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Selection box in the Adobe 1 lint dialog.								
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PUBLIC DISCLOSURE COPY								

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning JUL~1 , $^-_2$ 015, and ending JUN~30 ,20 16

OMB No. 1545-1878

Form **8879-EO**

Consument of the Trees.	Do not send to the IRS. Keep for your records.		2010
epartment of the Treasury Iternal Revenue Service	► Information about Form 8879-EO and its instructions is at www.irs.gov/form8	879eo.	
lame of exempt organization	•		identification number
PERRY STREET	PREPARATORY PUBLIC		
CHARTER SCHOO	<u> </u>	52-2	174617
lame and title of officer			
KELLY SMITH			
OIR OF OPERAT			
Part I Type of I	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5 a whichever is applicable, bl han 1 line in Part I.	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fr a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab	then leave le line belo	line 1b, 2b, 3b, 4b, or 5b, w. Do not complete more
a Form 990 check here		1b	6,992,827.
a Form 990-EZ check he	re 🕨 📖 b Total revenue, if any (Form 990-EZ, line 9)	2b	
a Form 1120-POL check		3b	
la Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		
a) an acknowledgement o he date of any refund. If a debit) entry to the financial eturn, and the financial ins I-888-353-4537 no later tho processing of the electronic payment. I have selected a	der, transmitter, or electronic return originator (ERO) to send the organization's return to freceipt or reason for rejection of the transmission, (b) the reason for any delay in procepplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an institution account indicated in the tax preparation software for payment of the organizatitution to debit the entry to this account. To revoke a payment, I must contact the U.S an 2 business days prior to the payment (settlement) date. I also authorize the financial c payment of taxes to receive confidential information necessary to answer inquiries and personal identification number (PIN) as my signature for the organization's electronic reflectronic funds withdrawal.	essing the relectronic fation's fed- ation's fed- Treasury Institutions Tresolve is	eturn or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the esues related to the
Officer's PIN: check one	box only		
X I authorize JO	NES, MARESCA & MCQUADE, PA	to enter m	y PIN 20036
	ERO firm name		Enter five numbers, t do not enter all zeros
is being filed with enter my PIN on As an officer of the indicated within	on the organization's tax year 2015 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 2015 this return that a copy of the return is being filed with a state agency(ies) regulating character my PIN on the return's disclosure consent screen.	thorize the electronica	aforementioned ERO to
Officer's signature **	*** THIS IS NOT A FILEABLE COPY ***		
Part III Certifica	tion and Authentication		_
	ur six-digit electronic filing identification		
•	your five-digit self-selected PIN. 52249421044 do not enter all zeros		
•	neric entry is my PIN, which is my signature on the 2015 electronically filed return for the graph that return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeFes Returns.	•	
RO's signature ▶	Date ▶		
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form To the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions. 523051 10-19-15

Form **8879-EO** (2015)

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

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

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

and ending JUN 30, 2016

Information about Form 990 and its instructions is at www.irs.gov/form990. Tax year beginning JUL 1, 2015 and ending JUN 30,

Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable	C Name of organization PERRY STREET PREPARATORY PUBLIC		D Employer identif	cation number			
г	Addres	S GUADEED GGUOOT						
H	change Name			52_2	174617			
F	lchange	0	om/cuito	E Telephone number				
F	return Fiṇal	1800 PERRY STREET NE	om/suite	202-529-4400				
	return/ termin		G Gross receipts \$ 7,005,393					
Г	ated Amend			H(a) Is this a group r				
F	lreturn ∏Applic			for subordinates				
_	pendir	SAME AS C ABOVE		H(b) Are all subordinates i				
$\overline{}$	Tay.eye	empt status: X 501(c)(3) 501(c) ()	527		list. (see instructions)			
<u></u>	Wehsit	e: WWW.PSPDC.ORG	027	H(c) Group exemption				
		organization: X Corporation Trust Association Other ►	1 Year o		M State of legal domicile: DC			
	art I	Summary			• • • • • • • • • • • • • • • • • • •			
		Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t DEV}$	/ELOP	SOCIALLY R	ESPONSIBLE			
Activities & Governance		LEADERS WHILE TRANSFORMING PUBLIC EDUCATION	DN.					
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net a	ssets.			
ove		Number of voting members of the governing body (Part VI, line 1a)			9			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			9			
es 8	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			182			
Λİţ	6	Total number of volunteers (estimate if necessary)		6	15			
Λcti		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		1,281,064.	1,246,679.			
Revenue		Program service revenue (Part VIII, line 2g)		11,633,678.				
3ev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-96,832.	1,196.			
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		56,986.	0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,874,896.	6,992,827.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	1			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,986,982.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 4,643	; <u> </u>	0.	0.			
Š	_b			4,893,660.	4,794,727.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,880,642.	7,958,019.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-5,746.				
700	19	Revenue less expenses. Subtract line 18 from line 12	Po	ginning of Current Year	End of Year			
Net Assets or Ind Balances	20	Total accests (Part V. line 16)		24,245,424.	22,639,678.			
Ass(Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		15,577,649.	14,924,870.			
Net.	22	Net assets or fund balances. Subtract line 21 from line 20		8,667,775.	7,714,808.			
	art II	Signature Block			. , . = = ,			
		lties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of m	v knowledge and belief, it is			
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which		*	,			
Sig	n	Signature of officer		Date				
He		KELLY SMITH, DIR. OF OPERATIONS						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	D	oate Check	PTIN			
Pai		DAVID JONES		if self-employ				
Pre	parer	Firm's name JONES MARESCA & MCQUADE PA		Firm's EIN ▶	52-1853933			
Use Only Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE 800								
		WASHINGTON, DC 20036		Phone no. 20	2-296-3306			
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO DEVELOP A COMMUNITY OF DIVERSE LEARNERS THAT BUILDS RELATIONSHIPS
	WITH FAMILIES AND EMPOWER STUDENTS TO BE COLLEGE-READY AND TO THRIVE
	IN A GLOBAL SOCIETY.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
3	5 7 71 5
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,414,609 · including grants of \$) (Revenue \$ 5,744,952 ·
	THE SCHOOL'S CHARTER PROVIDES FOR ENROLLMENT OF UP TO 850 STUDENTS IN
	PRE-KINDERGARTEN (3 YEARS OLD) THROUGH 8TH GRADE.
4b	(Code:) (Expenses \$
4c	(Code) \(\(\Gamma\)\(\Gamma\)
+0	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 6,414,609.
-+e	Form 990 (201
	Form 990 (201

16080119 793927 30413

Page **3**

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Form 990 (2015)

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)?		162	NO
•		1	Х	
2	If "Yes," complete Schedule A	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			 -
Ü	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	ا		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	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,			
	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	46.		_ v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Λ	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000.			
	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		х
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	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	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,	٠.٠		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2015)

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52-2174617

Form 990 (2015)

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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			l
	Schedule J	23		X
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	77
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			37
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	l		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
	complete Schedule L, Part II	26		
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	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee; in res, complete schedule 2, rath with a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O			1

Form **990** (2015)

52-2174617

Form 990 (2015)

Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5а	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?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			۱
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_^
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıu		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	_ ,,,			-

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses 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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	ole	
	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	l 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:			
	KELLY SMITH - 202-529-4400			
	1800 PERRY STREET NE, WASHINGTON, DC 20018			

