# EXTENDED TO FEBRUARY 16, 2016

Internal Revenue Service

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

OMB No. 1545-0047 Open to Public

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

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

Inspection

Α	For the	2014 calendar year, or tax year beginning JUL I, ZUI4 and en	nding J	UN 30, 2015	)			
В	Check if applicable	C Name of organization		D Employer identif	ication number			
	Addres							
	Name change	Doing business as		52-2	2103442			
F	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  8047 15TH STREET, NW	E Telephone number 202-319-2249					
	termin-		G Gross receipts \$	8,663,643.				
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20009		_				
F	lreturn □Applica	·		H(a) Is this a group				
	tiòn pending	SAME AS C ABOVE		for subordinate				
$\overline{}$	T	mpt status: $X = 501(c)(3)$ $501(c)(6)$ (insert no.) $4947(a)(1)$ or	527	H(b) Are all subordinates				
		mpt status:  \( \sigma \) 301(c)(3)  \( \sigma \) 301(c) (  \) ( (insert inc.)  \( \sigma \) 4947(a)(1) of (insert inc.)  \( \sigma \) 4947(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	527	· ·	a list. (see instructions)			
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	M State of legal domicile: DC			
	-	Summary	L Year	or iorination. 1990	M State of legal doffliche. DC			
		Briefly describe the organization's mission or most significant activities: TO PRO	OVIDE	בייווחדאיים ע	THO EXCE			
Activities & Governance	1 1	EXTRAORDINARY CHALLENGES AND WHO ARE NOT S	SIIDDO	STODENIS V	DTTTONAT.			
nar		Check this box  if the organization discontinued its operations or disposed						
Ver	1			1	1 44			
ၓၟ		Number of independent voting members of the governing body (Part VI, line 1a)			+			
ళ		Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)			87			
ij					96			
Ę		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12						
Ă		Net unrelated business taxable income from Form 990-T, line 34		·····				
_	"	Net unrelated business taxable income nonn onn 990-1, inte 34	·····	Prior Year	Current Year			
-	8 (	Contributions and grants (Part VIII, line 1h)		449,027				
Revenue	9 F	Program service revenue (Part VIII, line 2g)		5,728,549				
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0,				
æ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-78,282				
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,099,294	78,282. 81,718.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,077				
		Benefits paid to or for members (Part IX, column (A), line 4)		0,				
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,803,432	3,272,374.			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.				
<u>B</u>	b 7	Fotal fundraising expenses (Part IX, column (D), line 25)	5.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,361,983	1,819,763.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,173,492				
	1	Revenue less expenses. Subtract line 18 from line 12		1,925,802	3,010,089.			
Or Sec	3	·	Ве	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20 7	Fotal assets (Part X, line 16)		14,530,773.				
ASS	21 7	Fotal liabilities (Part X, line 26)		8,427,906.				
ESE ESE	22 1	Net assets or fund balances. Subtract line 21 from line 20		6,102,867				
P	art II	Signature Block	•					
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of r	ny knowledge and belief, it is			
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.				
Sig	jn	Signature of officer		Date				
He	re	JULIE MEYER, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Pate Check	X PTIN			
Pai	-	RICHARD M. JONES, CPA		2/22/15 if self-emplo	yed P00621721			
		Firm's name KENDALL, PREBOLA AND JONES, LLC		Firm's EIN ▶	46-2108854			
Use	Only	Firm's address P.O. BOX 259			4 600 6000			
		BEDFORD, PA 15522-0259		Phone no. 81	4-623-1880			
110	v tha ID	S discuss this return with the preparer shown above? (see instructions)			X Ves No			

Other program services (Describe in Schedule O.)

including grants of \$ Total program service expenses ▶

4,367,162.

4e

# Form 990 (2014) THE NEXT STE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	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			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		21
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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			37
	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			Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
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	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111	- 11	
ıza	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
.,	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a		14a		Х
	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			3,7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

# Form 990 (2014) THE NEXT STEP PUBL Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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		Х
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		X
35a	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

# Form 990 (2014) THE NEXT STEP PUBLIC CHARTER SCHOOL Part 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					Ш		
			1		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	33					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r							
	(gambling) winnings to prize winners?			1c	X			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.5					
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				37		
				3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		-		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			77		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X		
b	If "Yes," enter the name of the foreign country:							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the live of the state of the same of the state of the same			5b		_^		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		<del>                                     </del>		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			٥-		X		
	any contributions that were not tax deductible as charitable contributions?			6a				
D	If "Yes," did the organization include with every solicitation an express statement that such contribu-		-	6h		1		
7	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices n	rovided to the navor?	7a		Х		
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<del></del>		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7.0				
Ū	to file Form 8282?			7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	N/	A		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation fi	e a Form 1098-C?	7h	N/	Α		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	N/A					
	sponsoring organization have excess business holdings at any time during the year?			8		<u> </u>		
9	Sponsoring organizations maintaining donor advised funds.		,_					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>		
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:							
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  N/A	المدا						
		11a						
D	Gross income from other sources (Do not net amounts due or paid to other sources against	445						
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413	<u> </u>	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$ .	12b		ıza				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU						
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a				
а	Note. See the instructions for additional information the organization must report on Schedule O.			iJa				
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						
С	Enter the amount of reserves on hand	13c						
				14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b				
	<u> </u>				000	·004 ·		

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			
	and the description of the state of the stat		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la   11			110
	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 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	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 arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are considered as the section of the s	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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 books and records:			
	TAUNYA MELVIN - 202-319-2249			
	3047 15TH STREET, NW. WASHINGTON, DC 20009			

