			** PUBLIC DISCLOSURE COPY	* *			
	0	90	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047		
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundatio	<sup>ns)</sup> 2014		
		of the Treasury	Do not enter social security numbers on this form as it may	•	Open to Public		
		enue Service	▶ Information about Form 990 and its instructions is at www		Inspection		
-							
B C a	beck if		f organization ETREE EARLY LEARNING PUBLIC	D Employer identifie	cation number		
	Addre		TER SCHOOL				
	Name		usiness as	20-1	302458		
	_chang _Initial _returr		and street (or P.O. box if mail is not delivered to street address) Room/si				
	Final	115	MICHIGAN AVENUE NE 3RD FLOOR		488-3990		
	⊥returr termii ated	ň-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	13,214,616.		
	Amer		INGTON, DC 20017	H(a) Is this a group re			
	Appli		nd address of principal officer: WILLIAM J. MCCARTHY	for subordinates			
	pend		AS C ABOVE	H(b) Are all subordinates in			
ΙT	ax-ex	empt status:	<b>X</b> 501(c)(3) 501(c) ( ) $\checkmark$ (insert no.) 4947(a)(1) or		list. (see instructions)		
J۷	Vebsi	ite: 🕨 WWW .	APPLETREEINSTITUTE.ORG/SCHOOL	H(c) Group exemption			
κF	orm o	f organization:	X Corporation Trust Association Other ► L Y	'ear of formation: 2004 N	State of legal domicile: DC		
Pa	art I	Summary					
e	1	Briefly describ	be the organization's mission or most significant activities: ${{f TO}}$ OPERA	TE A DC PUBLI	C CHARTER		
Governance		SCHOOL	FOR CHILDREN IN PRE-SCHOOL AND PRE-KI	NDERGARTEN			
ern	2	Check this bo	imes ig> if the organization discontinued its operations or disposed of n	nore than 25% of its net as	sets. 11		
Ň	3	Number of vo	Number of voting members of the governing body (Part VI, line 1a)				
	4		lependent voting members of the governing body (Part VI, line 1b)		10		
Activities &			of individuals employed in calendar year 2014 (Part V, line 2a)		232		
ivit			of volunteers (estimate if necessary)		10		
Act			d business revenue from Part VIII, column (C), line 12		0.		
	b	Net unrelated	business taxable income from Form 990-T, line 34				
		Orientiiteentiisees		Prior Year 1,045,268.	Current Year 1,205,268.		
iue	8		and grants (Part VIII, line 1h)	11,911,115.	11,993,267.		
Revenue		•	ce revenue (Part VIII, line 2g)	12,661.	16,081.		
Re			come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,016.	0.		
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,031,060.	13,214,616.		
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
			to or for members (Part IX, column (A), line 4)	0.	0.		
S			r compensation, employee benefits (Part IX, column (A), lines 5-10)	7,667,112.			
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.		
bei			ing expenses (Part IX, column (D), line 25)				
ŵ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	4,361,581.	4,462,176.		
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,028,693.	12,229,546.		
			expenses. Subtract line 18 from line 12	1,002,367.	985,070.		
or				Beginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)	7,634,887.	8,280,001.		
t As Id B	21		(Part X, line 26)	4,033,359.	3,693,403.		
			fund balances. Subtract line 21 from line 20	3,601,528.	4,586,598.		
	art II	-					
			I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is		
true,	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.			
		Cianatur	e of officer	Data			
Sin	<b>n</b>	J Signatur		Date			

Sign	Signature of officer		Date						
Here	WILLIAM J. MCCARTHY, C	CHAIR							
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN					
Paid	ALLEN HESS, CPA			P01266125					
Preparer	Firm's name 🕨 KENDALL, PREBOLA	AND JONES, LLC	Firm's EIN 🕨 4	6-2108854					
Use Only	Firm's address P.O. BOX 259								
	BEDFORD, PA 1552	2-0259	Phone no. $814-$	623-1880					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)								

432001 11-07-14	11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.									
SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION			

	APPLETREE EARLY LEARNING PUBLIC
	990 (2014) CHARTER SCHOOL 20-1302458 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO OPERATE A DC PUBLIC CHARTER SCHOOL FOR CHILDREN IN PRE-SCHOOL AND
	PRE-KINDERGARTEN AND TO PROVIDE YOUNG CHILDREN WITH THE SOCIAL,
	EMOTIONAL AND COGNITIVE FOUNDATIONS THAT WILL ENABLE THEM TO SUCCEED
	IN SCHOOL.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,850,256. including grants of \$) (Revenue \$ 11,993,267.)
	APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL OPERATES SIX CAMPUSES IN
	WASHINGTON, DC AND IT USES THE INNOVATIVE EVERY CHILD READY CURRICULUM
	MODEL FOR INSTRUCTION, STUDENT ASSESSMENT AND PROFESSIONAL DEVELOPMENT.
	THE MISSION OF THE APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL IS TO
	CLOSE THE ACHIEVEMENT GAP BEFORE CHILDREN GET TO KINDERGARTEN BY
	PROVIDING THREE AND FOUR YEAR OLDS WITH THE SOCIAL, EMOTIONAL AND
	COGNITIVE FOUNDATIONS THAT ENABLE THEM TO SUCCEED IN SCHOOL. MOST
	CHILDREN ARRIVE AT APPLETREE SCHOOLS WELL BELOW NATIONAL NORMS, BUT,
	AFTER TWO YEARS OF THE EVERY CHILD READY INSTRUCTIONAL MODEL, THEY ARE
	ABOVE COMPARABLE NATIONAL NORMS. AN APPLETREE EDUCATION ELIMINATES THE
	ACHIEVEMENT GAP, MEANING CHILDREN ARE PREPARED TO SUCCEED IN
	KINDERGARTEN AND BEYOND.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	
4c	(Code:         ) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	
42000	Form <b>990</b> (2014)

## APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL

20-1302458	Page <b>3</b>
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Form	990 (2014) CHARTER SCHOOL 20-1302	458	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ŭ	•	8		x
9	Schedule D, Part III			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			x
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		_ A
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
18	· · · · · · · · · · · · · · · · · · ·	10		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u></u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			x
~~	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u>^</u>
<u>a</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	

Part IV	Checklist of	of Required Sche	edules (contir	nued)
Form 990 (2		CHARTER		

			V	
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.1		x
00	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a	x	
h	Schedule K. If "No", go to line 25a         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	- 23	X
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		x
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 <del>4</del> u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schoolula L. Dart I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

APPLETRE	ΞE	EARLY	LEARNING	PUBLIC
CHARTER	S	CHOOL		

	990 (2014) CHARTER SCHOOL		20-1302	<u>458</u>	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming			
-	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			10		
24	filed for the calendar year ending with or within the year covered by this return	2a	232			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	L		2b	Х	
D.	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction			20		
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			30		
44			•	4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int) ?	4a		21
D	If "Yes," enter the name of the foreign country:					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			_		v
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		-			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation	file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne N/A			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{N}$	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	•			
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
0	Enter the amount of reserves on hand	13c				
	Did the summing the time and the summer to family dependence in a summer during the terror of			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.			14b		

Form **990** (2014)

### APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL

X

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

	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi						
2	officer, director, trustee, or key employee?						
2				2		X	
3							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X X	
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5			
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or				
	persons other than the governing body?			7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:				
а	The governing body?			8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			-			
			,		Yes	No	
102	Did the organization have local chapters, branches, or affiliates?			10a	100	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such cl			104			
D				10b			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			100 11a	Х	<u> </u>	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	х		
12a						<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	<b> </b>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe				
	in Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approva	al by ii	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a	Х		
b	Other officers or key employees of the organization			15b	Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment \	vith a				
	taxable entity during the year?			16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
				16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1		tion 501(c)(2)c cc(c)	availab			
18		i (Sec		avallaD	ie.		
	for public inspection. Indicate how you made these available. Check all that apply.		$b = c \left( \frac{1}{2} \right)$				
	X Own website Another's website J Upon request Other (explain		,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	ot interest policy, an	d finan	cial		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records:				
	THE ORGANIZATION - 202 488-3990		4 5				
	415 MICHIGAN AVENUE NE 3RD FLOOR, WASHINGTON, DC	200	17				

