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** PUBLIC DISCLOSURE COPY **

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2018 JUL 1, 2017

3 c	heck if pplicab	INTEGRATED DESIGN ELECTRONICS ACADEMY		D Employer identifi	cation number
	_Addre _chane			24 4	EE2E01
]Name]chanç ⊓Initial	Doing business as			.573701
\vdash]Initial]returr]Final	Number and street (or P.O. box if mail is not delivered to street address) 1027 45TH STREET NE	oom/suite	E Telephone numbe	er - 399 – 4750
	⊐returr termii	// -			8,193,085.
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20019		G Gross receipts \$	
	⊒returr ∏Appli	-		H(a) Is this a group r for subordinates	
	tion pendi	SAME AS C ABOVE		H(b) Are all subordinates i	
. T	-av ov	tempt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or	527	1 * *	a list. (see instructions)
		te: WWW.IDEAPCS.ORG	JZ1	H(c) Group exemption	
		f organization: X Corporation Trust Association Other	1 Year o		M State of legal domicile: DC
	rt I	Summary		51101111aaon, ====1	VI State of logar dofficino, = -
	1	Briefly describe the organization's mission or most significant activities: TO PRI	EPARE	STUDENTS W	/ITH
Governance	'	ACADEMIC, SOCIAL, LEADERSHIP, AND OCCUPATI	IONAL	SKILLS FOR	
rna	2	Check this box if the organization discontinued its operations or disposed			
ove	3	-		3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
Se Se	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			81
Viţi.	6	Total number of volunteers (estimate if necessary)			20
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	-
_		Net unrelated business taxable income from Form 990-T, line 34			3,076.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1,141,436.	
enc	9	Program service revenue (Part VIII, line 2g)		5,391,223.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		946.	•
۳.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		165,068.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,698,673.	8,193,085.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-5,041.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		4,229,484.	
eus		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)		2 552 022	2 066 562
_	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,552,833. 6,777,276.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-78,603.	
_ S	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances		Tatal accests (Dart V. line 10)		ginning of Current Year 13,304,165.	End of Year 14,550,052.
Bak	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		7,809,563.	
nud und	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		5,494,602.	
	irt II	Signature Block		3,131,002.	0/3/0/2321
		alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	ny knowledge and belief, it is
	•	ct, and complete. Declaration of preparer (other than officer) is based on all information of which		•	,,
Sigr	า	Signature of officer		Date	
Her		■ JUSTIN RYDSTROM, HEAD OF SCHOOL			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		DAVID JONES		ıt self-employ	
Prep	arer	Firm's name JONES, MARESCA & MCQUADE, P.A.		Firm's EIN ▶	52-1853933
Use	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, SU	UITE	770	
		COLUMBIA, MD 21044		Phone no. 41	0-884-0220
Mav	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PREPARE STUDENTS WITH ACADEMIC, SOCIAL, LEADERSHIP, AND
	OCCUPATIONAL SKILLS FOR POST-SECONDARY OPPORTUNITIES AND TO BE
	RESPONSIBLE CITIZENS WHO CONTRIBUTE TO THE COMMUNITY.
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
	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 \$ 5,988,123. including grants of \$) (Revenue \$ 6,856,634.
	IDEA PUBLIC CHARTER SCHOOL PROVIDES PUBLIC EDUCATION TO STUDENTS IN
	GRADES 9-12 IN THE DISTRICT OF COLUMBIA WITH AN EMPHASIS ON COLLEGE AND
	CAREER READINESS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 5,988,123.
	Form 990 (2017

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INTEGRATED DESIGN ELECTRONICS ACADEMY PUBLIC CHARTER SCHOOL

Form 990 (2017)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			Α,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	37	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	v
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	44.		v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	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** (2017)

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INTEGRATED DESIGN ELECTRONICS ACADEMY PUBLIC CHARTER SCHOOL

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. 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	
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 81			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial 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).			77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			v
_	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
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_
	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			Х
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		Х
_	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter:	55		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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			
	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			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2017)

Form 990 (2017)