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

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

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

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

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

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

(A) Name and Title  Average hours per week (list any hours for related organizations below line)  (1) EDUARDO FERRER PAST BOARD CHAIR  (2) RACHEL SUSSMAN BOARD CHAIRPERSON  (B) Average hours per week (list any hours for related organizations below line)  (2) RACHEL SUSSMAN BOARD CHAIRPERSON  (B) Average hours per week (list any hours for related organizations below line)  (1) EDUARDO FERRER PAST BOARD CHAIRPERSON  (B) Position (do not check more than one box, unless person is both an officer and a director/frustee)  (I) Reportable compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (I) EDUARDO FERRER  A 3 . 0 0  Average hours per week (list any hours for related organizations below line)  (I) EDUARDO FERRER  A 3 . 0 0  Average hours per week (list any hours for related organizations below line)  (I) EDUARDO FERRER  A 3 . 0 0  A X X X 0  A D O O O O O O O O O O O O O O O O O O	ated nt of er sation the cation lated
hours per week (list any hours for related organizations below line)  (1) EDUARDO FERRER PAST BOARD CHAIR (2) RACHEL SUSSMAN    hours per week (list any hours for related organizations and recording to the page of the page	er sation the sation lated ations 0.
(list any hours for related organizations below line)  (1) EDUARDO FERRER PAST BOARD CHAIR  (Ist any hours for related organizations below line)  X X X	sation the sation lated ations 0.
(1) EDUARDO FERRER PAST BOARD CHAIR X X X 0.  (2) RACHEL SUSSMAN 3.00	the ration lated ations 0.
(1) EDUARDO FERRER PAST BOARD CHAIR X X X 0.  (2) RACHEL SUSSMAN 3.00	ation lated ations 0.
(1) EDUARDO FERRER PAST BOARD CHAIR X X X 0.  (2) RACHEL SUSSMAN 3.00	0 •
(1) EDUARDO FERRER PAST BOARD CHAIR X X X 0.  (2) RACHEL SUSSMAN 3.00	0.
(1) EDUARDO FERRER PAST BOARD CHAIR X X X 0.  (2) RACHEL SUSSMAN 3.00	0.
PAST BOARD CHAIR  (2) RACHEL SUSSMAN  (3.00)	0.
(2) RACHEL SUSSMAN 3.00	0.
BOARD CHAIRPERSON   X X X   X   X   X   X   X   X   X	
	0.
(3) JORGE ESTRADA 2.00	<u> </u>
TREASURER X X X 0. 0.	
(4) HANK BROTHERS 2.00	•
SECRETARY X X 0. 0.	0.
(5) TOM ADKINS 2.00	^
VICE-CHAIR X 0. 0.	0.
(6) KAREN BURKES 2.00	^
DIRECTOR X 0. 0.	0.
(7) NATALIE ECKFORD 2.00 X 0.	0
	0.
	0.
	0.
DIRECTOR - ENDED 8/14 X U.	
	0.
DIRECTOR - ENDED 8/14 X U.	
DIRECTOR - ENDED 8/14 X 0.	0.
(12) BRANDI SHELTON 2.00	
DIRECTOR - ENDED 10/14 X 0.	0.
(13) HABIB BANGURA 2.00	<u>··</u>
DIRECTOR - BEGAN 10/14 X 0.	0.
(14) BRITTNEY CRUTCHFIELD 2.00	
DIRECTOR - BEGAN 11/14 X 0.	0.
(15) JOAN MCGOY 2.00	
DIRECTOR - BEGAN 11/14 X 0.	0.
(16) WILL RAGLAND 2.00	
DIRECTOR X 0.	0.
(17) ROXANA PEREZ 2.00	
DIRECTOR X 0.	0.

Page 8

(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do		Pos			ono	Reportable Reportable			Estimated		
	hours per					is bot	h an	compensation	compensatio	n	an	nount (	of
	week	-	cer ar	nd a d	irecto	or/trus	itee)	from	from related			other	
	(list any hours for	rector						the	organization			pensa	
	related	or di	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the	
	organizations	ustee	trust		9 0	ubeu		(88-2/1099-181130)				anizati d relate	
	below	dual tr	tional	١	nploy	st cor	_					anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18) RITIJA GUPTA	2.00				_								
DIRECTOR		Х						0.		0.			0.
(19) TONITA GALLOWAY	2.00												
DIRECTOR		Х						0.		0.			0.
(20) JACKIE MERLOS	2.00												
DIRECTOR - ENDED 6/15		Х						0.		0.			0.
(21) JULIE MEYER	40.00												
EXECUTIVE DIRECTOR		1		Х				111,879.		0.		9,8	36.
(22) EVANGELINE Y BENNETT	40.00												
PAST DIRECTOR OF FINANCE & OPER		1		Х				63,646.		0.		6,0	59.
(23) TAUNYA MELVIN	40.00											_	
CHIEF OPERATING OFFICER		i		Х				14,982.		0.		4	06.
(24) SUSAN EVANS ESPINOZA	40.00												
PRINCIPAL		i				X		106,670.		0.		7,1	53.
		i											
					7								
		1											
1b Sub-total	•						<b></b>	297,177.		0.	2	3,4	54.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)							<b>•</b>	297,177.		0.	2	3,4	54.
2 Total number of individuals (including but							no re	eceived more than \$100	,000 of reportab	le			
compensation from the organization						,							2
												Yes	No
3 Did the organization list any former office	r, director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for											3		X
		ole compensation and other compensation from the organization											
and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edul	e J f	for such individual			4		X
5 Did any person listed on line 1a receive o	accrue compe	nsat	ion f	from	any	/ uni	elat	ed organization or indiv	dual for services	i			
rendered to the organization? If "Yes," co	mplete Schedul	e J t	or s	uch	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of	ompensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation 1	rom	
the organization. Report compensation for	r the calendar y	ear	endi	ng v	vith	or w	rithir	n the organization's tax	year.				
(A)								(B)			(0	;)	
Name and busines	s address	N	INC	3				Description of s	ervices	С	ompe	nsatio	า
							T						
							T						
2 Total number of independent contractors	(including but r	ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	nization -				(	0							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events d Related organizations 1d 267,505. e Government grants (contributions) f All other contributions, gifts, grants, and 53,202. similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$ 320,707. h Total. Add lines 1a-1f .... Business Code 900099 7,701,351.7,701,351. 2 a PER PUPIL FUNDING Program Service Revenue С f All other program service revenue ..... 7,701,351. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,430. 7,430. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 634,155. 6 a Gross rents 552,437. **b** Less: rental expenses ...... 81,718. c Rental income or (loss) 81,718. 81,718. d Net rental income or (loss) . 7 a 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) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 8,111,206.7,701,351. 89,148 **Total revenue.** See instructions.