APPLETRE	ΞE	EARLY	LEARNING	PUBLIC
CHARTER	S	CHOOL		

Form 990 (	(2014)		CHA	RTER	SCHOOL				20-13
Part VII	Com	pensation	of Of	fficers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Emp	loyees, an	d Inde	epende	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title         Average hours per weak (ist any nous for ing an intermed metacon metacon between and effective and effective metal organization (W-2/1099-MISC)         Estimated compensation from organization (W-2/1099-MISC)         Estimated compensation from the organization (W-2/1099-MISC)           (1)         NILLIAM J. MCCARTHY BOOM BORD         5.00         X         X         0.         25,997.           (1)         NILLIAM J. MCCARTHY BORND         2.000         X         X         0.         0.         0.           (1)         MILLIAM J. MCCARTHY BORND         2.000         X         X         0.         0.         0.           (2)         PAULA YONO SELETON         2.000         X         X         0.         0.         0.           (3)         MATTER DAVENPORT         2.000         X         X         0.         0.         0.           (3)         MATTER DAVENPORT         2.000         X         X         0.         0.         0.           (3)         MATTER DAVENPORT         2.000         X         X         0.         0.         0.           (3)         MATTER DAVENPORT         2.000         X         0.         0.         0.         0.           (4)         BRIDET BRADLEY GRAY         2.000	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any norm of an anomalian and a mathing of an anomalian and a mathing of the organizations (l) WILLIAM J. MCCARTHY         bours for period and a mathing of the organizations (l) WILLIAM J. MCCARTHY         compensation (l) WILLIAM J. MCCARTHY         compensation of the organizations (l) WILLIAM J. MCCARTHY         a mount of other organizations (l) WILLIAM J. MCCARTHY         compensation (l) WILLIAM J. MCCARTHY         a mount of other organizations (l) WILLIAM J. MCCARTHY         compensation (l) WILLIAM J. MCCARTHY         a mount of other organizations (l) WILLIAM J. MCCARTHY         compensation (l) WILLIAM J. MCCARTHY         a mount of other organizations (l) WILLIAM J. MCCARTHY         compensation (l) WILLIAM J. MCCARTHY         a mount of other organizations (l) WILLIAM J. MCCARTHY			Position								
Week (list ary burs for leaded organizations below line)         Inom east and related organizations (W2/1099-MISC)         Inom and related organizations (W2/1099-MISC)         Inom and related organizations (W2/1099-MISC)         One and compensations (W2/1099-MISC)           (1) WILLIAM J, MCCARTHY BOARD VICE-CHAIR         5.000 2.000         X         X         0.         205,209.         25,997.           (2) PAULA YOUNG SHELTON         2.000 (3) XAREN DAVENFORT         2.000 2.000         X         X         0.         0.         0.           (3) KAREN DAVENFORT         2.000 (4) BRIDOFT BRADLEY GRAY         2.000 2.000         X         X         0.         0.         0.           (5) MATTHEW DOWNS         2.000 (5) MATTHEW DOWNS         2.000 2.000         X         X         0.         0.         0.           (6) CELLA V, MARTIN         2.000 (9) TILMAN WUERSCHMIDT         2.000 2.000         X         0.         0.         0.           (10) BRIAN OLIVER         2.000 (10) BRIAN OLIVER         2.000 (2.000         X         0.         0.         0.           (11) TIFFANY QUIVERS         2.000 (12) MAGREB SUMAR         2.000 (13) THOMAS KEANE JR.         0.         0.         0.         0.           (13) THOMAS KEANE JR.         2.000 (13) THOMAS KEANE JR.         0.0         0.         0.         0.		hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	-	amount of
(1)         WILLIAM J. MCCARTHY         5.00         X         X         0.         205,209.         25,997.           BOARD CHAIR/CEO FRESIDENT         40.00         X         X         0.         0.         205,209.         25,997.           C(2)         PAULA YOUND SHELTON         2.00         X         X         0.         0.         0.           BOARD VICE-CHAIR         2.00         X         X         0.         0.         0.           (3)         KAREN DAVENPORT         2.00         X         X         0.         0.         0.           (4)         BRIDGET BRADLEY GRAY         2.00         X         X         0.         0.         0.           (5)         MATTHEW DOWNS         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           (3)         NERSET MATEN         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.<		week		cer an	nd a d I	irecto	or/trus	itee)	from	from related	other
(1)         WILLIAM J. MCCARTHY         5.00         X         X         0.         205,209.         25,997.           BOARD CHAIR/CEO FRESIDENT         40.00         X         X         0.         0.         205,209.         25,997.           C(2)         PAULA YOUND SHELTON         2.00         X         X         0.         0.         0.           BOARD VICE-CHAIR         2.00         X         X         0.         0.         0.           (3)         KAREN DAVENPORT         2.00         X         X         0.         0.         0.           (4)         BRIDGET BRADLEY GRAY         2.00         X         X         0.         0.         0.           (5)         MATTHEW DOWNS         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           (3)         NERSET MATEN         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.<			ector							•	•
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(1)         WILLIAM J. MCCARTHY         5.00         X         X         0.         205,209.         25,997.           BOARD CHAIR/CEO FRESIDENT         40.00         X         X         0.         0.         205,209.         25,997.           C(2)         PAULA YOUND SHELTON         2.00         X         X         0.         0.         0.           BOARD VICE-CHAIR         2.00         X         X         0.         0.         0.           (3)         KAREN DAVENPORT         2.00         X         X         0.         0.         0.           (4)         BRIDGET BRADLEY GRAY         2.00         X         X         0.         0.         0.           (5)         MATTHEW DOWNS         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           (3)         NERSET MATEN         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.<			ual tr	ional		ploye	t com /ee				
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BOARD VICE-CHAIR         2.00         X         X         0.         0.         0.           (3) KAREN DAVENPORT         2.00         X         X         0.         0.         0.           SECRETARY         2.00         X         X         0.         0.         0.           SECRETARY         2.00         X         X         0.         0.         0.           TREASURER         2.00         X         X         0.         0.         0.           (4) BRIDGET BRADLEY GRAY         2.00         X         X         0.         0.         0.           (5) MATTHEW DOWNS         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.	BOARD CHAIR/CEO PRESIDENT	40.00	х		x				0.	205,209.	25,997.
(3)         KAREN DAVENPORT         2.00         X         X         0.         0.         0.           SECRETARY         2.00         X         X         0.         0.         0.         0.           (4)         BRIDGET BRADLEY GRAY         2.00         X         X         0.         0.         0.         0.           (5)         MATHEW DOWNS         2.00         X         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           OIRECTOR         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           URECTOR         2.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(2) PAULA YOUNG SHELTON										
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(4) BRIDGET BRADLEY GRAY         2.00         X         X         0.         0.         0.           TRRASURER         2.00         X         X         0.         0.         0.         0.           (5) MATTHEW DOWNS         2.00         X         0.         0.         0.         0.           (6) CELIA V. MARTIN         2.00         X         0.         0.         0.         0.           (7) SKYLE FEARSON         2.00         X         0.         0.         0.         0.           (8) NEGEST HAYES-RUCKER         2.00         X         0.         0.         0.         0.           (9) TILMAN WUERSCHMIDT         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.           (10) BRIAN OLIVER         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           (11) TIFFANY QUIVERS         2.00         X         0.         0.         0.         0.         0.         0.           DIRECTOR         <	(3) KAREN DAVENPORT									_	_
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(5) MATTHEW DOWNS       2.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.											
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(6)         CELIA V. MARTIN         2.00         X         0.											
DIRECTOR         2.00         X         0.         0.         0.         0.           (7)         SKYLE PEARSON         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           (8)         NEGEST HAYES-RUCKER         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.			х						0.	0.	0.
(7)         SKYLE PEARSON         2.00         X         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           BIRECTOR         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           (9)         TILMAN WUERSCHMIDT         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.         0.           (11)         TIFFANY QUIVERS         2.00         X         0.         0.         0.         0.         0.           DIRECTOR         2.000         X         0.         0											<u> </u>
DIRECTOR         2.00         X         0.         0.         0.           (8) NEGEST HAYES-RUCKER         2.00         X         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.           (9) TILMAN WUERSCHMIDT         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.         0.         0.         0.           (12) NAGEEB SUMAR         2.000         X         0.         0.         0.         0.           (13) THOMAS KEANE JR.         20.000         X         61,717.         61,717.         15,718.           (14) RITA CHAPIN         20.00         X         77,679.         77,679.         20,632.           (15) ANNE MALONE </td <td></td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			х						0.	0.	0.
(8) NEGEST HAYES-RUCKER         2.00         X         0.         0.         0.         0.           DIRECTOR         2.00         X         0.									0	0	0
DIRECTOR         2.00         X         0.			х						0.	0.	0.
(9) TILMAN WUERSCHMIDT       2.00       X       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.         (10) BRIAN OLIVER       2.00       X       0.       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.       0.         (11) TIFFANY QUIVERS       2.00       X       0.       0.       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.       0.       0.         (12) NAGEEB SUMAR       2.00       X       0.			37						0	0	0
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DIRECTOR         2.00         X         0.			^						0.	0.	0.
(11) TIFFANY QUIVERS       2.00       X       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.         (12) NAGEEB SUMAR       2.00       X       0.       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.       0.         (13) THOMAS KEANE JR.       20.00       X       61,717.       61,717.       15,718.         (14) RITA CHAPIN       20.00       X       77,679.       77,679.       20,632.         (15) ANNE MALONE       34.00       X       109,817.       19,380.       30,754.         (16) ARCELI BACSINILA (EFF 4/27/15)       34.00       X       0.       0.       0.         (17) JOHN MOORE       34.00       X       93,754.       16,545.       15,432.			v						0	0	0
DIRECTOR         2.00         X         0.			^						0.	0.	0.
(12) NAGEEB SUMAR       2.00       X       0.       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.       0.       0.         (13) THOMAS KEANE JR.       20.00       X       61,717.       61,717.       15,718.         (14) RITA CHAPIN       20.00       X       61,717.       61,717.       15,718.         (14) RITA CHAPIN       20.00       X       77,679.       77,679.       20,632.         (15) ANNE MALONE       34.00       X       109,817.       19,380.       30,754.         (16) ARCELI BACSINILA (EFF 4/27/15)       34.00       X       0.       0.       0.         (17) JOHN MOORE       34.00       X       93,754.       16,545.       15,432.	-		v						0	0	0
DIRECTOR       2.00 X       0.       0.       0.       0.       0.         (13) THOMAS KEANE JR.       20.00       X       61,717.       61,717.       15,718.         GENERAL COUNSEL       20.00       X       61,717.       61,717.       15,718.         (14) RITA CHAPIN       20.00       X       77,679.       77,679.       20,632.         (15) ANNE MALONE       34.00       X       109,817.       19,380.       30,754.         (16) ARCELI BACSINILA (EFF 4/27/15)       34.00       X       0.       0.       0.         CHIEF FINANCIAL OFFICER       6.00       X       93,754.       16,545.       15,432.			Δ						0.	0.	0.
(13) THOMAS KEANE JR.       20.00       X       61,717.       61,717.       15,718.         GENERAL COUNSEL       20.00       X       61,717.       61,717.       15,718.         (14) RITA CHAPIN       20.00       X       77,679.       77,679.       20,632.         CHIEF OPERATIONS OFFICER       20.00       X       109,817.       19,380.       30,754.         (15) ANNE MALONE       6.00       X       109,817.       19,380.       30,754.         (16) ARCELI BACSINILA (EFF 4/27/15)       34.00       X       0.       0.       0.         CHIEF FINANCIAL OFFICER       6.00       X       93,754.       16,545.       15,432.			x						0.	0.	0.
GENERAL COUNSEL       20.00       X       61,717.       61,717.       15,718.         (14) RITA CHAPIN       20.00       X       77,679.       77,679.       20,632.         CHIEF OPERATIONS OFFICER       20.00       X       77,679.       77,679.       20,632.         (15) ANNE MALONE       34.00       X       109,817.       19,380.       30,754.         (16) ARCELI BACSINILA (EFF 4/27/15)       34.00       X       0.       0.       0.         CHIEF FINANCIAL OFFICER       6.00       X       0.       0.       0.       0.         DIRECTOR, HR AND IT       6.00       X       93,754.       16,545.       15,432.	(13) THOMAS KEANE JR.										
(14) RITA CHAPIN       20.00       X       77,679.       77,679.       20,632.         (15) ANNE MALONE       34.00       X       109,817.       19,380.       30,754.         (16) ARCELI BACSINILA (EFF 4/27/15)       34.00       X       0.       0.       0.       0.         (17) JOHN MOORE       34.00       X       93,754.       16,545.       15,432.	GENERAL COUNSEL				x				61,717.	61,717.	15,718.
(15) ANNE MALONE       34.00       X       109,817.       19,380.       30,754.         CHIEF OF SCHOOLS       6.00       X       109,817.       19,380.       30,754.         (16) ARCELI BACSINILA (EFF 4/27/15)       34.00       X       0.       0.       0.         CHIEF FINANCIAL OFFICER       6.00       X       0.       0.       0.       0.         (17) JOHN MOORE       34.00       X       93,754.       16,545.       15,432.	(14) RITA CHAPIN	20.00									
CHIEF OF SCHOOLS         6.00         X         109,817.         19,380.         30,754.           (16) ARCELI BACSINILA (EFF 4/27/15)         34.00         X         0.         0.         0.         0.           CHIEF FINANCIAL OFFICER         6.00         X         0.         0.         0.         0.           (17) JOHN MOORE         34.00         X         93,754.         16,545.         15,432.	CHIEF OPERATIONS OFFICER				X				77,679.	77,679.	20,632.
(16) ARCELI BACSINILA (EFF 4/27/15)       34.00       X       0.       0.       0.         CHIEF FINANCIAL OFFICER       6.00       X       0.       0.       0.       0.         (17) JOHN MOORE       34.00       X       93,754.       16,545.       15,432.	(15) ANNE MALONE										
CHIEF FINANCIAL OFFICER         6.00         X         0.         0.         0.           (17) JOHN MOORE         34.00         X         93,754.         16,545.         15,432.					Х				109,817.	19,380.	30,754.
(17) JOHN MOORE         34.00         X         93,754.         16,545.         15,432.	(16) ARCELI BACSINILA (EFF 4/27/15)										
DIRECTOR, HR AND IT 6.00 X 93,754. 16,545. 15,432.	CHIEF FINANCIAL OFFICER				Х				0.	0.	0.
	(17) JOHN MOORE										
432007 11-07-14 Form <b>990</b> (2014)	DIRECTOR, HR AND IT	6.00					X		93,754.	16,545.	