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than ts bot or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CYNTHIA G BROWN	4.00								•	
PRESIDENT	4 00	Х		Х				0.	0.	0 .
(2) HAROLD BARDONILLE	4.00	x		х				0.	0.	0 .
CHAIR/INTERIM TREASURER (3) VINETTE E BROWN	4.00	^		Δ				0.	0.	0 .
BOARD SECRETARY	4.00	Х		Х				0.	0.	0 .
(4) FREDA DENIS	2.00							· ·	<u> </u>	
BOARD MEMBER		x						0.	0.	0 .
(5) CONOR P WILLIAMS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) LAKISHA RIVERA	2.00									
BOARD MEMBER		Х						0.	0.	0 .
(7) DARWIN K BAGLEY	2.00									
BOARD MEMBER		Х						0.	0.	0
(8) CONSUELO NELSON	2.00									
BOARD MEMBER		Х						0.	0.	0 .
(9) ADJOA B ASAMOAH	2.00	l							•	
BOARD MEMBER UNTIL 4/2016		Х						0.	0.	0 .
(10) AHSLEY KOLLME	2.00	,,							0	
BOARD MEMBER	2 00	Х						0.	0.	0 .
(11) TIFFANY WARD	2.00	X						0.	0.	0 .
BOARD MEMBER UNTIL 10/2015 (12) SHADWICK JENKINS	40.00	^						0.	0.	0 .
HEAD OF SCHOOL	40.00	1		х				103,204.	0.	0 .
NEAD OF SCHOOL				Λ				103,204.	0.	0.
		\vdash								
		ł								

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ighe	st (Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on	am	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	ıs	com fro orga and	pensa om the anizat d relat anizatie	e ion ed
		_											
		_											
		-											
		_											
		_											
1b Sub-total								103,204.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						>	103,204.		0.			0.
Total number of individuals (including but recompensation from the organization									0,000 of reportab	ole			1
3 Did the organization list any former officer	, director, or tru											Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services		4		X
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	or su	uch	pers	son .					5		Х
Complete this table for your five highest countered the organization. Report compensation for										npens	ation f	rom	
(A) Name and business	•			·· <u>··</u>				(B) Description of s		C	(Comper		n
TENSQUARE, LLC, 1101 17T 200, WASHINGTON, DC 2003		r s	SUI	ΓTE	3		- 1	SCHOOL IMPRO SERVICES	VEMENT		75	1,6	67.
							_						

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

\$100,000 of compensation from the organization

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PERRY STREET PREPARATORY PUBLIC Form 990 (2015) CHARTER Part VIII Statement of Revenue CHARTER SCHOOL

ı aı	t VII			ar note to any lin	as in this Dort \/III			
		Check if Schedule O conta	ains a response	or note to any iii	(A)	(B)	(C)	
					Total revenue	Related or	Unrelated	(D) Revenue excluded from tax under
						exempt function	business	sections 512 - 514
<u>ω</u> ω			1.1			revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
		Membership dues						
		Fundraising events						
	d	Related organizations	1d	000 000				
		Government grants (contribution	′ 	227,200.				
	f	All other contributions, gifts, grant	s, and					
호취		similar amounts not included abov	e 1f	19,479.				
gg	g	Noncash contributions included in lines	1a-1f: \$					
<u>a</u> 5	h	Total. Add lines 1a-1f		<u></u>	1,246,679.			
				Business Code				
မွ	2 a	PER PUPIL APPRO	PRIATIO	611710	3,550,993.	3,550,993.		
ه چَ		PER PUPIL SPECI		611710	1,108,559.	1,108,559.		
Se	С	PER PUPIL FACIL	ITY ALL	611710	1,063,691.	1,063,691.		
eve	d	ACTIVITY FEE		900099	21,709.	21,709.		
Program Service Revenue	е				-	-		
P	f	All other program service rever	nue					
	a.	Total. Add lines 2a-2f			5,744,952.			
	3	Investment income (including			, , , , ,			
	Ū	other similar amounts)	,	,	13,762.			13,762.
	4	Income from investment of tax						
	5			_				
	3	Royalties	(i) Real	(ii) Personal				
	6 -	Crass rents	(i) neai	(II) Personal				
		Gross rents			-			
		Less: rental expenses			-			
		Rental income or (loss)		<u> </u>				
		Net rental income or (loss)		1				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis		10 566				
		and sales expenses		12,566.				
		Gain or (loss)		-12,566.				10 566
	d	Net gain or (loss)		<u></u>	-12,566.			-12,566.
e e	8 a	Gross income from fundraising	events (not					
eu		including \$						
Other Revenu		contributions reported on line	1c). See					
e		Part IV, line 18						
€	b	Less: direct expenses	b					
	С	Net income or (loss) from fund	raising events	_				
	9 a	Gross income from gaming act	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gami	ng activities					
	10 a	Gross sales of inventory, less i	returns					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales		>				
		Miscellaneous Revenue		Business Code				
f	11 a							
	u							
	c							
	Ч	All other revenue						
	ب م	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			6,992.827.	5,744,952.	0.	1,196.
						, , , , , , , , , , , , ,		,