31-1573701

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											
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 1											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?	2		X								
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		X								
4												
5	Did the organization become aware during the year of a significant diversion of the organization's assets?											
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		X								
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	X									
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		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
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	X									
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	X									
13	Did the organization have a written whistleblower policy?	13	X									
14	Did the organization have a written document retention and destruction policy?	14	X									
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?			37								
	The organization's CEO, Executive Director, or top management official	15a		X								
b	Other officers or key employees of the organization	15b		X								
40	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			v								
	taxable entity during the year?	16a		Х								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401										
800	exempt status with respect to such arrangements?	16b										
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE											
17 10	List the states with which a copy of this form cost is required to be made	wailah	lo.									
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 for public inspection. Indicate how you made these available. Check all that apply.	ıvallaD	ii C									
	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									
13	statements available to the public during the tax year.	midil	oiai									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:											
	THE ORGANIZATION - 202-399-4750											
	1027 45TH STREET NE, WASHINGTON, DC 20019											

Form **990** (2017)

Form 990 (2017)

PUBLIC CHARTER SCHOOL Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors	
Charle if Cahadula O contains a represent as not to any line in this Dart VIII	Г

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 (Ď), (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.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer an	id a d	irecto	r/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e,			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e e	suadi		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t con	١.			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organizations
(1) CALVIN R. SNOWDEN	1.20	=	=	0	~	上也	ш.			
CHAIR		Х		Х				0.	0.	0.
(2) JOANNE DODDY FORT	1.20									
CHAIR EMERITUS (2016-2017)		Х		Х				0.	0.	0.
(3) LAKESHIA N. HIGHSMITH	0.50									
VICE CHAIR		Х		Х				0.	0.	0.
(4) DAVID OWENS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(5) SHEILA OLUFEMI COKER	0.50									
BOARD MEMBER		Х						0.	0.	0.
(6) CHRISTOPHER CRONIN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) EDWARD DUNSON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(8) DAVID H. JOHNSON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(9) TERRY JOYNER	0.50								_	_
BOARD MEMBER		Х						0.	0.	0.
(10) KELLY NAKAMOTO	0.50								_	
BOARD MEMBER		Х						0.	0.	0.
(11) DR. KEITH T. STEPHENSON	0.50								_	
BOARD MEMBER		Х						0.	0.	0.
(12) NICOLE MCCRAE	40.00							444.00		
EXECUTIVE DIRECTOR	40.00			Х				114,227.	0.	8,645.
(13) JUSTIN RYDSTROM	40.00			l				4.40.450		0 740
HEAD OF SCHOOL	40.00			Х				142,459.	0.	9,742.
(14) GEORGE BEE	40.00					l		446.050		4 500
TEACHER	40.00					Х		116,853.	0.	4,508.
(15) MOORELL D. MILES	40.00					٠,		104 527	0	4 016
TEACHER (15) CERNATURE CONTENT	40.00		_	_		Х		104,537.	0.	4,916.
(16) GERMAINE SMITH	40.00					х		105,500.	0.	4,862.
DEAN	-			_		^		103,300.	0.	4,004.
	-	ł								
	<u> </u>									222

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Form 990 (2017)

	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghes	t C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck	ition more	than c	ne	Reportable	Reportable)	Es	timate	ed
		hours per week					is both or/trust		compensation	compensation			nount	of
		(list any	_						from the	from related organization			other pensa	ation
		hours for	direc.				pa		organization	(W-2/1099-MI			om th	
		related	stee or	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
		organizations below	al tru:	onal t		oloyee	comp ee						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	oris
-		· ·	=	-	0	<u>~</u>	王高	Œ						
							Ш							
							\vdash							
							Ш							
							\vdash							
							\vdash							
1b	Sub-total	1)	<u> </u>	583,576.		0.	3	2,6	73.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)								583,576.		0.	3	2,6	73.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wh	o re	eceived more than \$100	,000 of reportab	le			_
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tru	iste	- ke	v er	nnlc	WEE	or	highest compensated e	mnlovee on			103	140
Ü	line 1a? If "Yes," complete Schedule J for s				-	-						3		х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	X	
5	Did any person listed on line 1a receive or	=				-			~		3			
	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e J f	or su	ıch	pers	son					5		X
1	Complete this table for your five highest co	mnensated in	dene	ende	nt c	onti	racto	rs t	hat received more than	\$100,000 of con	nnens	ation f	rom	
•	the organization. Report compensation for										poi.ic	ationi		
	(A)								(B)			(C		
аш /	Name and business		n = 7	7770	n 7	A T 71	_	4	Description of s		C	ompe	nsatio	n
	DIBER+ASSOCIATES, 1621 ., SUITE 200, WASHINGTO					7 V I	Ľ	- 1	ACCOUNTING A MANAGEMENT S			12	२	40.
1411	, Bolle 200, Washing	OII, DC 2						Ť	THINGEITHIN D	DICVICED			<i>5</i> , <i>5</i>	
								- 1						