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CHARTER SC	THOOT.		

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Form 990 (2014) CHARTER	SCHOOL								20-13	3024	58	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	erage Pos (do not check box, unless p officer and a				e than is bot or/trus	h an tee)	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on Estima amour d othe s compens		ount c ther ensat	of
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	orgai	nizatio relate	on ed
(18) KENNETH R. MCCANTS DIRECTOR OF SCHOOL LEADERSHIP	34.00					x		86,216.	15,22	15.	5	,59	94.
						-							
1b Sub-total								429,183.	395,74		114	,12	27.
c Total from continuation sheets to Part V	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								429,183.	395,74		114	,12	27.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			1
· · · ·											١	/es	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s											3		х
<ul><li>4 For any individual listed on line 1a, is the su</li></ul>								her compensation from		····· –	-		
and related organizations greater than \$15									-	L	4	X	
5 Did any person listed on line 1a receive or a													37
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J f	or su	ıch <sub>i</sub>	pers	son .					5		X
1 Complete this table for your five highest co	mponented in	done	ndo	nt o	ont	root	oro t	that received more than	\$100 000 of oom		tion fre		
the organization. Report compensation for	-	-								ipensa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(A)	the calendary		Jirian	· g·		0. 11		(B)			(C)		
Name and business	address							Description of s	ervices	Co	mpens		i i
REVOLUTION FOODS													
PO BOX 60000, SAN FRANCIS		94	116	50				FOOD SERVICE			455	,16	51.
CENTER FOR INSPIRED TEACH 1436 U ST, SUITE 400, WAS		٦,	DC	2 2	200	009		PROVIDED TEA FELLOWS	CHING		174	,75	56.
BK CLEANING SERVICES, LLO TERRACE, SILVER SPRING, N	C, 3739	CZ	APU	JLI	ΞT			CLEANING SER	VTOF		154		
DC PUBLIC CHARTER SCHOOL		,					-		* 1 ( 11		- J <del>-</del>	, 00	,
3333 14TH ST NW #210, WAS		١,	DC	2 2	20(	010	)	AUTHORIZER F	EE		120	, 37	70.
2 Total number of independent contractors (i	ncluding but n	ot lii	nited	d to	tho	se li	stec	d above) who received m	ore than				

4 \$100,000 of compensation from the organization

## APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL

			ER SCHOC	)L			20-1302	458 Page 9
Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b							
۲ کور		Fundraising events						
ar /			1d					
s, o		Government grants (contributi		1,176,118.				
ion Si		All other contributions, gifts, grant						
but	-	similar amounts not included abov		29,150.				
i di	c	Noncash contributions included in lines		29,150.				
and	-	Total. Add lines 1a-1f			1,205,268.			
-	-			Business Code	, ,			
Ð	2 a	PER PUPIL FUNDING		900099	11,665,527.	11,665,527.		
, vi		STUDENT ACTIVITY FEES		900099	327,740.	327,740.		
Ser	c	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
n e	c	-						
Program Service Revenue	e							
Pro		All other program service reve	nue					
	c	g Total. Add lines 2a-2f			11,993,267.			
	3	Investment income (including						
		other similar amounts)			16,081.			16,081.
	4	Income from investment of tax						<i>.</i>
	5	Royalties		. F				
		,	(i) Real	(ii) Personal				
	6 a	a Gross rents						
	b							
	c							
	c							
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
		d Net gain or (loss)		►				
a		Gross income from fundraising						
'n		including \$						
eve		contributions reported on line						
ж Н		Part IV, line 18	а					
Other Revenue	b	Less: direct expenses						
5	c	Net income or (loss) from fund	Iraising events	<b>&gt;</b>				
	9 a	a Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gam	ing activities	🕨				
	10 a	a Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
ļ	c	Net income or (loss) from sales	s of inventory	►				
		Miscellaneous Revenu	е	Business Code				
	11 a	a		ļļ				
	b	٠		ļļ				
	c			ļļ				
		All other revenue						
		Total. Add lines 11a-11d			10			
	12	Total revenue. See instructions.		🕨	13,214,616.	11,993,267.	Ο.	16,081.

