIII.)

Part XIII Supplemental Information.

c Add lines 4a and 4b

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.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 CHARTER 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 CHARTER SCHOOL PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2017, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS AS OF JUNE 30, 2017, THE STATUTE OF LIMITATIONS FOR TAX TAX-EXEMPT STATUS. YEARS 2013 THROUGH 2015 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE CHARTER SCHOOL

4,547,563

	t XIII S			nformati	on (continu	ed)							_
FI	LES TA	X RE	rurns	. IT	IS THE	CHART	ER SCHO	OOL'S PO	OLICY T	O RECO	NIZE I	NTEREST	
AN	D/OR E	ENAL'	TIES	RELAT	ED TO U	NCERTA	IN TAX	POSITIO	ONS, IF	ANY,	IN INCO	ME TAX	
EX	PENSE.	AS	OF J	TUNE 3	0, 2017	, THE	CHARTEF	R SCHOOL	L HAD N	O ACCRU	JALS FO	R	
IN	TERESI	' AND	OR F	ENALT	IES.								
•													
	· · · · · · · · · · · · · · · · · · ·												
	<u></u>												

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. ▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ternal Revenue Service Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. EARLY CHILDHOOD ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 26-0088232

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, X bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, 2 X programs, and scholarships? 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 X 3 describe. If "No," please explain. If you need more space, use Part II THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE 75-50 DOES NOT APPLY TO CHARTER SCHOOLS. THE NON-DISCRIMATORY POLICY IS EXPLICITLY STATED IN THE REGISTRATION APPLICATION AND OUR BROCHURE. Does the organization maintain the following? X 4a Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially X 4b nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing X with student admissions, programs, and scholarships? 4c X Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: X Students' rights or privileges? X 5b Admissions policies? X Employment of faculty or administrative staff? X 5d Scholarships or other financial assistance? X 5e Educational policies? X 5f Use of facilities? X 5g Athletic programs? X 5h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. X Does the organization receive any financial aid or assistance from a governmental agency? 6a X 6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. EARLY CHILDHOOD ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 26-0088232

1a. Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, Line 1a. Complete Part III to provide any relevant information regarding these tems. First-class or charter travel	Рε	art I Questions Regarding Compensation	T		
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-discos or chalfer travel Travel for companions				res	No
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-discos or chalfer travel Travel for companions	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
Travel for companions		990 Part VII. Section A, line 1a, Complete Part III to provide any relevant information regarding these items.			
Travel for companions Tax indemnification and gross-up payments Discretionary spending account I theath or social club due or initiation fees Personal services (such as, maid, chauffeur, chef) I farry of the boxes on line 1a are checked, did the organization foliow a written policy regarding payment or embrusement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, reparding the Items checked in line 187 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organizations CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation committee Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a upplemental nonqualified retirement plan? 4 Participate in, or receive payment from, a upplemental nonqualified retirement plan? 5 Per persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Per persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 Per persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
Tax indemnification and gross-up payments		Downsorts for hypinose upo of personal residence			
Discretionary spending account Personal services (such as, maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check at that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. Receive a severance payment from, a equity-based compensation arrangement? Person 90 of sines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VIII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. The organization? If "Yes" to nine 5a or 5b, describe in Part III. For persons listed on Form 990, Part VIII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VIII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on F		Travellor companions			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 bid the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		D was learning (such as maid chauffeur cheft)			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organizations occording to the CEO/Executive Director, the verylain in Part III. Compensation committee		Discretionary spending account			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organizations occording to the CEO/Executive Director, the verylain in Part III. Compensation committee					
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, frustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply, Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		or reimbursement or provision of all of the expenses described above? If No, complete Fart in to	1b		
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		explain			
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee			000000000000000000000000000000000000000	***********	200000000
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1 1	1	
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		1a?	2	*******	
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Compensation committee X Written employment contract X Form 990 of other organizations X Approval by the board or compensation committee X Written employment contract X Approval by the board or compensation committee X Participate in or a related organization: 4a X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X X Approval by the board or compensation committee X X X X X X X X X					
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Compensation committee X Written employment contract X Form 990 of other organizations X Approval by the board or compensation committee X Written employment contract X Approval by the board or compensation committee X Participate in or a related organization: 4a X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X Approval by the board or compensation committee X X X Approval by the board or compensation committee X X X X X X X X X	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment for change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5 or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, and or accrued provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Ü	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
Compensation committee		related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
Compensation survey or study Approval by the board or compensation committee Independent compensation consultant X Approval by the board or compensation committee Approval by the board or compensation contingent on the revenues of: Approval by the board or compensation contingent on the revenues of: Approval by the board or compensation contingent on the revenues of: Approval by the board or compensation contingent on the net earnings of: Approval by the board or compensation contingent on the net earnings of: Approval by the board or compensation contingent on the net earnings of: Approval by the board or compensation contingent on the net earnings of: Approval by the board or compensation contingent on the net earnings of: Approval by the board or compensation contingent on the net earnings of: Approval by the board or compensation contingent on the net earnings of: Approval by the board or compensation contingent on the net earnings of: Approval by the board or compensation contingent on the net earnings of: Approval by the board or control by the board or control by the board or control by the board or control by the board or control by the board or control by the board or control by the board or control by the board or control by the board o					
Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Compensation committee			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Independent compensation compensation			
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5 aor 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any lif "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Form 990 of other organizations			
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5 aor 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any lif "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Section A line 1a with respect to the filing			
a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, an equity-based compensation arrangement? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	4				
a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			4a		X
b Participate in, or receive payment from, a supplemental nonquamed retrieflent path. c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f"Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	а	Receive a severance payment or change-of-control payment?			$\overline{\mathbf{x}}$
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	c	Participate in, or receive payment from, an equity-based compensation arrangement?	70		
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		compensation contingent on the revenues of:	_	*******	₩
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	2	The organization?			
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	ŀ		5b	**********	
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	•	•			
compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	U				
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-	The expenient on the net earnings on	6a		
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		a The organization?	6b		X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	i				
payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		If "Yes" on line 6a or 6b, describe in Part III.			
payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		The state of the s			
payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any normiced	7		X
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		payments not described on lines 5 and 6? It "Yes," describe in Part III			
in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					x
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					<u> </u>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?				******* 	4888888
Regulations section 53.4958-6(c)?	. 9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	•	Regulations section 53.4958-6(c)?	9		