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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

Form 990 (2017) Part VIII Statement of Revenue

PUBLIC CHARTER SCHOOL

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts tr	1 a	Federated campaigns 1a					
irar		Membership dues 1b					
S, G		Fundraising events 1c					
ar /		Related organizations 1d					
imil		Government grants (contributions) 1e 1,	032,054.				
tion	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	59,987.				
d Off	g	Noncash contributions included in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	>	1,092,041.			
			Business Code				
9	2 a	PER PUPIL FUNDING	611710	6,836,678.	6,836,678.		
Program Service Revenue	b	ACTIVITY FEES	611710	19,956.	19,956.		
Se una	С						
ran eve	d						
οg F	е						
- □	f	All other program service revenue					
	g	Total. Add lines 2a-2f		6,856,634.			
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)		7,428.			7,428.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties	<u>,</u>				
		(i) Real	(ii) Personal	_			
		Gross rents 213, 315.		_			
		Less: rental expenses 0.		_			
		Rental income or (loss) 213,315.		212 215		012 215	
		Net rental income or (loss)		213,315.		213,315.	
	7 a	Gross amount from sales of (i) Securities	(ii) Other	_			
		assets other than inventory		_			
	b	Less: cost or other basis					
		and sales expenses		-			
		Gain or (loss)					
		Net gain or (loss)	>				
nue	8 a	Gross income from fundraising events (not including \$ of					
Ver		including \$ of contributions reported on line 1c). See					
Other Rever		Part IV, line 18a					
je l	h	Less: direct expenses b		-			
ō		Net income or (loss) from fundraising events		1			
		Gross income from gaming activities. See					
	- 4	Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances a					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory	>				
Ī		Miscellaneous Revenue	Business Code				
Ī	11 a	PRIOR YEAR ADJUSTMENT:	900099	23,667.			23,667.
	b						
	С						
		All other revenue					
	е	Total. Add lines 11a-11d		23,667.		046 51=	
	12	Total revenue. See instructions.		8,193,085.	6,856,634.	213,315.	31,095.

Part IX | Statement of Functional Expenses

Pa	rt IX Statement of Functional Expens	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respor	<u> </u>	-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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,	401 150	260 012	22 120	
	trustees, and key employees	401,150.	368,012.	33,138.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,110,865.	2,921,268.	189,597.	
7	Other salaries and wages	3,110,003.	4,341,400.	103,331.	
8	Pension plan accruals and contributions (include	33,625.	20,175.	13,450.	
•	section 401(k) and 403(b) employer contributions)	279,137.	167,482.	111,655.	
9	Other employee benefits	320,116.	256,093.	64,023.	
10	Payroll taxes	320,110.	250,055.	04,025.	
11	Fees for services (non-employees):				
a b	Management	32,709.	20,115.	12,594.	
0	Legal	109,093.	67,090.	42,003.	
d	Accounting Lobbying	203,0300	0.7000	12,0001	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	413,802.	212,774.	201,028.	
12	Advertising and promotion	, , , , , , , , , , , , , , , , , , ,	,		
13	Office expenses	171,265.	137,012.	34,253.	
14	Information technology	-	-	-	
15	Royalties				
16	Occupancy	538,015.	430,412.	107,603.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	260,693.	48,446.	212,247.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	448,373.	358,698.	89,675.	
23	Insurance	57,520.	46,016.	11,504.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIDEOM OMIDENM OCOMO	794,532.	794,532.		
a b	PROFESSIONAL DEVELOPMEN	139,998.	139,998.		
C	BAD DEBT	334.	100,000	334.	
d	AUCTION ITEMS AND FEES	228.			228
	All other expenses	223.			220
25	Total functional expenses. Add lines 1 through 24e	7,111,455.	5,988,123.	1,123,104.	228
26	Joint costs. Complete this line only if the organization	, ,=====	,, == 0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pa	πX	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	374,225.
	2	Savings and temporary cash investments	236,619.	2	923,928.
	3	Pledges and grants receivable, net		3	176,043.
	4	Accounts receivable, net	518,371.	4	23,814.
	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			
ts		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	1,748.	9	19,365.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 17,600,473	•		
	b	Less: accumulated depreciation 10b 4,570,426	. 11,887,635.	10c	13,030,047.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	0.620
	15	Other assets. See Part IV, line 11	3,445.	15	2,630.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1 0 1 0 1 0 0	16	14,550,052.
	17	Accounts payable and accrued expenses		17	550,020.
	18	Grants payable	00 600	18	
	19	Deferred revenue		19	C FOC 200
	20	Tax-exempt bond liabilities		20	6,586,288.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	775 006
_	23	Secured mortgages and notes payable to unrelated third parties		23	775,896.
	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	21,654.		61,616.
		Schedule D	7,809,563.	25	7,973,820.
	26	Total liabilities. Add lines 17 through 25	7,009,303.	26	1,913,020.
"		Organizations that follow SFAS 117 (ASC 958), check here X and			
ĕ	27	complete lines 27 through 29, and lines 33 and 34.	5,479,089.	27	6,566,834.
lan	28	Unrestricted net assets Temporarily restricted net assets	4 = = 4 4	28	9,398.
B	29	B	13,313.	29	3,330.
ů,	29	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
Ē		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Se	30 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances		33	6,576,232.
	34	Total liabilities and net assets/fund balances	12 204 165	34	14,550,052.
	U-T	Total liabilities and thet assets/fully baldfilles		U-7	