	990 (2014) CHARTER SCH			20-13	802458 Page <b>10</b>
	t IX Statement of Functional Expens				
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	324,760.	188,913.	135,847.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,033,007.	5,697,307.	335,700.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	131,848.	113,857.	17,991.	
9	Other employee benefits	753,177.	652,696.	100,481.	
10	Payroll taxes	524,578.	462,825.	61,753.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	124,622.		124,622.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	633,825.	557,477.	76,348.	
12	Advertising and promotion	31,622.	4,242.	27,380.	
13	Office expenses	327,864.	227,414.	100,450.	
14	Information technology				
15	Royalties				
16	Occupancy	1,766,007.		73,402.	
17	Travel	13,367.	357.	13,010.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,124.	13,311.	12,813.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	423,193.	303,914.	119,279.	
23	Insurance	43,130.	5,511.	37,619.	
24	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 0.)				
а	FOOD SERVICE	490,075.	490,075.		
b	DIRECT STUDENT COSTS	363,951.	363,951.		
с	AUTHORIZER FEES	133,523.		133,523.	
d	STAFF DEVELOPMENT	53,887.	53,887.		
е	All other expenses	30,986.	21,914.	9,072.	
25	Total functional expenses. Add lines 1 through 24e	12,229,546.	10,850,256.	1,379,290.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

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

Form 990 (2014)

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# CHARTER SCHOOL Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

•	•	•	•	•	1	

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,549,531.	1	1,003,727.
	2	Savings and temporary cash investments		2	2,036,748.
	3	Pledges and grants receivable, net		3	53,349.
	4	Accounts receivable, net	365,942.	4	121,818.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined 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 organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	16,422.	9	122,908.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,002,689.			
	b	Less: accumulated depreciation 10b 1,350,436.	4,444,737.	10c	4,652,253.
	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	050.055	14	000 100
	15	Other assets. See Part IV, line 11	258,255.	15	289,198.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,634,887.	16	8,280,001.
	17	Accounts payable and accrued expenses	740,705.	17	762,698.
	18	Grants payable	104 160	18	E C10
	19	Deferred revenue	184,160. 2,967,204.	19	5,618. 2,747,412.
	20	Tax-exempt bond liabilities	2,907,204.	20	2,/4/,412.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
bilid		key employees, highest compensated employees, and disqualified persons.		00	
Lia	00	Complete Part II of Schedule L		22 23	
	23 24	Secured mortgages and notes payable to unrelated third partiesUnsecured notes and loans payable to unrelated third parties		23 24	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	141,290.	25	177,675.
	26	Total liabilities. Add lines 17 through 25	4,033,359.	26	3,693,403.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			.,
ŝ		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	3,601,528.	27	4,586,598.
ala	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗌			
p		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	3,601,528.	33	4,586,598.
	34	Total liabilities and net assets/fund balances	7,634,887.	34	8,280,001.
					Form <b>990</b> (2014)

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Form	990 (2014) CHARTER SCHOOL	20	-13024	158	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				16.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12			46.
3	Revenue less expenses. Subtract line 2 from line 1	3				70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,601	1,5	28.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4	,586	5,5	98.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	в,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?		L	3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	

(Form 99	DULE A 90 or 990-EZ) of the Treasury nue Service	Co	omplete if the organ 494 ► A	rity Status an hization is a section 50 47(a)(1) nonexempt cha Attach to Form 990 or P (Form 990 or 990-EZ) and	1(c)(3) org aritable tru Form 990-	anization ( ust. EZ.	or a section	orm990.	OMB No. 1545-0047
Name of	the organizati			Y LEARNING P					identification number
			TER SCHOOL						0-1302458
Part I	Reason	for Public (	Charity Status (A	All organizations must co	omplete th	iis part.) Se	e instruction	S.	
The organ 1 2 X 3 4	A church, coi A school des A hospital or	nvention of chi cribed in <b>secti</b> a cooperative search organiz	urches, or associatio i <b>on 170(b)(1)(A)(ii).</b> (/ hospital service orga	For lines 1 through 11, of on of churches describe Attach Schedule E.) anization described in <b>s</b> o njunction with a hospita	d in sectio	on 170(b)(1 D(b)(1)(A)(ii	i).	.)(iii). Enter	the hospital's name,
5	An organizati	ion operated fo	or the benefit of a co	llege or university owne	d or opera	ted by a go	overnmental	unit describ	ed in
			complete Part II.)						
6			-	nental unit described in			-		
7	•		•	ntial part of its support	from a gov	rernmental	unit or from	the general	public described in
•	-		omplete Part II.)	(1)(A)(ui) (Complete Der	+ 11 \				
8 📖 9 🛄	-			( <b>1)(A)(vi).</b> (Complete Par • than 33 1/3% of its sup	-	contributio	ne mombor	shin foos a	nd gross receipts from
<b>y</b>				ct to certain exceptions					
				(less section 511 tax) fr					
			nplete Part III.)					ganzation	
10				ively to test for public sa	afety. See	section 50	9(a)(4).		
11 🗌	An organizati	ion organized a	and operated exclusi	ively for the benefit of, t	o perform	the functio	ns of, or to c	arry out the	purposes of one or
	more publicly	/ supported or	ganizations describe	ed in <b>section 509(a)(1)</b> c	r section	<b>509(a)(2)</b> . S	See <b>section</b>	509(a)(3). C	heck the box in
_	lines 11a thro	ough 11d that	describes the type o	of supporting organization	on and con	nplete lines	11e, 11f, an	d 11g.	
a	<b>Type I.</b> A si	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	giving
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the direc	ctors or trust	ees of the s	upporting
	organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b 🗆			-	l or controlled in connec			•		-
		-		anization vested in the s	same perso	ons that co	ntrol or mana	age the sup	ported
	¬ -		t complete Part IV,						
с		-		g organization operated				illy integrate	ed with,
	-			b). You must complete				نام ما مرب م	
d 🗆		-		orting organization oper				-	
		-		zation generally must sa nplete Part IV, Section:	-		-	u an allenti	Veness
e	- ·			written determination fro					
		•		nally integrated support			турст, турс	, ii, iype iii	
f Ente									
			about the supporte						
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount o		(vi) Amount of
	organizatior	ו		(described on lines 1-9 above or IRC section		in your document?	support		other support (see
				(see instructions))	Yes	No	Instruct	ions)	Instructions)
Total									
HA For	Paparwork Pa	duction Act N	lotice see the Instr	uctions for			Schor		m 990 or 990-E7) 2014

20-1302458 Page 2

Schedule A (Form 990 or 99	90-EZ) 2014 CHARTER	SCHOOL	20-13024
Part II Support Sc	chedule for Organiza	tions Described in Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 20 <sup>-</sup>	14 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
Ű	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,						
~	··· ·····						
	Public support. Subtract line 5 from line 4.						
		( ) 0010	(1) 0011	( ) 0010	( 1) 0010	() 00	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 201	14 (f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2014 (li	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the o	rganization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or r	more, check	this box and
	stop here. The organization qualifies a	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2013. If the o						
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	-		-
h	10% -facts-and-circumstances test						
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
10		I GIG HOL GHEGK d		a, 100, 17a, 01 17	S, OHOOR HIS DUX (	ana 300 mst	

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	tion A. Public Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						1
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2014 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	t III, line 15			16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	14 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2013 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2014. If the	organization did I	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3% , and line	17 is not
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 09-17-14						90 or 990-EZ) 2014

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

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

16

10b

Sche	edule A (Form 990 or 990-EZ) 2014 CHARTER SCHOOL 20-	130245	8 Pa	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
800	supported organizations played in this regard. stion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructio	ns):		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization is upported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	.)	
2		Instructions	y. Yes	No
ے a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NU
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain now 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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		
5	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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	Зb		

Schedule A (Form 990 or 990-EZ) 2014

# Schedule A (Form 990 or 990-EZ) 2014 CHARTER SCHOOL Part V 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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Schedule A (Form 990 or 990-EZ) 2014