# Part IX | Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses				
1	Grants and other assistance to domestic organizations		охроново	gerrerar experience	охропосо				
•	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
2	individuals. See Part IV, line 22	8,980.	8,980.						
2	F	0,500.	0,500.						
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,	150 577	E0 220	02 226	1 111				
	trustees, and key employees	152,577.	59,230.	92,236.	1,111.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.506.444	0.050.644						
7	Other salaries and wages	2,536,441.	2,253,641.	282,800.					
8	Pension plan accruals and contributions (include				4 =				
	section 401(k) and 403(b) employer contributions)	69,082.	60,379.	8,688.	15.				
9	Other employee benefits	307,377.	268,655.	38,655.	67.				
10	Payroll taxes	206,897.	180,832.	26,019.	46.				
11	Fees for services (non-employees):								
а	Management								
b	Legal	12,000.	8,160.	3,840.					
С	Accounting	79,321.	50,898.	28,401.	22.				
d	Lobbying								
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g g									
9	column (A) amount, list line 11g expenses on Sch 0.)	36,472.	34,472.	2,000.					
12	Advertising and promotion	60,706.	60,706.						
13	Office expenses	53,539.	46,307.	6,956.	276.				
		53,714.	46,334.	7,360.	20.				
14	Information technology	33,711.	10,331.	7,300.	20.				
15	Royalties	295,848.	255,196.	40,539.	113.				
16	Occupancy	19,177.	16,722.	2,455.	110.				
17	Travel	10,1110	10,722.	2, =33.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	1,767.	1,525.	242.					
19	Conferences, conventions, and meetings	1,/0/•	1,545.	242.					
20	Interest								
21	Payments to affiliates	272 140	202 660	70 252	100				
22	Depreciation, depletion, and amortization	372,148.	292,668.	79,352.	128.				
23	Insurance	11,762.	10,146.	1,612.	4.				
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	STUDENT MATERIALS	281,218.	281,218.						
a b	STUDENT FOOD	129,191.	129,191.						
0	TELECOMMUNICATIONS	103,841.	89,573.	14,229.	39.				
C	STAFF DEVELOPMENT	83,693.	72,221.	11,472.	37•				
d		225,366.	140,108.	85,244.	14.				
e or	All other expenses	5,101,117.	4,367,162.	732,100.	1,855.				
25	Total functional expenses. Add lines 1 through 24e	J, 101, 11/•	4,301,104.	134,100.	1,000.				
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)				225				
42201	n 11-07-14				Form <b>990</b> (2014)				

Pai	πX	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	4,580,304.	1	
	2	Savings and temporary cash investments		2	7,289,250.
	3	Pledges and grants receivable, net	205,465.	3	91,330.
	4	Accounts receivable, net		4	233,912.
	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			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	24,588.	9	77,626.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10, 614, 352	•		
	b	Less: accumulated depreciation 10b 1,426,209	9,526,427.	10c	9,188,143.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	18,000.	15	326,804.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,530,773.	16	17,207,065.
	17	Accounts payable and accrued expenses	321,542.	17	335,991.
	18	Grants payable		18	
	19	Deferred revenue	342,240.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	7,694,124.	23	7,688,118.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	70,000.	25	283,743.
	26	Total liabilities. Add lines 17 through 25	8,427,906.	26	8,307,852.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	6 000 560		0 000 546
auc	27	Unrestricted net assets	6,090,568.	27	8,892,546.
Fund Balances	28	Temporarily restricted net assets	12,299.	28	6,667.
pu	29	Permanently restricted net assets		29	
ß		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
, o		and complete lines 30 through 34.			
sets	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	0.000.010
~	33	Total net assets or fund balances	6,102,867.	33	8,899,213.
	34	Total liabilities and net assets/fund balances	14,530,773.	34	17,207,065.

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)		8,11					
2	Total expenses (must equal Part IX, column (A), line 25)		5,10					
3	Revenue less expenses. Subtract line 2 from line 1		3,01					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4 6							
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	-21	3,7	43.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	8,89	9,2	13.			
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	O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	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							
	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 audit.						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?	5	За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

THE NEXT STEP PUBLIC CHARTER SCHOOL

**Employer identification number** 52-2103442

Pa	rt I	Reason for Public (	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.				
		ization is not a private found									
1		A church, convention of ch					)(A)(i).				
2	X	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
•		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
Ŭ		section 170(b)(1)(A)(iv). (Complete Part II.)									
6											
7	H	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
'		section 170(b)(1)(A)(vi). (Co	•	iniai part of its support	iioiii a gov	ciriiriciitai	unit or norm the general	public described in			
8			•	(1)(A)(vi) (Complete Par	+ 11 \						
9		An organization that norma				contribution	ana mambarahin fasa a	nd arose receipts from			
9		An organization that norma	•	•			· · · · · · · · · · · · · · · · · · ·	*			
		activities related to its exen									
		income and unrelated busin		(less section of reak) if	OIII DUSIIIE	sses acqu	ired by the organization	arter durie 30, 1973.			
10		See <b>section 509(a)(2).</b> (Cor An organization organized a		ively to test for public es	afoty Soo	saction 50	10(2)(4)				
11	H	An organization organized a	•	,				nurnoses of one or			
••		more publicly supported or	· ·				· · · · · · · · · · · · · · · · · · ·	•			
		lines 11a through 11d that						TIECK LITE DOX III			
_		Type I. A supporting orga	• •			•		aivina			
а		the supported organization									
			• •		a majority	or the direc	ciors or trustees or the s	apporting			
h		organization. You must o			tion with it	o cupport	ad arganization(s) by ba	vina			
b		Type II. A supporting organization	· ·					-			
		control or management o			arrie perso	טווס נוומנ טנ	introl of manage the sup	ported			
_		organization(s). You mus			in connoc	tion with	and franctionally integrat	ad with			
C		Type III functionally inte						eu wiiri,			
ام		its supported organization						zation(a)			
d		Type III non-functionally					• • • •				
		that is not functionally int	-		•			iveriess			
_		requirement (see instructi	·	-							
е		<ul> <li>Check this box if the orga functionally integrated, or</li> </ul>					гтурет, туреті, туретіі				
	Ento	r the number of supported o									
'		ride the following information									
9_	-	Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
		organization		(described on lines 1-9	listed i governing	n your	support (see	other support (see			
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)			
				(See Instructions))							
ota	ı										