Form **990** (2017)

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>			
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				85.
2	Total expenses (must equal Part IX, column (A), line 25)	2				55.
3	Revenue less expenses. Subtract line 2 from line 1	3				30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,	49	4,6	02.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	6,	57	6,2	32.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		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	Ο.	_			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					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 separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?				X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?					
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	X	
	· · · · · · · · · · · · · · · · · · ·			Form	990	(2017)

732012 11-28-17

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

INTEGRATED DESIGN ELECTRONICS ACADEMY

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization PUBLIC CHARTER SCHOOL 31-1573701 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2017 PUBLIC CHARTER SCHOOL Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)								
	Public support. Subtract line 5 from line 4.								
	etion B. Total Support	() 22/2		1 (100/-	1 (0 00 (0				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
_	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
44	assets (Explain in Part VI.)								
	Gross receipts from related activities,	oto (soo instructi	one)			12			
	First five years. If the Form 990 is for			rd fourth or fifth t					
.0	organization, check this box and stop	ŭ							
Sed	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2017 (I			column (f))		14	%		
	Public support percentage from 2016						%		
	33 1/3% support test - 2017. If the c								
	stop here. The organization qualifies	-							
b	33 1/3% support test - 2016. If the c								
	and stop here. The organization qual	ifies as a publicly s	supported organiz	zation			▶□		
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop l	here. Explain in Pa	rt VI how the orga	nization		
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	ed organization				
b	10% -facts-and-circumstances tes								
	more, and if the organization meets th	ne "facts-and-circu	ımstances" test, c	heck this box and	l stop here. Explair	n in Part VI how the	e		
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	>		
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or <u>17</u>	b, check this box	and see instructior	ns ▶		
					Scho	edule A (Form 990	or 990-EZ) 2017		

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

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

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)				
	(a) 0010	(b) 0014	(a) 0015	(4) 0010	(a) 0017	(4) Tatal
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•	•		•
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	1	I		<u> </u>
14 First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here Section C. Computation of Pub		roontago				▶∟
· · · · · · · · · · · · · · · · · · ·			. (0)		11	
15 Public support percentage for 2017						
16 Public support percentage from 201					16	
Section D. Computation of Inve					Lan	
17 Investment income percentage for 2						
18 Investment income percentage from						17:
19a 33 1/3% support tests - 2017. If the	-					
more than 33 1/3%, check this box a b 33 1/3% support tests - 2016. If the	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch						
ALL PRIVATE TOLINGATION IT THE ORGANIZATI	on ala not chack s	. DOV OD 1100 1/1 10	m or iun chackt	THE DAY AND COO II	DETRUCTIONS	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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
	_		
	1		
	2		
	3a		
İ			
	3b		
	SD		
	3с		
	4a		
	4 a		
	4b		
	4c		
	5a		
ŀ	5b		
	5c		
	6		
	7		
	'		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		

	rt IV Supporting Organizations (continued)	7370	<u> </u>	age 3
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	1110		
	tion of type i supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	and or type it capper and organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			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	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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	truction	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. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. A						
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in 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					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	ganization (see			