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	dule A (Form 990 or 990-EZ) 2014 CHARTER SCHOO		4	0-1302458 Page 7
	t V Type III Non-Functionally Integrated 509	a(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
_9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
a				
C				
	Excess from 2013			
	Excess from 2014			
e	LAUGOO II UIII 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990 EZ) 2014 CHARTER SCHOOL	20-1302456 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 12	7b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service \*\* PUBLIC DISCLOSURE COPY \*\*

# **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

# 2014

Employer identification number

Name of the organization ד דם סג

APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL

20-1302458

rganization type (check one):
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **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 Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL Employer identification number

20 - 1302458

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$943,188.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$29,150.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On 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 On Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	BUILDING PLUMBING WORK		
3			
		\$\$_29,150.	07/01/14
(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
		\$	
3453 11-05	-14		90, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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Employer identification number

20 - 1302458

Page 3

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2014)			Page <b>4</b>		
Name of org	ganization			Employer identification number		
	TREE EARLY LEARNING PUB	LIC				
	ER SCHOOL	ributions to organizations described	in contion $501(a)(7)(8)$	20-1302458		
Part III	the year from any one contributor. Complete of	columns (a) through (e) and the follow	ving line entry. For organizatio			
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. ond	▶ \$		
(a) No.	Use duplicate copies of Part III if addition	al space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
F						
		(e) Transfer of gift				
	Transferee's name, address, a	nd <b>7</b> IP + 4	Relationship of tra	ansferor to transferee		
F						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I						
		(e) Transfer of gift				
			Deletionship of the			
F	Transferee's name, address, a		Relationship of tra	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I						
		(e) Transfer of gift				
			<b>B</b> 1 11 11 11			
F	Transferee's name, address, a	10 ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I						
Γ		(e) Transfer of gift				
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		

60		Supplement	- Einanaial Statamonta		OMB No. 1545-0047	
		• •	al Financial Statements Janization answered "Yes" to Form 990,		201/	
(FOIT	1 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			
	ment of the Treasury I Revenue Service		Attach to Form 990. rm 990) and its instructions is at <sub>www.irs.c</sub>		Open to Public Inspection	
	e of the organization				Employer identification number	 >r
Num		CHARTER SCHOOL			20-1302458	
Par	t I Organiza	tions Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Ac	counts.Complete if the	_
	organizatior	n answered "Yes" to Form 990, Part IV, lin	e 6.			
			(a) Donor advised funds	(b)	Funds and other accounts	_
1	Total number at en	ld of year				
2	Aggregate value of	f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4	Aggregate value at	end of year				
5	Did the organizatio	n inform all donors and donor advisors in	writing that the assets held in donor advised	d funds	s	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes 📖 N	ο
6	Did the organizatio	n inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed on	nly	
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose co	onferrir	·	
	impermissible priva					<u>o</u>
Par			ganization answered "Yes" to Form 990, Par	t IV, lir	ne 7.	
1		ervation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·			
		of land for public use (e.g., recreation or e				
		f natural habitat	Preservation of a certifie	ed hist	toric structure	
_		of open space				
2	•	• •	fied conservation contribution in the form of	a con	servation easement on the last	
	day of the tax year			-		
					Held at the End of the Tax Yea	<u>ar</u>
a					2a	—
	•			···· ⊢	2b	—
			ructure included in (a)		2c	—
a			after 8/17/06, and not on a historic structure		2d	
3			leased, extinguished, or terminated by the c			—
5	year ►		leased, extinguished, or terminated by the c	Jyaniz		
4		 where property subject to conservation ea	sement is located			
5		ion have a written policy regarding the pe	·			
•	•	procement of the conservation easements i			Yes N	0
6			and enforcing conservation easements dur		·······	•
7			enforcing conservation easements during th	Ũ		
8			ve satisfy the requirements of section 170(h)			
						o
9			ion easements in its revenue and expense s			
	include, if applicab	le, the text of the footnote to the organiza	tion's financial statements that describes th	e orga	anization's accounting for	
	conservation ease					
Par	t III Organiza	tions Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Si	imilar Assets.	
	Complete if	the organization answered "Yes" to Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	nt and	balance sheet works of art,	
	historical treasures	s, or other similar assets held for public ex	hibition, education, or research in furtheranc	e of p	ublic service, provide, in Part XII	Ι,
	the text of the foot	note to its financial statements that descr	ibes these items.			
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd bal	lance sheet works of art, historic	al
	treasures, or other	similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c serv	ice, provide the following amoun	ts
	relating to these ite					
					► \$	
					► \$	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial g	gain, pi	rovide	
	-	ints required to be reported under SFAS 1				
а					► \$	
b	Assets included in	Form 990, Part X			▶ \$	

	APPLETREE	E EARLY I	EARN	ING PU	BLIC						
Sche	dule D (Form 990) 2014 CHARTER S	SCHOOL					20	-130	2458	3 Ра	age <b>2</b>
Par	t III Organizations Maintaining Col	lections of A	Art, His	torical Tr	easures, o	or Other	<sup>.</sup> Similar A	Asset	<b>S</b> (contin	ued)	
3	Using the organization's acquisition, accession,	and other recor	ds, chec	k any of the	following that	it are a sig	nificant use	of its c	ollectior	n item	s
	(check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progra	ams					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's colle	ctions and expla	ain how th	ney further tl	he organizati	on's exem	pt purpose i	in Part	XIII.		
5	During the year, did the organization solicit or re										
	to be sold to raise funds rather than to be maint	tained as part of	the orga	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrange	ments. Comp	lete if the	e organizatio	n answered	"Yes" to Fo	orm 990, Pa	rt IV, lii	ne 9, or		
	reported an amount on Form 990, Part X	(, line 21.									
1a	Is the organization an agent, trustee, custodian	or other interme	diary for	contribution	is or other as	sets not ir	ncluded				
	on Form 990, Part X?							🖂	Yes		No
b	If "Yes," explain the arrangement in Part XIII and										
									Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Form						y?		Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch										]
Par	t V Endowment Funds. Complete if th	e organization a	nswered	"Yes" to Fo	rm 990, Part	IV, line 10					
	(4	<b>a)</b> Current year	(b) F	rior year	(c) Two yea	rs back (d	I) Three years	back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the current	t year end balan	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should	equal 100%.									
3a	Are there endowment funds not in the possessi		zation tha	at are held a	nd administe	ered for the	e organizatio	n			
	by:								Г	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required	on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the or										
Par	t VI Land, Buildings, and Equipmer										
	Complete if the organization answered "	Yes" to Form 99	0, Part IV	/, line 11a. S	ee Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or	other	(b) Cost	or other	(c) Acc	umulated		(d) Booł	k value	Э
		basis (invest	ment)		(other)	depr	eciation				
1a	Land			18	4,418.				184	1,4:	18.
	Buildings										
	Leasehold improvements				8,234.		96,946		1,221		
	Equipment			80	0,037.	5	53,490	•	246	5 <b>,</b> 54	47.
	Other										
Total	Add lines 1a through 1e. (Column (d) must equa	al Form 990, Par	t X, colur	nn (B), line 1	0c.)			4	1,652	2,2	53.

Schedule D (Form 990) 2014

APPLETRI	$\Xi E$	EARLY	LEARNING	PUBLIC
CHARTER	SC	THOOT.		

	D (Form 990) 2014 CHARTER SCH	IOOL		20-1302458 Page 3
Part V	I Investments - Other Securities.			
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Desc	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1) Finan	cial derivatives			
(2) Close	ly-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col	. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
	III Investments - Program Related.			
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX		•		
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	-	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	olumn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	e 25.
1.	(a) Description of liability		(b) Book value	
	ederal income taxes			
	DUE TO RELATED ENTITY, NE	T	177,675.	
(3)	•			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	blumn (b) must equal Form 990, Part X, col. (B) lin	e 25)	177,675.	
	ity for uncertain tax positions. In Part XIII, provide	· · · ·		ants that reports the