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b, Program service Management and 7h 8h 0h and 10h of Part VIII

7b,	8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·	·	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	103,204.	78,096.	24,999.	109.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,449,038.	1,853,221.	593,235.	2,582.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	36,781.	29,322.	7,443.	16.
9	Other employee benefits	342,535.	273,078.	69,311.	146.
10	Payroll taxes	231,734.	184,738.	46,897.	99.
11	Fees for services (non-employees):				
а	Management	1,149,370.	916,277.	232,601.	492.
	Legal	26,156.	20,852.	5,293.	11.
	Accounting	157,432.	125,505.	31,860.	67.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	113,958.	90,847.	23,062.	49.
12	Advertising and promotion				
13	Office expenses	144,894.	115,509.	29,323.	62.
14	Information technology	84,569.	67,418.	17,115.	36.
15	Royalties				
16	Occupancy	835,566.	666,112.	169,097.	357.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	19,172.	15,338.	3,834.	
21	Payments to affiliates	1 1 - 0 1 1 0			
22	Depreciation, depletion, and amortization	1,152,649.	921,428.	230,699.	522.
23	Insurance	101,045.	80,553.	20,449.	43.
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.)	E01 160	E01 160		
а	DIRECT STUDENT EXPENSES	701,162.	701,162.		
b	FOOD SERVICE	168,680.	168,680.	16 262	
С	BOND AMORTIZATION	68,173.	51,811.	16,362.	0.77
d	PCSB ADMINISTRATION FEE	64,243.	51,214.	13,002.	27.
e	All other expenses	7,658.	3,448.	4,185.	25.
25	Total functional expenses. Add lines 1 through 24e	7,958,019.	6,414,609.	1,538,767.	4,643.
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)				

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Part X Balance Sheet

Par	נא	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	6,853,771.	2	7,017,920
	3	Pledges and grants receivable, net	545,850.	3	381,010
	4	Accounts receivable, net		4	
	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			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	131,097.	9	152,766
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 22,135,440.			
	b	Less: accumulated depreciation 10b 8,446,164.		10c	13,689,276
	11	Investments - publicly traded securities	1,255,933.	11	793,316
	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	769,688.	15	605,390
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,245,424.	16	22,639,678
	17	Accounts payable and accrued expenses	748,293.	17	326,239
	18	Grants payable		18	
	19	Deferred revenue	513,213.	19	44,382
	20	Tax-exempt bond liabilities	12,114,656.	20	12,114,656
	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		23	
	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	0 001 105		
		Schedule D	2,201,487.	25	2,439,593
	26	Total liabilities. Add lines 17 through 25	15,577,649.	26	14,924,870
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	0 225 504		D 410 40D
Fund Balances	27	Unrestricted net assets	8,335,524.	27	7,410,407
Bal	28	Temporarily restricted net assets	332,251.	28	304,401
pu	29	Permanently restricted net assets		29	
로		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ğ		and complete lines 30 through 34.			
Set	30	Capital stock or trust principal, or current funds		30	
As	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	0 ((7 77	32	7 71 / 000
-	33	Total net assets or fund balances	8,667,775.	33	7,714,808
	34	Total liabilities and net assets/fund balances	24,245,424.	34	22,639,678

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		Ш
1	Total revenue (must equal Part VIII, column (A), line 12)		6,99		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,95		
3	Revenue less expenses. Subtract line 2 from line 1	3	-96	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,66		
5	Net unrealized gains (losses) on investments	5	1	2,2	<u> 25.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,71	<u>4,8</u>	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				LX
				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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	, , , , ,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a	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	Х	<u> </u>
			Form	990 ((2015)