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 PUBLIC CHARTER SCHOOL

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exc	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		•	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7:			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
ρ.	and 4c. Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014 Excess from 2015			
	Excess from 2016			
	Excess from 2017			
·	EAGGGG HOITI EG 17			

Schedule A (Form 990 or 990-EZ) 2017

INTEGRATED DESIGN ELECTRONICS ACADEMY

Schedule A	(Form 990 or 990-EZ) 2017	PUBLIC	CHARTER	SCHOOL	31-1573701 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, line	nation. Prov 2, 3b, 3c, 4b, 4 ines 2 and 3; P	ride the explanate 4c, 5a, 6, 9a, 9b Part IV, Section E	tions required by Part II, line 10; Part II, , 9c, 11a, 11b, and 11c; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lir 2, 5, and 6. Also complete this part for a	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization								
INTEGRAT	red D	ESIGN	ELECTRONICS	ACADEMY				
PUBLIC C	CHART	ER SCH	OOL					

Employer identification number

31-1573701

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
	•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
INTEGRATED DESIGN ELECTRONICS ACADEMY
PUBLIC CHARTER SCHOOL

Employer identification number

31-1573701

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$15,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,032,054</u> .	Person X Payroll

Name of organization
INTEGRATED DESIGN ELECTRONICS ACADEMY
PUBLIC CHARTER SCHOOL

Employer identification number

31-1573701

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization INTEGRATED DESIGN ELECTRONICS ACADEMY 31-1573701 PUBLIC CHARTER SCHOOL Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Part I

(d) Description of how gift is held

(b) Purpose of gift

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTEGRATED DESIGN ELECTRONICS ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 31-1573701

Schedule D (Form 990) 2017

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		▶ \$

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued)		dais 2 (1 51111 555) 25 11	CHARTER SC							73701	
a Public exhibition d Loan or exchange programs a Public exhibition d Cheer b Scholarly research e Other b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Step organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Chock here if the explanation has been provided on Part XIII. 1a Beginning of year balance (a) Current year (b) Prior year (a) Two years back (b) Tire years back (c) Tire years back (d) Three years back (e) Four years back	Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Othe	r Simila	r Asse	ts(continu	ied)
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t are a siç	gnificant u	ise of its	collection	items
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed for asias kinds rather than to be maintained as part of the organization asswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Amount 1d Part V Endough Part XIII Part XIII. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 2a Beginning of year balance 4b Contributions 1a Beginning of year balance 4c Contributions 1b Contributions 1c Net investment earnings, gains, and losses 4d Grants or acholarships 4d Office the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		(check all that apply):									
c	а	Public exhibition	C	ı	Loan or exc	hange progra	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1	b	Scholarly research	e	• 📖	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9. Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 11 to depend on Form 990, Part IV, line 9, or life 1 to depend on Form 990, Part IV, line 11 to depend on Form 990, Part IV, line 11 to depend on Form 990, Part IV, line 11 to depend on Form 990, Part IV, line 11 to depend on Form 990, Part IV, line 11 to explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Part V Endowment funds not in the possession of the organization and programs Funds Part V	С	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's constitution of the organization of the or	ollections and expla	in how t	hey further t	he organizati	on's exen	npt purpo	se in Paı	t XIII.	
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reproded an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. C	5								_	_	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year tell Distributions during the year f Ending balance 2 Distributions during the year f Ending balance and programs of the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions 1b Contributions 1c Net investment earnings, gains, and losses d Grants or scholarships 1c Other expenditures for facilities and programs f Administrative expenses g End of year balance P Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasiendowment % 5 Permanent endowment % 5 Temporarily restricted endowment % 5 Temporarily restricted endowment % 6 Describe in Part XIII the intended uses of the organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organizations is endowment funds. Description of property (a) Cost or other basis (investment) basis (other) basis (other) basis (other) depreciation (d) Book value basis (investment) basis (investment) basis (other) depreciation 150,000. 150,00									L		└── No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			ete if th	e organizatio	n answered '	'Yes" on	Form 990	, Part IV,	line 9, or	
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance											
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Amount C Amount C C	1a			•						7	
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Describe in Part XIII Check here if the explanation has been provided on Part XIII Describe in Part XIII Check here if the explanation has been provided on Part XIII Interview Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year Call Two years back Call Three years back Call Thre										1.,	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		-						•	L		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back											
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) 3a(ii) 3a	Fai	Littowinient Funds. Complete	<u> </u>	1		1			ara baali	(-) Four	aara baak
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	4.	Danisain a face a balance	(a) Current year	(a)	Prior year	(c) Two year	S Dack	a) Tillee ye	ears Dack	(e) Four y	ears back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶				-							
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and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	е	·									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		. •									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶				-							
a Board designated or quasi-endowment ▶	_			(1:	l l /-	-\\ -					
b Permanent endowment ▶			•	•	ig, column (a	a)) neid as:					
c Temporarily restricted endowment ▶				_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 150,000. 5 Buildings 15,811,176. 3,051,440. 12,759,736. c Leasehold improvements d Equipment 6 Equipment 772,144. 726,606. 45,538.											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) 1a Land 150,000. b Buildings 15,811,176. 3,051,440. 12,759,736. c Leasehold improvements d Equipment e Other Other	С										
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(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 150,000. 150,000. 150,000. b Buildings 15,811,176. 3,051,440. 12,759,736. c Leasehold improvements d Equipment e Other 867,153. 792,380. 74,773. e Other	Зa		ession of the organiz	ation th	at are neid a	ina aaministe	rea for th	ie organiza	ation	L.	(N.
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 150,000 150,000 b Buildings 15,811,176 3,051,440 12,759,736 c Leasehold improvements d Equipment 60ther 772,144 726,606 45,538											es No
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 150,000. 150,000. b Buildings 15,811,176. 3,051,440. 12,759,736. c Leasehold improvements 867,153. 792,380. 74,773. e Other 772,144. 726,606. 45,538.										. 30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	_			owment	tunas.						
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e Other 772,144. 726,606. 45,538.					86	7 153	7	92 38	<u>. </u>	71	773
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Schedule D (Form 990) 2017