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

Schedule D (Form 990) 2014

APPLETRE	E EARLY	LEARNING	PUBLIC
CHARTER S	CHOOL		

Sche	edule D	(Form 990) 2014 CHARTER	SCHOOL		20-1	1302458 Page 4
Pa	rt XI	Reconciliation of Revenue pe	er Audited Financial St	atements With Revenue	e per Returr	າ.
		Complete if the organization answered	d "Yes" to Form 990, Part IV, I	ine 12a.		
1	Total	revenue, gains, and other support per a	udited financial statements		1	13,214,616.
2	Amou	ints included on line 1 but not on Form	990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments		2a		
b		ted services and use of facilities				
с		veries of prior year grants				
d		(Describe in Part XIII.)				
е					2e	0.
3	Subtr	act line <b>2e</b> from line <b>1</b>				13,214,616.
4		ints included on Form 990, Part VIII, line				
а	Invest	tment expenses not included on Form 9	90, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)				
с					4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must	equal Form 990, Part I, line 1	2.)		13,214,616.
Pa	rt XII	Reconciliation of Expenses p	per Audited Financial S	Statements With Expense	es per Retu	ırn.
Pa	rt XII	Reconciliation of Expenses p Complete if the organization answered		-	ses per Retu	
Pa 1		J	d "Yes" to Form 990, Part IV, I	ine 12a.	-	rn. 12,229,546.
	Total	Complete if the organization answered	d "Yes" to Form 990, Part IV, I cial statements	ine 12a.	-	
1	Total Amou	Complete if the organization answered expenses and losses per audited finance	d "Yes" to Form 990, Part IV, I cial statements 990, Part IX, line 25:	ine 12a.	-	
1 2	Total Amou Donat	Complete if the organization answered expenses and losses per audited financ ints included on line 1 but not on Form	d "Yes" to Form 990, Part IV, I cial statements 990, Part IX, line 25:	ine 12a.	-	
1 2 a	Total Amou Donat Prior y	Complete if the organization answered expenses and losses per audited finance ints included on line 1 but not on Form ted services and use of facilities	d "Yes" to Form 990, Part IV, I cial statements 990, Part IX, line 25:	ine 12a. 	-	
1 2 a b	Total Amou Donat Prior Other	Complete if the organization answered expenses and losses per audited finance ints included on line 1 but not on Form ted services and use of facilities	d "Yes" to Form 990, Part IV, I cial statements 990, Part IX, line 25:	2a 2b 2c	-	
1 2 a b	Total Amou Donat Prior Other Other	Complete if the organization answered expenses and losses per audited finance ints included on line 1 but not on Form ted services and use of facilities year adjustments	d "Yes" to Form 990, Part IV, I cial statements 990, Part IX, line 25:	2a 2b 2c 2d	1	12,229,546.
1 2 b c d	Total Amou Donat Prior Other Other Add li	Complete if the organization answered expenses and losses per audited finance ints included on line 1 but not on Form ted services and use of facilities year adjustments losses (Describe in Part XIII.) ines <b>2a</b> through <b>2d</b>	d "Yes" to Form 990, Part IV, I cial statements 990, Part IX, line 25:	2a 2b 2c 2d	1	12,229,546.
1 2 b c d e	Total Amou Donat Prior y Other Other Add li Subtr	Complete if the organization answered expenses and losses per audited finance ints included on line 1 but not on Form ted services and use of facilities year adjustments losses (Describe in Part XIII.)	d "Yes" to Form 990, Part IV, I cial statements 990, Part IX, line 25:	2a 2b 2c 2d	1	12,229,546.
1 2 b c d e 3	Total Amou Donat Prior y Other Other Add li Subtr Amou	Complete if the organization answered expenses and losses per audited finance ints included on line 1 but not on Form ted services and use of facilities year adjustments losses (Describe in Part XIII.) ines <b>2a</b> through <b>2d</b> act line <b>2e</b> from line <b>1</b>	d "Yes" to Form 990, Part IV, I cial statements 990, Part IX, line 25: 25, but not on line 1:	2a 2b 2c 2d	1	12,229,546.
1 2 b c d 3 4	Total Amou Donat Prior y Other Other Add li Subtr Amou Invest	Complete if the organization answered expenses and losses per audited finance ints included on line 1 but not on Form ted services and use of facilities year adjustments (Describe in Part XIII.) ines <b>2a</b> through <b>2d</b> act line <b>2e</b> from line <b>1</b> ints included on Form 990, Part IX, line	d "Yes" to Form 990, Part IV, I cial statements 990, Part IX, line 25: 25, but not on line 1: 190, Part VIII, line 7b	2a 2b 2c 2d	1	12,229,546.
1 2 b c d 3 4	Total Amou Donat Prior y Other Other Add li Subtr Amou Invest Other	Complete if the organization answered expenses and losses per audited finance ints included on line 1 but not on Form ted services and use of facilities year adjustments losses (Describe in Part XIII.) ines <b>2a</b> through <b>2d</b> act line <b>2e</b> from line <b>1</b> ints included on Form 990, Part IX, line tment expenses not included on Form 9 (Describe in Part XIII.)	d "Yes" to Form 990, Part IV, I cial statements 990, Part IX, line 25: 25, but not on line 1: 190, Part VIII, line 7b	2a 2b 2c 2d	1	12,229,546. 0. 12,229,546. 0.
1 2 3 4 5	Total Amou Donat Priory Other Other Add li Subtr Amou Invest Other Add li Total	Complete if the organization answered expenses and losses per audited finance ints included on line 1 but not on Form ted services and use of facilities year adjustments losses (Describe in Part XIII.) ines <b>2a</b> through <b>2d</b> act line <b>2e</b> from line <b>1</b> ints included on Form 990, Part IX, line tment expenses not included on Form 9 (Describe in Part XIII.)	d "Yes" to Form 990, Part IV, I cial statements 990, Part IX, line 25: 25, but not on line 1: 990, Part VIII, line 7b	2a         2b         2c         2d         4a         4b	1	12,229,546. 0. 12,229,546.

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

### PART X, LINE 2:

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB
ASC NO. 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FASB ASC NO.
740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED
IN THE CHARTER SCHOOL'S FINANCIAL STATEMENTS IN ACCORDANCE WITH ASC 740'S
AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE
FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR
EXPECTED TO BE TAKEN IN A TAX RETURN. FASB ASC NO. 740-10 REOUIRES THE
EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF
PREPARING THE CHARTER SCHOOL'S TAX RETURN TO DETERMINE WHETHER THE TAX
POSITIONS HAVE A "MORE-LIKELY-THAN-NOT" PROBABILITY OF BEING SUSTAINED BY
THE APPLICABLE TAX AUTHORITY.
THE APPLICABLE TAX AUTHORITY.           432054           10-01-14           Schedule D (Form 990) 2014

THE CHARTER SCHOOL PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2015, AND DETERMINED THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. SCHEDULE E

## (Form 990 or 990-EZ)

## Schools

OMB No. 1545-0047

201

3010015
Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-E7

4

	ment of the Treasury I Revenue Service			Open to Inspect		IC
Nam	e of the organization	▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fc APPLETREE EARLY LEARNING PUBLIC	Employer ic	•		mber
Marin	e of the organization	CHARTER SCHOOL		-1302		
Pa	et 1	CHARTER BEHOOD	20	1302	<b>4</b> 50	
Fa					YES	NO
	Dese the events	tion have a variable mandle viscination action deviced at shorts to restar to the above you have				
1	-	tion have a racially nondiscriminatory policy toward students by statement in its charter, by			x	
•		strument, or in a resolution of its governing body?		1		
2	-	tion include a statement of its racially nondiscriminatory policy toward students in all its brought the multi-		-0 0	x	
•		ther written communications with the public dealing with student admissions, programs, and	=	s? 2		
3	Ũ	on publicized its racially nondiscriminatory policy through newspaper or broadcast media du	0			
	-	on for students, or during the registration period if it has no solicitation program, in a way the				
	· ·	o all parts of the general community it serves? If "Yes," please describe. If "No," please exp		3	x	
	If you need more s	pace, use Part II L IS A PUBLIC CHARTER SCHOOL AND IS OPERATING	IINDER	3	- 23	
		T WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE				
		APPLY TO CHARTER SCHOOLS. THE NON-DISCRIMINATO		-		
		EXPLICITLY STATED IN THE REGISTRATION APPLICA		-		
	AND OUR B			-		
4		tion maintain the following?		-		
-	•	the racial composition of the student body, faculty, and administrative staff?		4a	x	
		ting that scholarships and other financial assistance are awarded on a racially nondiscrimin			x	<u> </u>
		by the scholarships and other manoral assistance are awarded on a racially nonaschimin by the scholarships and other written communications to the public dealing				<u> </u>
Ŭ		ams, and scholarships?			x	
Ь		rial used by the organization or on its behalf to solicit contributions?			X	<u> </u>
ŭ		lo" to any of the above, please explain. If you need more space, use Part II.				
		L IS A PUBLIC CHARTER SCHOOL AND IS OPERATING	UNDER			
		T WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE		-		
	DOES NOT	APPLY TO CHARTER SCHOOLS.		-		
				-		
5	Does the organiza	tion discriminate by race in any way with respect to:		-		
а		privileges?		5a		X
		is?				X
		culty or administrative staff?				X
		her financial assistance?				X
		98?				X
						X
g	Athletic programs'			5g		Х
h	Other extracurricu	lar activities?		5h		Х
		es" to any of the above, please explain. If you need more space, use Part II.				
	-					
6a	Does the organiza	tion receive any financial aid or assistance from a governmental agency?		6a	Х	
		on's right to such aid ever been revoked or suspended?				X
		/es" to either line 6a or line 6b, explain on Part II.				
7		tion certify that it has complied with the applicable requirements of sections 4.01 through 4.	.05 of			
	Rev. Proc. 75-50,	1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	X	