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

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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	Tax revenues levied for the organ-						_			
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.									
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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			7						
Ū	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	<b>Total support.</b> Add lines 7 through 10									
12	Gross receipts from related activities,	etc (see instruction	ons)			12				
	First five years. If the Form 990 is for		,	d fourth or fifth t						
	organization, check this box and <b>stor</b>	-								
Sec	tion C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2014 (	line 6. column (f) d	ivided by line 11, o	column (f))		14	%			
	Public support percentage from 2013					15	%			
	33 1/3% support test - 2014. If the o					nore, check this bo				
	stop here. The organization qualifies						ightharpoons			
b	33 1/3% support test - 2013. If the						nis box			
	and <b>stop here.</b> The organization qual						ightharpoons			
17a	10% -facts-and-circumstances tes						or more.			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"				<u>=</u>	-				
b	10% -facts-and-circumstances tes	-	=				10% or			
~	more, and if the organization meets the									
	organization meets the "facts-and-cire									
18	Private foundation. If the organization		-	•			s			

# 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.)

Se	ction A. Public Support	low, please com	piete Fart II.)				
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	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						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b			V /			
	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						<u></u> ▶□
	ction C. Computation of Public						
15	Public support percentage for 2014 (lin	ne 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2013					16	%
	ction D. Computation of Inves		<u>-</u> _				
	17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))						
	18 Investment income percentage from 2013 Schedule A, Part III, line 17						
19a	19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
k	o 33 1/3% support tests - 2013. If the o	· ·			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	nstructions	

# 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, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b n 990 or 99	0 E3'	2014

Pai	rt IV Supporting Organizations (continued)			J
	(OSTIMINACY)		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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2h		
3		2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <i>part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	5			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	· ·		
1						
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Caat	ion A. Adiusted Not Income		(A) Drier Veer	(B) Current Year		
Sec.	ion A - Adjusted Net Income		(A) Prior 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				
	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-functionally	-integra	ated Type III supporting orga	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2014

Par	rt V Type III Non-Functionally Integrated 50	09(a)(3) Supporting Org	anizations <sub>(continued)</sub>				
Secti	tion D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish e	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported organization	ns				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	n the organization is responsive	e				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2014 from Section C, line 6						
	Line 8 amount divided by Line 9 amount						
	,	(i)	(ii)	(iii)			
		Excess Distributions	Underdistributions	Distributable			
Secti	ion E - Distribution Allocations (see instructions)		Pre-2014	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							
е	From 2013						
f	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2014 distributable amount						
i	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						
	Applied to 2014 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
	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:						
а							
b							
С							
d	Excess from 2013						
	Excess from 2014						

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-l	EZ) 2014 <b>T</b>	HE NEX	T STEP	PUBLIC	CHARTER	SCHOOL	52-2103442 Page 8
Part VI	Supplementa	I Informa	<b>ition.</b> Prov	ide the expla	nations require	ed by Part II, line	10; Part II, line	17a or 17b; and Part III, line 12.
	Also complete thi	s part for ar	iy additional	information.	(See instruction	ons).		
					4			
-			4					
-								

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Name of the organization

Organization type (check one):

**Employer identification number** 

THE NEXT STEP PUBLIC CHARTER SCHOOL 52-2103442

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					
	ization is covered by the General Rule or a Special Rule.					
Note. Only a section	n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
_	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or rom any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 50 any one co	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.					
year, total	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.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If the is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusive religious, charitable, etc., contributions totaling \$5,000 or more during the year						

**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)

# THE NEXT STEP PUBLIC CHARTER SCHOOL

52-2103442

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OFFICE OF STATE SUPERINTENDENT OF EDUCATION	255 076	Person X Payroll
	810 FIRST STREET, NE 9TH FLOOR WASHINGTON, DC 20002	\$ 255,076.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE SUMMIT FUND OF WASHINGTON		Person X
	2100 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20037	\$40,000.	Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	INTER-AMERICAN DEVELOPMENT BANK  1300 NEW YORK AVENUE, NW  WASHINGTON, DC 20577	\$9,300.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
400450 110		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

# THE NEXT STEP PUBLIC CHARTER SCHOOL

52-2103442

(a) (b) (c) (c) (d) (d) Description of noncash property given Part I  (a) (b) (c) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)  (d) Date receive  (e) FMV (or estimate) (see instructions)	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I  (a) No. from Description of noncash property given   Cc) FMV (or estimate) (see instructions)   Cc) FMV (or estimate)   Cc	No. from		FMV (or estimate)	(d) Date received
No. poscription of noncash property given			\$	
(a) No. rom Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received the property given (see instructions)  (a) No. rom Description of noncash property given (see instructions)  (a) No. rom Description of noncash property given (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received the property given (see instructions)  (a) No. rom Description of noncash property given (see instructions)  (a) No. Description of noncash property given (see instructions)  (b) Date received the property given (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received the property given (see instructions)	No. rom		FMV (or estimate)	(d) Date received
No.   (d)   Description of noncash property given   (e)   FMV (or estimate)   (see instructions)   (d)   Date received   (d)   Date received   (e)   Date received   Date received   (e)   Date received   Date received			\$	
(a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (see instructions) (e) Date received (see instructions) (for estimate) (f	No. rom		FMV (or estimate)	(d) Date received
No.   Description of noncash property given   FMV (or estimate)   (d)   Date received art I			\$	
(a) No. Tom art I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Date receive  (a) No. Tom art I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Date receive  (d) Date receive  (see instructions)	No. rom		FMV (or estimate)	(d) Date received
No. (b) FMV (or estimate) (see instructions)  (a) (c) FMV (or estimate) (see instructions)  (b) Date received  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) (c) FMV (or estimate) (d) Date received  (c) FMV (or estimate) (see instructions)			\$	
(a) No. Tom Description of noncash property given art I  (b) FMV (or estimate) (see instructions)  Date received	No. rom		FMV (or estimate)	(d) Date received
No. (b) FMV (or estimate) (see instructions)  Date received  Date received	-		\$	
	No. rom		FMV (or estimate)	(d) Date received
			\$	