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

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

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

Par	tΙ	Reason for Public (Charity Status (All organizations must c	omplete th	is part.) Se	ee instructions.				
The c	organ	ization is not a private found	ation because it is:	(For lines 1 through 11,	check only	one box.)					
1 [A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2	X	A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)					
3			A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz	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	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (C			,						
6		A federal, state, or local gov	•	mental unit described in	section 1	70(h)(1)(A)	(v)				
7	Ti.	An organization that norma	•				• •	nublic described in			
•		section 170(b)(1)(A)(vi). (Co	•	antial part of its support	nom a gov	Ciriiriciitai	dilit of from the general	public described in			
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \						
9	Ħ				-	oontributie	ana mambarahin fasa s	and areas resoints from			
9 1		An organization that norma									
		activities related to its exen									
		income and unrelated busin		e (less section 5 i i tax) fr	om busine	esses acqu	ired by the organization	aπer June 30, 1975.			
ا مه		See section 509(a)(2). (Cor					201 1141				
10 l		An organization organized a	=	•	-			_			
11		An organization organized a	=	•	•		· · · · · · · · · · · · · · · · · · ·				
		more publicly supported or	-					check the box in			
		lines 11a through 11d that	* *			-	_				
а			· ·	•							
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting			
		organization. You must o	-								
b			•					•			
		control or management o			same perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С			grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instruction:	s). You must complete	Part IV, Se	ections A,	D, and E.				
d			, integrated. A supp	porting organization ope	rated in co	nnection v	vith its supported organi	zation(s)			
		that is not functionally int	egrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	ions). You must co r	mplete Part IV, Section	s A and D,	, and Part	V.				
е		☐ Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-function	onally integrated support	ing organi	zation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information		, 	In						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization in your	(v) Amount of monetary	(vi) Amount of			
		organization		above (see instructions))	governing	document?	support (see instructions)	other support (see instructions)			
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	instructions)	instructions)			
					1						
					1						
Total											

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Form 990 or 990-EZ. 532021 09-23-15

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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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and stor	here					<u></u> ▶∟
	ction C. Computation of Publ						
	Public support percentage for 2015 (14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			=		~	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				-		▶ □
10	organization meets the "facts-and-circ						
Ιδ	Private foundation. If the organization	n did not check a	box on line 13, 16	oa, 100, 1/a, 0r 1/		and see instruction	

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	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	<u> </u>	` ′	<u> </u>	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
7	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						
	Total. Add lines 1 through 5			1	-	+	
78	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>			
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	!			
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
k	33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		163	NO
	1		
	2		
	3a		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	5 C		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
_	10b	00 E7	2015

Га	rt IV Supporting Organizations _(continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		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,			
		2		
800	supervised, or controlled the supporting organization.			
Sec	ction 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	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes, " then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а				
а	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b		Ja		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

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Part	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970. See instr i	uctions. All
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
(collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d ·	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
1	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
6 1	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Illy-integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Pai	Try Type III Non-Functionally Integra	tea 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accor				
2	Amounts paid to perform activity that directly furth				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exemp	ot purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval rec	uired)			
6	Other distributions (describe in Part VI). See instru	ctions.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations t	o which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2015 from Section C, line	6			
10	Line 8 amount divided by Line 9 amount				
			(i)	(ii)	(iii)
Secti	tion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
,	don E Distribution Anovations (see manuctions)			110 2010	Amount for 2010
1	Distributable amount for 2015 from Section C, line	6			
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:				
а					
b					
С					
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2015 distributable amount				
i	, , ,				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2015 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 201	•			
	any. Subtract lines 3g and 4a from line 2 (if amount				
_	greater than zero, see instructions).				
6	Remaining underdistributions for 2015. Subtract lin				
	and 4b from line 1 (if amount greater than zero, see)			
	instructions).				
7	Excess distributions carryover to 2016. Add lines	s 3j			
	and 4c.				
8	Breakdown of line 7:				
a					
<u>b</u>					
	Excess from 2013				
d	Excess from 2014				