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

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

Schedule E (Form 990 or 990-EZ) (2014) CHARTER SCHOOL Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE CHARTER SCHOOL RECEIVES PUBLIC FUNDS FROM THE DC GOVERNMENT BASED ON

THE NUMBER OF STUDENTS THEY ENROLL ACCORDING TO THE UNIFORM PER STUDENT

FUNDING FORMULA DEVELOPED BY THE MAYOR AND CITY COUNCIL. THIS PER PUPIL

ALLOCATION IS SUPPLEMENTED WITH EXTRA FUNDS FOR STUDENTS WITH SPECIAL

NEEDS.

sc	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2014		
•	-	Compensated Employees		ΖU	14	t
Dena	rtment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for	rm990.	Inspe		
Nan	ne of the organizatio		Employer ic			mber
		CHARTER SCHOOL	20-1	30245	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, c	:hef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
2	ladiaata waiala ifa	ar of the fallenting the filling approximation would be extending the componentian of the superior				
3		ny, of the following the filing organization used to establish the compensation of the organization of the				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	Ion to			
	X Compensation	ation of the CEO/Executive Director, but explain in Part III.				
		compensation consultant $X$ Compensation survey or study				
	X Form 990 of o		ommittoo			
			ommittee			
4	During the year did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	0	ce payment or change-of-control payment?		4a		х
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?				Х
		nes 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 i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
	If "Yes" to line 5a c	r 5b, describe in Part III.				
6	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r					
						X
b		ration?		6b		X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				37
~		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
-		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990)	) 2014

Schedule J (Form 990) 2014

CHARTER SCHOOL

20-1302458

Page 2

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

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

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

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990	
(1) WILLIAM J. MCCARTHY	(i)	0.	0.	0.	0.	0.			
BOARD CHAIR/CEO PRESIDENT	(ii)	205,209.	0.	0.	0.	25,997.	231,206.	0.	
(2) RITA CHAPIN	(i)	77,679.	0.	0.	0.	10,316.	87,995.	0.	
CHIEF OPERATIONS OFFICER	(ii)	77,679.	0.	0.	0.	10,316.	87,995.	0.	
(3) ANNE MALONE	(i)	109,817.	0.	0.	0.	26,141.	135,958.	0.	
CHIEF OF SCHOOLS	(ii)	19,380.	0.	0.	0.	4,613.	23,993.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE CHIEF OF

SCHOOLS COMPENSATION USING COMPARABILITY DATA AND THEY CONTEMPORANEOUSLY

DOCUMENT THE DELIBERATION AND THEIR RECOMMENDATION FOR THE FULL BOARD. THE

COMPENSATION OF THE CHIEF OF SCHOOLS FOR THE NEXT SCHOOL YEAR IS THEN

DISCUSSED, FINALIZED AND APPROVED BY THE FULL BOARD.

CHARTER SCHOOL

Schedule J (Form 990) 2014

CHEDULE K orm 990) partment of the Treasury mail Revenue Service ame of the organization APPLETREE EARLY LEARNING PUBLIC Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.						-	OMB No. 1545-00 2014 Open to Public Inspection				0			
Name of the organizati	C							Employer identification number 20-1302458						
Part I Bond Issue	S													
(a) is	(a) Issuer name (b) Issuer EIN (c) CUSIP #			(d) Date issued	(d) Date issued (e) Issue price			(f) Description of purpose			(g) Defeased (h) On behalf (			
										of issuer		financing		
									Yes	No	Yes No	yes	No	
				11/01/10										
A DISTRICT OF COLUMBIA NONE		NONE	11/01/10	/01/10 3,535,000		PCS CONSTRUCTION		X		X	<u> </u>	──		
_														
В		_											<u> </u>	
•														
С														
<b>D</b>														
D Part II Proceeds														
				A			В	c			D			
1 Amount of bonds	retired						<u> </u>							
					3,535,000.									
					- ,									
•	est from proceeds													
6 Proceeds in refu	•													
<ul> <li>7 Issuance costs fi</li> </ul>														
	and for the second s			32	7,078.									
	expenditures from proceeds				-									
	• • •			2 20	7,922.									
1 Other spent proc														
12 Other unspent p	oceeds													
3 Year of substantial completion				011										
				Yes	No	Yes	No	Yes	No		Yes	No		
4 Were the bonds	Were the bonds issued as part of a current refunding issue?				Х									
15 Were the bonds	Were the bonds issued as part of an advance refunding issue?				Х									
Has the final allocation of proceeds been made?				X										
17 Does the organization	maintain adequate books and record	s to support the final allocation	on of proceeds?	Х										
Part III Private Bus	iness Use													
				A		В		c		D				
1 Was the organization a partner in a partnership, or a member of an LLC,			Yes	No	Yes	No	Yes	No		Yes	No			
which owned property financed by tax-exempt bonds?					Х									
2 Are there any lease arrangements that may result in private business use of														
hond-financed p	bond-financed property?				X									

### APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL

Sch	edule K (Form 990) 2014 CHARTER SCHOOL	20-1302458 Pag								
Pa	rt III Private Business Use (Continued)									
		A		В		С		D		
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No	
	business use of bond-financed property?		Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
с	Are there any research agreements that may result in private business use of bond-financed property?		Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by									
	entities other than a section 501(c)(3) organization or a state or local government	%		%		%		%		
5	Enter the percentage of financed property used in a private business use as a result of									
	unrelated trade or business activity carried on by your organization, another									
	section 501(c)(3) organization, or a state or local government		%		%		%		%	
6	Total of lines 4 and 5		%		%		%		%	
7	Does the bond issue meet the private security or payment test?		Х							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-									
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed									
	of		%		%		%		%	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections									
	1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all nonqualified									
	bonds of the issue are remediated in accordance with the requirements under									
_	Regulations sections 1.141-12 and 1.145-2?		Х							
Pa	rt IV Arbitrage									
		4		-	B		ç	]		
1	, <b>3</b> , –	Yes	No	Yes	No	Yes	No	Yes	No	
	Penalty in Lieu of Arbitrage Rebate?		Х							
	If "No" to line 1, did the following apply?								·	
	Rebate not due yet?		X							
	Exception to rebate?		X							
C	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed		37				1			
3	Is the bond issue a variable rate issue?		X							
4a	Has the organization or the governmental issuer entered into a qualified		37							
	hedge with respect to the bond issue?		Х							
	Name of provider									
	Term of hedge									
	Was the hedge superintegrated?								ļ	
е	Was the hedge terminated?			1						

Schedule K (Form 990) 2014

Schedule K (Form 990) 2014 CHARTER SCHOOL			20-1	1302458	3			Page <b>3</b>
Part IV Arbitrage (Continued)								
		A		В	С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
<ul> <li>7 Has the organization established written procedures to monitor the requirements of</li> </ul>								
section 148?		x						
Part V Procedures To Undertake Corrective Action								
		A		В		)	0	)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?								
Part VI Supplemental Information. Provide additional information for responses to questions	on Schodul	L o K (soo instr						
Part VI Supplemental Information. I Towde additional information for responses to questions	on ochedul							

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open To Public . Inspection

4

Name	of the	organizatio

	🕨 🕨 Inf	formation	about Schedu	le M (Form 990) a	nd its instruction	ons is at <sub>www.irs.gov/</sub>	form990.
r	n APP	LETRE	E EARLY	LEARNING	PUBLIC		Employ
	CHA	RTER ;	SCHOOL				

Employer identification number 20 - 1302458

1

20

	Quantit mit	~
Part I	Types of Property	

1 41							
		<b>(a)</b> Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	tormining	
		applicable	contributions or	amounts reported on	noncash contribu	•	its
	_	applicable		Form 990, Part VIII, line 1g	nonousir contribu	aniour aniour	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ( <b>PLUMBING/CONS</b> )	Х	1	29,150.	FAIR MARKET	VALUI	- 1
26	Other ► ()						
27	Other ► ()						
28	Other 🕨 ( )						
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	contributions			
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowled	gement 29			
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date	of the initia	al contribution, and	d which is not required to be	used for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any non-standard contrib	utions?	31	X
32a	Does the organization hire or use third parties of	r related or	ganizations to soli	cit, process, or sell noncash	1		

**b** If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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

Schedule M (Form 990) (2014)

32a

х

APPLETREE	EARLY	LEARNING	PUBLIC

Schedule M	(Form 990) (2014)	CHARTER	SCHOOL	20-1302458 Page 2
Part II	Supplemental	Information	<ul> <li>Provide the information required by Part I, lines 30b, 32b, and 33, e number of contributions, the number of items received, or a comb tion.</li> </ul>	and whether the organization

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 APPLETREE EARLY LEARNING PUBLIC Emplo CHARTER SCHOOL 20



20-1302458

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

AND TO PROVIDE YOUNG CHILDREN WITH THE SOCIAL, EMOTIONAL AND COGNITIVE

FOUNDATIONS THAT WILL ENABLE THEM TO SUCCEED IN SCHOOL.