Name of organization Employer identification number THE NEXT STEP PUBLIC CHARTER SCHOOL 52-2103442 religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

THE NEXT STEP PUBLIC CHARTER SCHOOL

**Employer identification number** 52-2103442

Pai	rt I	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	(1	b) Funds and other accounts
1	Total	number at end of year			
2	Aggre	egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year)			
4	Aggre	egate value at end of year			
5	Did th	ne organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed fun	ds
	are th	e organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did th	ne organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used c	only
	for ch	aritable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose	e confer	ring
	imper	missible private benefit?			Yes No_
Pai	rt II	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV,	line 7.
1	Purpo	ose(s) of conservation easements held by the organizati	on (check all that apply).		
		Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically	important land area
		Protection of natural habitat	Preservation of a cer	tified hi	storic structure
		Preservation of open space			
2	Comp	olete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a co	enservation easement on the last
	day o	f the tax year.			
					Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С		per of conservation easements on a certified historic stru			2c
d	Numb	per of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture	
	listed	in the National Register			2d
3		per of conservation easements modified, transferred, rel		ne organ	nization during the tax
	year	<b></b>			
4	Numb	per of states where property subject to conservation eas	sement is located >		
5	Does	the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violati	ons, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during tl	he year 🕨
7	Amou	int of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the ye	ear ▶ \$
8	Does	each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(E	3)(i)
	and s	ection 170(h)(4)(B)(ii)?			Yes No
9	In Par	t XIII, describe how the organization reports conservation	on easements in its revenue and expens	e stater	ment, and balance sheet, and
	includ	le, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	s the org	ganization's accounting for
	conse	ervation easements.			
Pai	rt III	Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other S	Similar Assets.
		Complete if the organization answered "Yes" to Form			
1a		organization elected, as permitted under SFAS 116 (AS			
	histor	ical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of	public service, provide, in Part XIII,
	the te	xt of the footnote to its financial statements that descri	bes these items.		
b	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and b	alance sheet works of art, historical
	treasu	ures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of po	ublic sei	rvice, provide the following amounts
		ng to these items:			
	(i) R	evenue included in Form 990, Part VIII, line 1			
2	If the	organization received or held works of art, historical trea	asures, or other similar assets for financi	al gain,	provide
	the fo	llowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Rever	nue included in Form 990, Part VIII, line 1			<b>&gt;</b> \$
b	Asset	s included in Form 990, Part X			▶ \$

	t III Organizations Maintaining C	ollections of Art				Similar As	sets/cont		raye <b>z</b> d)
3	Using the organization's acquisition, accession			-			•		
	(check all that apply):								
а									
b	Scholarly research	е	Other	3 1 3					
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further	the organizati	on's exemp	t purpose in l	Part XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma						Yes		☐ No
Pai	t IV Escrow and Custodial Arran						IV, line 9, c	or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributio	ns or other as	sets not inc	cluded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance			.,		1f			
	Did the organization include an amount on Fo				-	?	Yes	Ļ	No
	If "Yes," explain the arrangement in Part XIII.							<u> L</u>	
Pai	t V Endowment Funds. Complete if								
	-	(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years ba	ack <b>(e)</b> Fo	ur yea	rs back
	Beginning of year balance			4					
	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships			7					
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column	(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 be a sh								
За	Are there endowment funds not in the posse	ssion of the organizat	ion that are held	and administe	red for the	organization			1
	by:						- m	Ye	s No
	(i) unrelated organizations						3a(i)	_	+-
	(ii) related organizations						3a(ii	<del> </del>	+-
b	If "Yes" to 3a(ii), are the related organizations						3b		
Dai	4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.								
ı aı	Complete if the organization answered		Part IV lina 11a 9	Soo Form 000	Dort V line	. 10			
							(a) Da	-1	li i a
	Description of property	(a) Cost or oth basis (investme	' '	t or other (other)		ımulated ciation	<b>(d)</b> Bo	ok va	liue
	Lorent	`	,	27,230.	черге	Ciation	1 01	7	230.
	Land			02,587.	27	9,129.			$\frac{250.}{458.}$
	Buildings			, 5010	0 /	J, 149 •	1,02	. J ,	± J U •
	Leasehold improvements		۹۰	79,135.	5.1	7,080.	3 :	32	055.
	Equipment			5,400.		. , , 0 0 0 •			$\frac{033.}{400.}$
	Other		column (R) line				9,18		
IUIA	. Add iii les Ta trii bugit Te. (boluitiit (u) must et	quai i Oiiii 330, Fall A,	, coluitiii (b), iiile	100./			Ula D (Eor		

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

### Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form	n 990, Part X, col. (B) line 15.)	<b>&gt;</b>

#### Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSIT PAYABLE	70,000.
(3)	INTEREST RATE SWAP	213,743.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	283,743.

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

44,267.

5,101,117.

5,101,117.

2e

3

4c

Part XI	Recond	ciliation	of Revenue	per Audited	l Financial	<b>Statements</b>	With	Revenue	per Ret	turn.

	Treconduction of rievenue per Addition 1 mandar otatement	110 11	idi nevende per m	Clair	••
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	8,155,473.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	44,267.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	44,267.
3	Subtract line 2e from line 1			3	8,111,206.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	in the state of th			5	8,111,206.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	/ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,145,384.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<b>A</b> .			
а	Donated services and use of facilities	2a	44,267.		
b	Prior year adjustments	2b			

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

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

d Other (Describe in Part XIII.)

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.