Schedule A (Form 990 or 990-EZ) 2015

PERRY STREET PREPARATORY PUBLIC

Schedule A	(Form 990 or 990-EZ) 2015 CHARTER SCHOOL	52-2174617 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number 52-2174617

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cel	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
Do	conservation easements. † III Organizations Maintaining Collections of	f Art Historical Tracquires or (Other Similar Assets
Га	Complete if the organization answered "Yes" on Form		Other Sillilai Assets.
			mant and balance about works of ort
Id	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh		
	•	·	arice or public service, provide, in Part XIII,
h	the text of the footnote to its financial statements that describe the organization planted as permitted under SEAS 116 (AS		at and balance about works of art. historical
D	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ducation, or research in furtherance of p	ublic service, provide the following amounts
			Δ Φ
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treat		
2	the following amounts required to be reported under SFAS 1:		ai gairi, provide
•	·	` ,	•
d	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

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Schedule D (Form 990) 2015

	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	r Similar <i>A</i>	Assets(co	ntinued)	g-
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at are a si	gnificant use	of its colle	ction item	าร
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how tl	ney further t	he organizat	ion's exer	mpt purpose i	n Part XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			Ye	s 🗌	No
Pai	t IV Escrow and Custodial Arran								, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets not	included			
	on Form 990, Part X?							🔲 Ye	s 🗌	□No
b	If "Yes," explain the arrangement in Part XIII									
								Amo	ount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Ye	s _	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided or	Part XIII			<u> </u>	
Pai	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.			
		(a) Current year	(b) F	rior year	(c) Two year	rs back	(d) Three years	back (e)	Four years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:	-				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	and administe	ered for th	ne organizatio	n		
	by:								Yes	No
	(i) unrelated organizations							3a	ı(i)	
	(ii) related organizations								(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?				3	b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part I	V, line 11a. S	See Form 99	0, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated	(d) E	Book valu	ie
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings			-	5,637.	3,7	768,460		L57,1	
	Leasehold improvements				9,042.		47,937		31,1	
	Equipment			-	9,178.		18,173		301,0	
	Other			2,41	1,583.	2,2	211,594		L99,9	
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	10c.)			13,6	589,2	76.

Schedule D (Form 990) 2015

GIIIDEED GGII	OOT.	XI IOBBIC	52-2174617 Page
Part VII Investments - Other Securities.	<u> </u>		32 ZI/40I/ Page
Complete if the organization answered "Yes" of	on Form 000 Port IV II	ing 11h Sag Form 000 Dart V li	no 10
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
	(b) Book value	(b) Method of Valdation.	Cost of cha of your market value
(1) Financial derivatives		+	
(2) Closely-held equity interests		+	
(3) Other		+	
(A)		+	
(B)		+	
(C)		+	
(D)		+	
(E)		+	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	5 000 B 1 N / N		40
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, II (b) Book value		ne 13. Cost or end-of-year market value
· · · ·	(b) Book value	(c) Method of Valuation.	Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (ine 11d. See Form 990, Part X, li	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 900 Part IV II	ing 11g or 11f Sog Form 900 Pr	art V lino 25
(a) Description of lightly)	(b) Book value	art A, iiile 23.
		(b) Book value	
(1) Federal income taxes (2) DEFERRED RENT		2,326,212.	
CARTERIA TELOGO PATRICIO		113,381.	
(9)		113,301.	
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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

Schedule D (Form 990) 2015

(8)

2,439,593.