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

THE CHIEF OPERATIONS OFFICER ALONG WITH THE CHIEF FINANCIAL OFFICER REVIEW

THE DRAFT FORM 990 INFORMATION TAX RETURN, AS PREPARED BY THE

ACCOUNTANTS/AUDITORS. ONCE REVIEWED, THE 990 TAX RETURN IS FORWARDED TO THE

FINANCE COMMITTEE FOR REVIEW AND THEY RECOMMEND IT TO THE FULL BOARD OF

DIRECTORS FOR ACCEPTANCE. ONCE APPROVED BY THE FULL BOARD, THE 990 TAX

RETURN IS EXECUTED BY THE BOARD CHAIR/CEO AND PRESIDENT.

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

THE CONFLICT OF INTEREST POLICY IS CONSTANTLY MONITORED BY ADMINISTRATION

PERSONNEL AND THE BOARD OF DIRECTORS THROUGH REVIEW AND APPROVAL

PROCEDURES. ANNUALLY BOARD MEMBERS AND STAFF COMPLETE A CONFLICT OF

INTEREST DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS OR CIRCUMSTANCES

WHICH THE BOARD OR STAFF MEMBER BELIEVES COULD CONTRIBUTE TO A CONFLICT OF

#### **PROCEDURES:**

A. PRIOR TO BOARD ACTION ON A CONTRACT OR OTHER TRANSACTION INVOLVING A CONFLICT OF INTEREST, A BOARD MEMBER HAVING A CONFLICT OF INTEREST SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

 

 B.
 A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE

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

 432211 08-27-14
 08-27-14
 Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL	Employer identification number 20-1302458		
DECISION EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPON	D TO QUESTIONS.		
C. THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOT	E ON THE CONTRACT		
OR TRANSACTION.			
D. STAFF MEMBERS WHO HAVE A CONFLICT OF INTEREST WITH R	ESPECT TO A		

CONTRACT OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD ACTION SHALL DISCLOSE TO THE BOARD CHAIR ANY SUCH CONFLICT OF INTEREST. THAT STAFF MEMBER SHALL REFRAIN FROM ANY ACTION THAT MAY AFFECT THE ORGANIZATIONS PARTICIPATION IN SUCH CONTRACT OR TRANSACTION.

IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE BOARD CHAIR.

NO BOARD MEMBER OR ANY MEMBER OF HIS/HER FAMILY SHOULD HAVE ANY BENEFICIAL INTEREST IN, OR SUBSTANTIAL OBLIGATION TO ANY APPLETREE EARLY LEARNING SUPPLIER OF GOODS OR SERVICES OR ANY OTHER ORGANIZATION THAT IS ENGAGED IN DOING BUSINESS WITH OR SERVING APPLERTREE EARLY LEARNING UNLESS IT HAS BEEN DETERMINED BY THE BOARD, ON THE BASIS OF FULL DISCLOSURE OF FACTS, THAT SUCH INTEREST DOES NOT GIVE RISE TO A CONFLICT OF INTEREST.

FORM	990	, PZ	ART	VI,	SEC	TIO	N B	, L]	INE 1	.5 <b>:</b>								
THE G	OVE	RNAI	ICE	COM	<b>1</b> ITT	EE	OF	THE	BOAF	D OF	DIR	ECTORS	5 REV	IEWS	THE	CHIER	F OF	
SCHOO	LS	СОМІ	PENS	SATIC	ON U	SIN	G C	OMP <i>I</i>	ARABI	LITY	DAT	A AND	THEY	CON	<b>FEMP</b> (	ORANE	DUSL	Y
DOCUM	IENT	' THI	E DE	ELIBI	ERAT	ION	AN	D TH	IEIR	RECO	MMENI	DATIO	I FOR	THE	FUL	L BOAI	RD.	THE
COMPE	NSA	TIO	I OF	7 THI	Е СН	IEF	' OF	SCF	IOOLS	FOR	THE	NEXT	SCHO	OL YI	EAR	IS TH	EN	
DISCU	ISSE	D, I	FINA	ALIZI	ED A	ND	APP	ROVI	ED BY	THE	FUL	L BOAI	RD.					

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

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL	Pa Employer identification nun 20-1302458	age 2 nber
THE DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL BOARD WHIC	H PROVIDES	
OVERSIGHT AND DISTRIBUTION OF RELEVANT INFORMATION TO THE	PUBLIC. THE FO	ORM
990 IS MADE AVAILABLE ON THE ORGANIZATIONS WEBSITE AND UP	ON REQUEST. IN	
ADDITION, THE 990 INFORMATION TAX RETURN IS AVAILABLE FOR	PUBLIC INSPECT	ION
ON GUIDESTAR.		

SCHEDULE R	1	<b>Related Organizations</b>	and Unrelated Da	rtnorchine			F	OMB No. 154	5-0047	
(Form 990)		ete if the organization answered "			6. or 37.			201	1	
	p comp.		ach to Form 990.		-, -: -: -			Open to P	-	
Department of the Treasury Internal Revenue Service	►Infor	mation about Schedule R (Form 9	90) and its instructions is a	t www.irs.gov/form	n990.			Inspect	ion	
Name of the organiza		Y LEARNING PUBLIC		•		Em	nployer ident 20-1302	dentification number 302458		
Part I Identifica	tion of Disregarded Entities Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
	(a)	(b)	(c)	(d)	(e)			(f)		
	dress, and EIN (if applicable) f disregarded entity			or Total inco	Total income End-of-year			rect controlling entity		
		-								
		-								
		_								
		-								
	tion of Related Tax-Exempt Organiza ons during the tax year.	I Itions Complete if the organization a	answered "Yes" on Form 990	), Part IV, line 34 b	ecause it had one o	or more r	l related tax-ex	empt		
	(a)	(b)	(c)	(d)	(e)		(f)	Social (	<b>g)</b> 512(b)(13)	
	me, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity			controlle		
of	related organization		foreign country)	section	status (if section 501(c)(3))		entity	en Yes	tity?	
APPLETREE INSTIT	TUTE FOR EDUCATION INNOVATION							165		
- 04-3331760, 41	15 MICHIGAN AVENUE,	PROVIDE SPACE AND								
WASHINGTON, DC	20017	RESOURCES TO THE SCHOOL	DISTRICT OF COLUMBIA	501C3	LINE 7	N/A			X	
		-								
		1								

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

Schedule R (Form 990) 2014

#### Schedule R (Form 990) 2014 CHARTER SCHOOL

20-1302458 Page 2

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

		-				i			1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Share of end-of-year		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percentage ng ? ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(i contr ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		233613		Yes	No
									<u> </u>
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2014 CHARTER SCHOOL

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information of			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
APPLETREE INSTITUTE FOR EDUCATION			
(1) INNNOVATION	K	62,000.	BOOK VALUE
APPLETREE INSTITUTE FOR EDUCATION			
(2) INNNOVATION	K	1,011,481.	BOOK VALUE
APPLETREE INSTITUTE FOR EDUCATION			
(3) INNNOVATION	0	315,212.	BOOK VALUE
APPLETREE INSTITUTE FOR EDUCATION			
(4) INNNOVATION	0	230,857.	BOOK VALUE
APPLETREE INSTITUTE FOR EDUCATION			
(5) INNNOVATION	M	92,915.	BOOK VALUE
APPLETREE INSTITUTE FOR EDUCATION			
(6) INNNOVATION	Р	75,623.	BOOK VALUE
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#### APPLETREE EARLY LEARNING PUBLIC CHARTER SCHOOL

Schedule R (Form 990)

20-1302458

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
APPLETREE INSTITUTE FOR EDUCATION (7)INNNOVATION	Е	2,747,412.	BOOK VALUE
(8)APPLETREE COLUMBIA HEIGHTS, LLC	K		BOOK VALUE
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2014 CHARTER SCHOOL

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

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

	(1)		( N			(0)			,	(1)	(1)	(1)
(a)	(b)	(c)	(d)	e Are partners 501(c orgs	e) all	(f)	(g)		ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner	S Sec.	Share of	Share of	Dispr	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General c	Percentage
of entity		(state or foreign	excluded from tax under	501(C oras	s)(3) s.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes NO	1
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# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).