4a

#### PART X, LINE 2:

e Add lines 2a through 2d

b Other (Describe in Part XIII.)c Add lines 4a and 4b

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB ASC NO. 740-10 [FORMERLY INTERPRETATION NO. 48 (FIN 48)], ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH IS AN INTERPRETATION OF ASC 740'S (FORMERLY SFAS NO. 109), ACCOUNTING FOR INCOME TAXES. FASB ASC NO. 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE NEXT STEP PUBLIC 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 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE NEXT STEP PUBLIC CHARTER SCHOOL'S TAX RETURN

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**Open to Public** Inspection

THE NEXT STEP PUBLIC CHARTER SCHOOL

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 52-2103442

	THE NEXT STEP PUBLIC CHARTER SCHOOL   52-2	1 0 0	<b>44</b>	
<sup>o</sup> a	rt I		YES	NO
ı			TES	IN
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	١.	х	
	other governing instrument, or in a resolution of its governing body?	1		
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		₩.	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		37	
	If you need more space, use Part II THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER	3	X	
	A CONTRACT WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE 75-50			
	DOES NOT APPLY TO CHARTER SCHOOLS. THE NON-DISCRIMATORY			
	POLICY IS EXPLICITLY STATED IN THE REGISTRATION APPLICATION			
	AND OUR BROCHURE.			
	Does the organization maintain the following?		7,7	
1	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
)	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
3	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER			
	A CONTRACT WITH THE D.C. GOVERNMENT. REVENUE PROCEDURE 75-50			
	DOES NOT APPLY TO CHARTER SCHOOLS.			
	DOES NOT AFFEIT TO CHARTER SCHOOLS:			
	Does the organization discriminate by race in any way with respect to:			
				2
	Students' rights or privileges?	5a		2
	Admissions policies?	5b		2
		5c		1
	Scholarships or other financial assistance?	5d		2
	Educational policies?	5e		2
	Use of facilities?	5f		2
	Athletic programs?	5g		-
1	Other extracurricular activities?	5h		-
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			ļ
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
)	Has the organization's right to such aid ever been revoked or suspended?	6b		
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	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) THE NEXT STEP PUBLIC CHARTER SCHOOL 52-2103442 Page 2  Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
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 NEXT STEP PUBLIC 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.

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047 **2014** 

Open to Public Inspection

Employer identification number

THE NEXT	STEP PUBL	IC CHARTER	SCHOOL				52-210	3442
Part I General Information on Grants a	and Assistance							
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selecti		
criteria used to award the grants or assi	istance?						X Yes	☐ No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the Unite	d States.				
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "\	es" to Form 990, Part I	/, line 21, for any	
recipient that received more than					(6) Madda ad af			
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gr or assistance	
					, and the second			
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	L	<u> </u>		<b>•</b>	
3 Enter total number of other organization								

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
UCATION SCHOLARSHIPS	10	8,980	. 0.		
art IV Supplemental Information. Provide the informa	tion required in Part I, lin	e 2, Part III, column	n (b), and any other a	dditional information.	

#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds** 

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

explanations, and any additional information in Part VI.

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

OMB No. 1545-0047 2014 Open to Public Inspection

Name of the organization

THE NEXT STEP PUBLIC CHARTER SCHOOL

Employer identification number 52-2103442

	TELL TODLIC								<u> </u>				
Part I Bond Issues	SEE PART VI	FOR COLUM	N (F) CO	NTINUAT	IONS								
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issue	ed (e) Issu	e price	(f) Description	on of purpose	(g) De	efeased	<b>(h)</b> On	behalf		
										of iss	suer	finan	cin
								Yes	No	Yes	No	Yes	N
						REFINANC							
A DISTRICT OF COLUME	3IA 53-6001131	NONE	10/01/1	4 7,820	,000.	INCURRED	FOR COL	1S	Х		Х		X
													i
В													
													i
С													<u> </u>
					ĺ								i
D													
Part II Proceeds					·								
				A		В	С				D		
1 Amount of bonds retired									_				
2 Amount of bonds legally defeased				20 000					_				
3 Total proceeds of issue				20,000.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceed													
6 Proceeds in refunding escrows				96,025.									
7 Issuance costs from proceeds			····	96,025.									
8 Credit enhancement from proceed									_				
9 Working capital expenditures from													
10 Capital expenditures from procee				23,975.									
11 Other spent proceeds				43,975.									
12 Other unspent proceeds				2011									
13 Year of substantial completion													
dd Mare the bende issued as next of			Yes	No X	Yes	No	Yes	No		Yes	-	No	
14 Were the bonds issued as part of				X			+				-		
<ul><li>Were the bonds issued as part of</li><li>Has the final allocation of proceed</li></ul>			7.7	25							-		
· · · · · · · · · · · · · · · · · · ·											-		
17 Does the organization maintain adequate boo	oks and records to support the final allocati	on of proceeds?											
rait III Filvate Dusilless Use				Α		В	С						
1 Was the organization a partner in	a nartnership, or a member of a	11.C	Yes	No	Yes	No No	Yes	No		Yes	Ť	No	
which owned property financed b	• • • • • • • • • • • • • • • • • • • •	•		X	163	140	169	140		163	_	140	
2 Are there any lease arrangements			••••	<del> </del>							_		
bond-financed property?	•			Х									
432121 10-15-14 LHA For Paperwork Reduction									Sched	lula V	/Farm	. 000\	<u>~</u>

Part	Private Business Use (Continued)								
			4	Е	3	(		Γ	)
За	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?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		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?		X						
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?		X						
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?		X						
Part	IV Arbitrage								
			4	E	3	(		Ι	)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
_2_	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
	Is the bond issue a variable rate issue?		Х						
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X						
	Name of provider								
	Term of hedge		1						
	Was the hedge superintegrated?								
<u>e</u>	Was the hedge terminated?								

Part IV Arbitrage (Continued)								
	A			3		С	Γ	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						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X						
Part V Procedures To Undertake Corrective Action								
		4	- E	3		Ç	Г	<u> </u>
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of							1	
federal tax requirements are timely identified and corrected through the voluntary							1	
closing agreement program if self-remediation is not available under applicable							1	
regulations?								
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K (see instru	ıctions).					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: DISTRICT OF COLUMBIA								
(F) DESCRIPTION OF PURPOSE:								
REFINANCE LOANS INCURRED FOR CONSTRUCTION OF SCH	OOL FAC	CILITY						

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE NEXT STEP PUBLIC CHARTER SCHOOL

**Employer identification number** 52-2103442

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HIGH SCHOOLS THE OPPORTUNITY TO CONTINUE THEIR EDUCATION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TEACHERS INDIVIDUALIZE INSTRUCTION TO HELP STUDENTS AND GED SKILLS. ACHIEVE THEIR ACADEMIC GOALS AT THEIR OWN PACE. THE CHARTER SCHOOL PLACES STUDENTS BY SKILL LEVEL, RATHER THAN AGE OR GRADE, AND PROMOTES STUDENTS ACCORDING TO THEIR PROGRESS. WHEN STUDENTS COMPLETE THEIR PROGRAM OF STUDY, THE CHARTER SCHOOL TRANSITION PROGRAM ASSISTS STUDENTS AND ALUMNI WITH CONTINUED EDUCATION AND CAREER PLANNING.