CHARTER SCHOOL 52-2174617 Page 4

Pa	Reconciliation of Revenue per Audited Financial Statem		Revenue per F	teturr	l.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12.			1	7,043,800.
1 2	Total revenue, gains, and other support per audited financial statements			'	7,045,000
z a	Net unrealized gains (losses) on investments	2a	12,225.		
b	Donated services and use of facilities	·	38,748.	-	
C	Recoveries of prior year grants		307,1200	-	
d	Other (Describe in Part XIII.)			-	
e	Add lines 2a through 2d			2e	50,973.
3	Subtract line 2e from line 1			3	6,992,827.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,992,827.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents With	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	7,996,767.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	22 742		
а	Donated services and use of facilities		38,748.		
b	Prior year adjustments			-	
С	Other losses			-	
d	Other (Describe in Part XIII.)				20 740
_	Add lines 2a through 2d			2e	38,748. 7,958,019.
3	Subtract line 2e from line 1			3	1,930,019.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.) Add lines 4a and 4b			10	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	7,958,019.
	t XIII Supplemental Information.				. / 0 0 0 / 0 = 0 0
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV. lines 1b	and 2b: Part V. line	4: Part	X. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad				, , ,
PAI	RT X, LINE 2:				
mui	CCUOOI TC CENEDALLY EVENDE EDOM EEDEDAL	TNCOME	MAVEC IINT	י מיםו	DDOWEGTONG
111	S SCHOOL IS GENERALLY EXEMPT FROM FEDERAL	INCOME	TAXES UND	CK.	PROVISIONS
OF	SECTION 501(C)(3) OF THE INTERNAL REWVEN	JE CODE	, INCOME I	HAT	IS NOT
RE.	ATED TO EXEMPT PURPOSES, LESS APPLICABLE	DEDUCT	IONS, IS S	UBJ.	ECT TO
FEI	DERAL AND STATE CORPORATE INCOME TAXES. TI	HE SCHO	OL HAD NO	NET	UNRELATED
BU	SINESS INCOME FOR THE YEARS ENDED JUNE 30	, 2016	AND 2015.		

09-21-

SCHEDULE E

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Department of the Treasury

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

PERRY STREET PREPARATORY PUBLIC

CHARTER SCHOOL

Emplo

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

			YES	N
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		7.7	
	other governing instrument, or in a resolution of its governing body?	1	Х	
	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		
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER	3		L
	A CONTRACT WITH THE DC GOVERNMENT REVENUE PROCEDURE 75-50			
	DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS.			
	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	 -	t
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	10	 	t
·	admissions, programs, and scholarships?	4c	х	
4	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	H
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40		H
	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER			
	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS.			
а	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to:	5a		
	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a 5b		
b	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		_
b c	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		
b c d	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		
b c d	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c		
b c d e f	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		
b c d e f	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		İ
b c d e f	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		
b c d e f	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		İ
b c d e f g h	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	×	İ
b c d e f g h	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
b c d e f g h	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	

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

Schedule E (Form 990 or 990-EZ) (2015)

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

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

2015
Open to Public Inspection

Name of the organization

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

 $\begin{array}{c} \text{Employer identification number} \\ 52-2174617 \end{array}$

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ue price	e (f) Description of purpose		(g) De	feased	eased (h) On behalf of issuer			
								Yes	No	Yes		Yes	_
DISTRICT OF COLUMBIA					F	ACILITY		1					Ť
A REVENUE BONDS	53-6001131	NONE	05/13/10	1262	5000.R	RENOVATI	ON		Х		х		
													Γ
В													İ
С													L
													İ
D													L
Part II Proceeds					1								
			A	0 244		В	С				D		
1 Amount of bonds retired				0,344.					+				_
2 Amount of bonds legally defeased			4000	F 000					+				
3 Total proceeds of issue				5,000.					_				_
Gross proceeds in reserve funds									$+\!\!-$				_
5 Capitalized interest from proceeds									_				_
6 Proceeds in refunding escrows			40.00	5,000.					+				
7 Issuance costs from proceeds 8 Credit enhancement from proceeds			***	3,000.					+				_
Credit enhancement from proceeds Working capital expenditures from proceeds									+				_
O Capital expenditures from proceeds									+				_
1 Other spent proceeds									+				_
2 Other unspent proceeds									+				_
Year of substantial completion				010					\top				_
			Yes	No	Yes	No	Yes	No		Yes		No	_
Were the bonds issued as part of a current refu	unding issue?			X									_
5 Were the bonds issued as part of an advance r	-			X									
6 Has the final allocation of proceeds been made			Х										
7 Does the organization maintain adequate books and records to	support the final allocation	of proceeds?	Х										
Part III Private Business Use													
			Δ	1		В	Ç				D		
1 Was the organization a partner in a partnership			Yes	No	Yes	No	Yes	No		Yes		No	
which owned property financed by tax-exempt				X									
2 Are there any lease arrangements that may res	•												
bond-financed property?				X	1								

PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Schedule K (Form 990) 2015

Page 2

Par	t III Private Business Use (Continued)									
			A	ı	В	(Ç)	
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?		X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by				•		•			
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of									
	unrelated trade or business activity carried on by your organization, another									
	section 501(c)(3) organization, or a state or local government		%		%		%		%	
6	Total of lines 4 and 5		%		%		%		/ 6	
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								
Par	t IV Arbitrage									
			A	ı	В	(C	[)	
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?									
а	Rebate not due yet?		X							
b	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									
3	Is the bond issue a variable rate issue?		X							
4a	Has the organization or the governmental issuer entered into a qualified									
	hedge with respect to the bond issue?		X							
b	Name of provider									
с	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

52-2174617

Part IV Arbitrage (Continued)								
	Α		В		С		1	D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
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?		Х						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	X							
Part V Procedures To Undertake Corrective Action			•			•		-
		4		 3		C	l I	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions		e K (see instr	ructions)		ı	1		
Cappiononia information i rovido additiona information for responses to questions	on concan	C 17 (555 III 511	dottorioj.					

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. PERRY STREET PREPARATORY PUBLIC CHARTER SCHOOL

Employer identification number 52-2174617

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

THE 990 IS REVIEWED BY THE DIRECTOR OF OPERATIONS, THEN BY THE FINANCE COMMITTEE AND IT IS INCLUDED IN THE BOARD PACKAGE. IT IS SIGNED BY DIRECTOR OF OPERATIONS AFTER BEING APPROVED BY THE BOARD.

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

THE SCHOOL DISTRIBUTES THE POLICY TO EVERY BOARD MEMBERS AND THEY EACH ACKNOWLEDGE THAT THEY HAVE RECEIVED IT AND READ THE POLICY AND DISCLOSE IF THERE ARE ANY CONFLICTS OF INTEREST. THE SIGNED POLICIES ARE KEPT IN THE BUSINESS OFFICE.

ALL EMPLOYEES SIGN A STATEMENT SAYING THAT THEY HAVE READ AND UNDERSTOOD THE CONTENTS OF THE EMPLOYEE HANDBOOK. IN THE HANDBOOK EMPLOYEES ARE ENCOURAGED TO AVOID BECOMING INVOLVED IN ACTIVITIES THAT CONFLICT WITH PERRY STREET PREP DUTIES AND RESPONSIBILITIES. REGARDLESS OF THE SOURCE OR VALUE OF ANY GIFT, CASH OR FAVOR, EMPLOYEES AND ANY MEMBERS OF THE EMPLOYEE'S FAMILY MUST DECLINE ANY GIFT OFFERED UNDER CIRCUMSTANCES INDICATING THAT ITS PURPOSE IS TO INFLUENCE THE EMPLOYEE IN THE PERFORMANCE OF HIS/HER JOB. IN ADDITION, EMPLOYEES MUST REFUSE ANY GIFTS OF NOMINAL VALUE IF THEY ARE PART OF A PATTERN OR PRACTICE WHICH, WHEN VIEWED AS A WOULD BE CONSIDERED LAVISH OR EXPENSIVE.

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

THE SCHOOL'S BOARD MEMBERS DETERMINE THE COMPENSATION OF THE HEAD OF SCHOOL AND OTHER KEY EMPLOYEES BY RESEARCHING COMPETITIVE SALARIES VIA THE 990S OF INDEPENDENTLY GENERATED SALARY SURVEYS AND THE EVALUATION OF OTHER SCHOOLS, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15