		RONICS ACADEMY	1 1550501
Schedule D (Form 990) 2017 PUBLIC CHAR	TER SCHOOL	31	1-1573701 _{Pag}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year 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.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-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"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE LIABILITY	14,681.
(3)	DEPOSIT PAYABLE	20,100.
(4)	ACCRUED INTEREST	26,835.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	61,616.

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

Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017 PUBLIC CHARTER SCHOOL		31-	1573701 Page	e 4
_	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	١.			
1	Total revenue, gains, and other support per audited financial statements		1	8,193,08	5.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d		2e		ე.
3	Subtract line 2e from line 1		3	8,193,08	<u>5 </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			_
С	Add lines 4a and 4b		4c		0 ،
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			8,193,08	5.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With E	xpenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements		1	7,111,45	<u>5 </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d			_
е	Add lines 2a through 2d		2e		ე.
3	Subtract line 2e from line 1		3	7,111,45	<u>5 </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b		4c		ე.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,111,45	5 •
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b and	d 2b; Part V, line 4; Part	X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional informati	on.		
PAI	RT X, LINE 2:				
THI	E SCHOOL HAS ANALYZED ITS TAX POSITIONS, A	ND HAS C	CONCLUDED TH.	AT NO	
			100DDDD DEI 11	m=D mo 3377	
<u> ТТТ</u>	ABILITY FOR UNRECOGNIZED TAX BENEFITS SHOU	ITD RE KE	CORDED RELA	TED TO ANY	
T T		ED EOD 0		D. G	
UNG	CERTAIN TAX POSITIONS TAKEN ON RETURNS FII	ED FOR C	PEN TAX YEA	KS	
, ,	014 0016) OD TWDEGED TO DE TIMES THE	0015			
(2 (014-2016), OR EXPECTED TO BE TAKEN IN ITS	201/ INF	ORMATION RE	TURN. THE	
~~1	NOOT TO NOW AWARD OF ANY MAY DOCTOTONG FOR				
SCI	HOOL IS NOT AWARE OF ANY TAX POSITIONS FOR	WHICH I	T BELIEVES	THAT THERE	
т с	A DEACONADIE DOCCEDIITMY MILAM MILE MOMAI A	MOTINE	AE IINDEGOGNIT		
<u> 15</u>	A REASONABLE POSSIBILITY THAT THE TOTAL A	MOUNTS	OF UNRECOGNI	ZED TAX	
יהום	NEETHC WIII CUNNOE MAMEETAIIV IN MIE NEVE	MM 1777 17	ONTHE C		
ואַס	NEFITS WILL CHANGE MATERIALLY IN THE NEXT	TMPTAR W	ION I DD .		