SERVICES

GED PREPARATION - THE CHARTER SCHOOL OFFERS STUDENTS THE PREPARATION, GUIDANCE AND SUPPORT NECESSARY TO PASS THE EXAM TO ATTAIN THE GENERAL EDUCATION DEVELOPMENT (GED) CERTIFICATE IN ENGLISH OR SPANISH. STUDENTS IN DAY AND NIGHT SCHOOL STUDY GED CONTENT AND SKILLS IN THEIR CLASSES, AND MUST PASS A PRELIMINARY PRACTICE TEST BEFORE THEY TAKE THE OFFICIAL EXAM. THE CHARTER SCHOOL OFFERS FINANCIAL ASSISTANCE TO THOSE STUDENTS WHO PASS THE PRACTICE TEST WHEN THEY REGISTER FOR THE OFFICIAL GED.

ENGLISH LANGUAGE LEARNERS - THE CHARTER SCHOOL OFFERS ESOL CLASSES TO ENGLISH LANGUAGE LEARNERS (ELLS) IN DAY AND NIGHT SCHOOL. STUDENTS LEARN THE LANGUAGE SKILLS THAT WILL ENABLE THEM TO NAVIGATE EFFECTIVELY WITHIN THEIR SCHOOL, THEIR COMMUNITY, AND THE WIDER WORLD.

LIFE SKILLS - THE CHARTER SCHOOL OFFERS INTERACTIVE WORKSHOPS ADDRESSING SEXUAL HEALTH EDUCATION, SUBSTANCE ABUSE, FINANCIAL LITERACY, IMMIGRATION AND CULTURAL ADAPTATION, AND COMMUNITY TEACHERS ENCOURAGE STUDENTS TO DEVELOP THEIR ABILITIES IN INVOLVEMENT. SUCH ACADEMIC LIFE SKILLS AS GOAL-SETTING, ORGANIZATION, INITIATIVE AND SELF-ADVOCACY, INDEPENDENT WORK AND COLLABORATION WITHIN EACH CLASS.

TRANSITIONS - THE TRANSITIONS PROGRAM IS DESIGNED TO HELP CHARTER SCHOOL STUDENTS AND ALUMNI MAKE AND IMPLEMENT SHORT AND LONG-TERM PLANS FOR POST-SECONDARY AND VOCATIONAL PATHS. A FULL-TIME TRANSITIONS SPECIALIST PROVIDES GUIDANCE ON COLLEGE, EMPLOYMENT AND VOCATIONS, AND HELPS STUDENTS ACCESS FINANCIAL RESOURCES TO CONTINUE THEIR EDUCATION.

CASE MANAGEMENT - CASE MANAGERS COMPLETE AN IN-DEPTH NEEDS ASSESSMENT OF EACH STUDENT TO EVALUATE WHAT SOCIAL, PHYSICAL AND EMOTIONAL SUPPORTS WILL ENABLE THE STUDENT TO GROW ACADEMICALLY. CASE MANAGERS CONNECT STUDENTS WITH AND HELP STUDENTS NAVIGATE SOCIAL SERVICES.

YOUNG PARENT PROGRAM - THE CHARTER SCHOOL, IN PARTNERSHIP WITH THE STUDENT SUPPORT CENTER'S NEW HEIGHTS PROGRAM, SUPPORTS EXPECTING AND PARENTING STUDENTS THROUGH ACADEMIC AND EXTRACURRICULAR PROGRAMS AS WELL AS PREGNANCY SUPPORT AND PARENTING CLASSES. THE AIM OF THE PROGRAM IS TO INCREASE ACADEMIC SUCCESS, IMPROVE GRADUATION RATES AND PREVENT SUBSEQUENT UNPLANNED PREGNANCIES.

TUTORING PROGRAM/VOLUNTEERS - VOLUNTEERS ARE AN ESSENTIAL PART OF THE CHARTER SCHOOL PROGRAM, AND THEIR INVOLVEMENT ALLOWS INDIVIDUALIZED 432212 08-27-14

Name of the organization

**Employer identification number** 

THE NEXT STEP PUBLIC CHARTER SCHOOL 52-2103442

INSTRUCTION FOR STUDENTS, ENABLING STUDENTS TO PROGRESS AT THEIR OWN

PACE. VOLUNTEERS WORK DURING THE DAY AND NIGHT SCHOOL AS CLASSROOM

AIDES, OR AS ONE-ON-ONE TUTORS WITH STUDENTS IN THE FOLLOWING SUBJECTS:

ESOL, READING AND LANGUAGE ARTS, AND MATH. BILINGUAL TUTORS ARE ALSO

AVAILABLE.

FOOD PROGRAM - THE CHARTER SCHOOL PROVIDES A FREE BREAKFAST, LUNCH AND DINNER PROGRAM IN ACCORDANCE WITH FEDERAL LAW AND THE U.S. DEPARTMENT OF AGRICULTURE (USDA) POLICY.

#### VISION

AT THE NEXT STEP PUBLIC CHARTER SCHOOL, WE ENVISION A SCHOOL FOR

STUDENTS WHERE THEIR PAST DOES NOT DICTATE THEIR FUTURE. WE ENVISION

STUDENTS EMPOWERED TO BE INDEPENDENT SELF-ADVOCATES, WHO SPEAK UP FOR

THEMSELVES AND THEIR FAMILIES WITH CLARITY AND KNOWLEDGE. WE ENVISION

STUDENTS WHO ARE CONFIDENT AND SELF-DISCIPLINED IN PURSUING THEIR OWN

GOALS. WE ENVISION STUDENTS WHO CAN WORK INDEPENDENTLY YET COLLABORATE

WITH DIVERSE GROUPS OF PEOPLE. WE ENVISION STUDENTS WHO ARE NOT JUST

RECIPIENTS OF INSTRUCTION, BUT RATHER ACTIVE PARTICIPANTS IN THEIR

EDUCATION.