EARLY CHILDHOOD ACADEMY PUBLIC Schedule J (Form 990) 2016

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

26-0088232

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

(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
(i) SUGENIA AUNTE	137,780	2,110		26,60	21,263	187,760	0
LIVE DIRECTOR		0	0				0
(i)	(0						
(1)							
	(E)						
	(I)						
	(E)						
	(u)						
	(ii)						
	(0)						
	(I)						
	(E)						
	(E)						
	(u)						
	(1)						
16						s	Schedule J (Form 990) 2016

5
4
⋖
0
$\overline{}$
$\overline{}$
$\overline{}$
ω
$\overline{}$
0
Ø
2
Σ
\sim
_
0
2
ന
N
8
œ
0
Ō
75
w

Schedule J (Form 990) 2016 EARLY CHILDHOOD ACADEMY PUBLIC	26-0088232 Page 3
Part III Supplemental Information Provide the information explanation or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part	, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
for any additional information.	
	Schedule J (Form 990) 2016

SCHEDULE O (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.

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

OMB No. 1545-0047
2016

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

EARLY CHILDHOOD ACADEMY PUBLIC CHARTER SCHOOL

26-0088232

FORM 990 - ORGANIZATION'S MISSION

IT IS THE MISSION OF EARLY CHILDHOOD ACADEMY PUBLIC CHARTER SCHOOL TO

FOSTER THE ACADEMIC AND SOCIAL/EMOTIONAL GROWTH AND DEVELOPMENT OF EACH

STUDENT IN A SAFE AND HOLISTIC LEARNING ENVIRONMENT THAT WILL EQUIP ALL

STUDENTS WITH THE KNOWLEDGE AND TOOLS TO BECOME HIGH ACHIEVERS, PROFICIENT

READERS, AND CRITICAL THINKERS WHO WILL THRIVE FOR A LIFETIME AS PRODUCTIVE

AND CARING CITIZENS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

DOMAINS OF EARLY LEARNING. THE CONTENT OF EACH UNIT IS BUILT AROUND A

CAREFULLY CRAFTED DAILY ROUTINE WITHIN ACTIVITY CENTERS. THEMES, SKILLS,

AND CONCEPTS ARE DEVELOPED THROUGH QUALITY CHILDREN'S FICTION AND

NONFICTION TRADE BOOKS.

HOUGHTON MIFFLIN SCIENCE AND SOCIAL STUDIES ARE COMPREHENSIVE LEARNING PROGRAMS THAT INCLUDE A VARIETY OF PRODUCTS TO HELP MAXIMIZE TEACHING EFFECTIVENESS, INCLUDING TEXTBOOKS, WORKBOOKS, TEACHERS' GUIDES AND RESOURCES, AUDIO-VISUAL AIDS, AND COMPUTER SOFTWARE.

MCGRAW-HILL MY MATH AND READING WONDERS PROVIDE STUDENTS WITH RESEARCH-BASED CONTENT ALIGNED WITH THE COMMON CORE STATE STANDARDS. DIFFERENTIATED INSTRUCTION ALLOWS TEACHERS TO REACH EVERY STUDENT AND ENSURE SUCCESS ON STATE AND STANDARDIZED TESTS. TOGETHER, THESE CURRICULUM TOOLS WILL ENSURE AN APPROPRIATE AND CHALLENGING EDUCATIONAL PROGRAM FOCUSING ON CHILDREN'S DEVELOPMENTAL PROGRESS AND MASTERY OF CONTENT KNOWLEDGE AND SKILLS.

Employer identification number

EARLY CHILDHOOD ACADEMY PUBLIC

26-0088232

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

GERALD D. JAYNES

PAT HALL JAYNES

BOARD MEMBER

BOARD MEMBER

FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

RELEVANT INFORMATION IS GIVEN TO A 3RD PARTY FOR 990 PREPARATION AND

REVIEW. THE COMPLETED DOCUMENT IS THEN PRESENTED TO THE EXECUTIVE

DIRECTOR, CHIEF FINANCIAL OFFICER AND THE BOARD AUDIT COMMITTEE FOR REVIEW

AND FINAL APPROVAL PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE CONFLICT OF INTEREST POLICY IS CONSTANTLY MONITORED BY ADMINISTRATION
PERSONNEL AND THE BOARD OF DIRECTORS THROUGH REVIEW AND APPROVAL
PROCEDURES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR AND PRINCIPAL'S COMPENSATION IS DETERMINED AND

APPROVED BY THE BOARD THROUGH ITS COMPENSATION COMMITTEE USING A WRITTEN

EMPLOYMENT CONTRACT, FORM 990'S OF OTHER ORGANIZATIONS AND OTHER

APPROPRIATE INFORMATION RELATED TO COMPARABLE POSITIONS OF SIMILAR SIZED

ORGANIZATIONS.

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

ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE FORWARDED TO

THE DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL BOARD WHICH PROVIDES

PAGE 1 OF 2

PAGE 2 OF 2