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization INTEGRATED DESIGN ELECTRONICS ACADEMY
PUBLIC CHARTER SCHOOL

 $\begin{array}{c} \textbf{Employer identification number} \\ 31-1573701 \end{array}$

Part I		YES	N
		TES	<u> </u>
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, byla		ı I x	
other governing instrument, or in a resolution of its governing body?		^	
Poes the organization include a statement of its racially nondiscriminatory policy toward students in all its broc		X	
catalogues, and other written communications with the public dealing with student admissions, programs, and		2 ^	
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media du	•		
period of solicitation for students, or during the registration period if it has no solicitation program, in a way that			
the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please expla		X	
If you need more space, use Part II IDEA PUBLIC CHARTER SCHOOL LISTS THEIR EQUAL OPPORTUNIT		5 A	
STATEMENTS ON RECRUITMENT FLYERS AND IN THE STUDENT HAN			
AS WELL AS ON THEIR WEBSITE.	DBOOK,		
AD WELL AD ON THEIR WEDDITE:			
Does the organization maintain the following?		v	
a Records indicating the racial composition of the student body, faculty, and administrative staff?		77	+
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrimina		b X	+
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing v		7.7	
admissions, programs, and scholarships?	<u>4</u>		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4	d X	
	4	d X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:			
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?	5	a	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies?	5	a b	7
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff?	5 5 5	a b	2
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance?	5 5 5 5	a b c d	2
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies?	5 5 5 5 5	a b c d	2 2
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities?	5 5 5 5 5 5	a b c d e	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs?	5 5 5 5 5 5	a b c d e f g	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Juse of facilities? Athletic programs? Other extracurricular activities?	5 5 5 5 5 5	a b c d e f g	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs?	5 5 5 5 5 5	a b c d e f g	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	5 5 5 5 5 5	a b c d e f g h	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5 5 5 5 5 5 5 5	a b c d e f g h	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5 5 5 5 5 5 5 5	a b c d e f g h	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5 5 5 5 5 5 5 5	a b c d e f g h	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? h Has the organization's right to such aid ever been revoked or suspended?	5 5 5 5 5 5 5 5	a b c d e f g h	

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

Schedule E (Form 990 or 990-EZ) 2017

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:
AS A PUBLIC CHARTER SCHOOL, IDEA PUBLIC CHARTER SCHOOL IS EXEMPT FROM THE
REQUIREMENTS OF REVENUE PROCEDURE 75-50.
LINE 6 - EXPLAINATION OF GOVERNMENT FINANCIAL AID:
THE SCHOOL RECEIVES FINANCIAL ASSISTANCE FROM FEDERAL GOVERNMENT GRANTS
AND CONTRACTS. THE SCHOOL ALSO RECEIVES A SUBSTANTIAL PORTION OF ITS
REVENUE FROM THE GOVERNMENT OF THE DISTRICT OF COLUMBIA.

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. INTEGRATED DESIGN ELECTRONICS ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 31-1573701

OMB No. 1545-0047

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	autoos, and emotion, modaling the electrone emotion, regularing the terms emotion of interest at	_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Tom 330 of other organizations Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
•		4a		Х
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
0	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The storary of lines 44%, list the persons and provide the applicable amounts for each item in Fart III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
а		6a		х
h	The organization? Any related organization?	6b		X
J	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	35		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
۵	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-		<u> </u>
9	Pagulations agation 52 4059 6(a)2			

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

Schedule J (Form 990) 2017

31-1573701

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compens		SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(I)-(U)	reported as deferred on prior Form 990
(1) JUSTIN RYDSTROM	(i)	142,459.	0.	0.	4,410.	5,332.	152,201.	0.
HEAD OF SCHOOL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INTEGRATED DESIGN ELECTRONICS ACADEMY PUBLIC CHARTER SCHOOL

 $\begin{array}{c} \textbf{Employer identification number} \\ 31 - 1573701 \end{array}$