WE ENVISION THE NEXT STEP PUBLIC CHARTER SCHOOL AS A COMMUNITY OF
STUDENTS, TEACHERS, STAFF, AND PARENTS WHO AGREE TO LISTEN TO EACH
OTHER, TO SUPPORT EACH OTHER, TO HOLD EACH OTHER TO HIGH EXPECTATIONS,
TO SPEAK TRUTH WITH CONFIDENCE, AND TO VIEW DIFFERENCES AS A CATALYST
FOR CREATIVITY. WE ENVISION A SCHOOL WHERE KINDNESS AND STRUCTURE GO
HAND IN HAND. WE ENVISION A SCHOOL THAT MAINTAINS ITS DELICATE BALANCE

Name of the organization
THE NEXT STEP PUBLIC CHARTER SCHOOL

Employer identification number 52-2103442

OF HIGH EXPECTATIONS FOR OUR STUDENTS AND RELENTLESS SUPPORT IN MEETING THOSE EXPECTATIONS.

WE ENVISION A WORLD WHERE ALL STUDENTS, REGARDLESS OF BACKGROUND, RACE,

OR STATUS HAVE THE OPPORTUNITY TO FURTHER THEIR EDUCATION AND TO PLAN

FOR FUTURE ACCOMPLISHMENT RATHER THAN BE MARGINALIZED BY PAST FAILURE.

WE ENVISION A WORLD WHERE STUDENTS WHO FACE EXTRAORDINARY CHALLENGES

ARE REGARDED AS INDISPENSABLE AND INSPIRING MEMBERS OF SOCIETY.

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

RELEVANT INFORMATION IS GIVEN TO A 3RD PARTY FOR 990 PREPARATION AND REVIEW. THE COMPLETED DOCUMENT IS THEN PRESENTED TO THE EXECUTIVE DIRECTOR WHO PRESENTS THE 990 TO THE FINANCE COMMITTEE. UPON THE FINANCE COMMITTEE'S REVIEW, IT IS FORWARDED TO THE FULL BOARD FOR THEIR APPROVAL. AFTER FINAL APPROVAL, THE 990 IS FILED WITH THE IRS.

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

DURING THE ANNUAL ORIENTATION, ALL NEW BOARD MEMBERS ARE REQUIRED TO

COMPLETE AND SIGN A DISCLOSURE DOCUMENT. EACH PERSON SHALL COMPLETE A

DISCLOSURE FORM EACH YEAR AND THE POLICY IS REVIEWED ANNUALLY BY EACH

MEMBER OF THE BOARD.

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

THE EXECUTIVE DIRECTORS COMPENSATION IS DETERMINED AND APPROVED BY THE
BOARD OF DIRECTORS USING WRITTEN EMPLOYMENT CONTRACTS, FORM 990'S OF OTHER
ORGANIZATIONS AND OTHER APPROPRIATE INFORMATION RELATED TO COMPARABLE
POSITIONS OF SIMILAR SIZED ORGANIZATIONS.

AND BOARD APPROVAL.

Name of the organization

**Employer identification number** 

THE NEXT STEP PUBLIC CHARTER SCHOOL 52-2103442

SALARIES FOR TEACHERS, COUNSELORS AND INSTRUCTIONAL SUPPORT STAFF ARE

DETERMINED ACCORDING TO THE APPROVED SALARY SCALE. THE PRINCIPAL,

ASSISTANT PRINCIPAL AND EXECUTIVE DIRECTOR HAVE DISCRETION TO NEGOTIATE

SALARIES WITH STAFF AND THE FINAL SALARY FOR ALL STAFF WILL BE STATED IN

THE ANNUAL OFFER LETTER. ANNUAL RAISES ARE SUBJECT TO BUDGET CONSTRAINTS

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

ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE FORWARDED TO THE DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL BOARD WHICH PROVIDES

OVERSIGHT AND DISTRIBUTION OF RELEVANT INFORMATION TO THE PUBLIC. THE FORM

990 IS MADE AVAILABLE UPON REQUEST AND IS AVAILABLE ON GUIDESTAR.ORG FOR PUBLIC INSPECTION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN FAIR VALUE OF INTEREST RATE SWAP

-213,743.

FORM 990, PART XI, LINE 9

ON OCTOBER 9, 2014, THE CHARTER SCHOOL ENTERED INTO AN INTEREST RATE

SWAP AGREEMENT WITH SUNTRUST BANK FOR A NOTIONAL AMOUNT EQUAL TO THE

OBLIGATION UNDER THE LOAN PAYABLE WHEREBY A PORTION OF THE FLOATING

RATE WAS SWAPPED INTO A FIXED RATE. UNDER THE AGREEMENT, THE CHARTER

SCHOOL PAYS THE BANK INTEREST AT A FIXED RATE OF 3.51% ON THE PRINCIPAL

LOAN BALANCE THROUGH THE TERMINATION DATE OF THE SWAP AGREEMENT, WHICH

IS OCTOBER 1, 2021. THE SWAP MECHANISM IS INTENDED TO ALLOW THE SCHOOL

TO REALIZE THE POTENTIAL BENEFIT OF A LOWER FIXED RATE BY REDUCING THE

IMPACT OF MARKET CHANGES IN THE VARIABLE INTEREST RATE. INTEREST

EXPENSE RELATED TO THE INTEREST RATE SWAP FOR THE YEAR ENDED JUNE 30,

Name of the organization THE NEXT STEP PUBLIC CHARTER SCHOOL	Employer identification number 52-2103442
2015 WAS \$90,516. AT JUNE 30, 2015, THE FAIR VALUE OF THE	IE INTEREST
RATE SWAP WAS \$213,743 AND HAS BEEN REFLECTED AS A LIABIL	ITY IN THE
STATEMENTS OF FINANCIAL POSITION.	