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued (e) Issue price		(f) Descrip	(g) De		h) On behalf of issuer (i) Poole financir					
								Yes		s No	Yes	_	
							REFUNDI	NG				T	
A DISTRICT OF COLUMBIA 5	3-6001131	NONE	06/21/16	7,000	,000.	OF PRIO	RISSUE		Х	X		Ŀ	
В													
c													
D													
Part II Proceeds	•			·				'	<u> </u>			<u>—</u>	
			Δ.			В	C	;		D		_	
1 Amount of bonds retired													
2 Amount of bonds legally defeased				0 000									
3 Total proceeds of issue				0,000.					-				
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
	<u></u>												
Credit enhancement from proceeds Working capital expenditures from proceeds				1 =									
				7,500.					-				
Capital expenditures from proceeds Other spent proceeds			6 6	6,650,000.								_	
·	Other spent proceeds Other unspent proceeds			2,500.									
												_	
real of substantial completion	······		Yes	No	Yes	No	Yes	No	Ye		No		
Were the bonds issued as part of a current refun	iding issue?		X		100	1	1		 			_	
5 Were the bonds issued as part of an advance ret	-			Х								_	
•	Has the final allocation of proceeds been made?											_	
Does the organization maintain adequate books and records to support the final allocation of proceeds?			Х Х										
Part III Private Business Use		'											
				Ą		В		Ç		D			
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Yes	No X	Yes	No	Yes	No	Ye	s	No			
 wnich owned property financed by tax-exempt b Are there any lease arrangements that may result 				77								—	
bond-financed property?				х									

31-1573701

Par	t III Private Business Use (Continued)									
			A	В		Ç		D		
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?		Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
С	Are there any research agreements that may result in private business use of bond-financed property?		Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by									
	entities other than a section 501(c)(3) organization or a state or local government		%	%		%		%		
5	Enter the percentage of financed property used in a private business use as a result of									
	unrelated trade or business activity carried on by your organization, another									
	section 501(c)(3) organization, or a state or local government	%		%		%		%		
6	Total of lines 4 and 5		%		%		%		%	
7			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		В		С		1)	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No	
	Penalty in Lieu of Arbitrage Rebate?		X							
2	If "No" to line 1, did the following apply?						•			
a	Rebate not due yet?		X							
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	b Name of provider									
c	c Term of hedge									
d	Was the hedge superintegrated?									
<u>e</u>	Was the hedge terminated?									

INTEGRATED DESIGN ELECTRONICS ACADEMY PUBLIC CHARTER SCHOOL

Schedule K (Form 990) 2017

31-1573701 Page 3

Part IV Arbitrage (Continued)								
		4		3		Ç		D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
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		>		D
	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 isn't available under applicable								
regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K. See instr	ructions		•			

SCHEDULE O

(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.

QU1/

OMB No. 1545-0047

 Internal Revenue Service
 ▶ Go to www.irs.gov/Form990 for the latest information.

 Name of the organization
 INTEGRATED DESIGN ELECTRONICS ACADEMY
 Employer ider

Inspection
Employer identification number

31-1573701 PUBLIC CHARTER SCHOOL FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POST-SECONDARY OPPORTUNITIES AND TO BE RESPONSIBLE CITIZENS WHO CONTRIBUTE TO THE COMMUNITY. FORM 990, PART VI, SECTION B, LINE 11B: THE PRESIDENT REVIEWS THE FORM 990 BEFORE IT IS GIVEN TO THE GOVERNING BOARD, WHO ARE GIVEN A TIME FRAME IN WHICH TO REVIEW AND INQUIRE ABOUT THE 990 BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: DURING MONTHLY BOARD MEETINGS, AN INTERESTED PARTIES REPORT IS DISTRIBUTED. THIS DOCUMENT ADDRESSES CONTRACTORS THAT MAY HAVE A CLOSE FINANCIAL TIE WITH AN IDEA TRUSTEE OR KEY STAFF MEMBER, OR IS A FORMER DIRECTOR OR EXECUTIVE. FORM 990, PART VI, SECTION C, LINE 19: IDEA PUBLIC CHARTER SCHOOL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

OMB No. 1545-0687 Form **990-T Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning JUL~1, 2017~ and ending JUN~30, 2018~► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) address changed INTEGRATED DESIGN ELECTRONICS ACADEMY PUBLIC CHARTER SCHOOL 31-1573701 **B** Exempt under section Print Unrelated business activity codes X 501(c)(3) Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 1027 45TH STREET NE ___530(a) City or town, state or province, country, and ZIP or foreign postal code __408A L WASHINGTON, DC 900099 529(a) C Book value of all assets F Group exemption number (See instructions.) at end of year 14,550,052. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▶ INCOME FROM RENTING PARKING SPACE TO STAFF During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of THE ORGANIZATION Telephone number $\triangleright 202-399-4750$ Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales c Balance▶ **b** Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from partnerships and S corporations (attach statement) 5 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 133,770. 133,424 346. 8 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 3,730. 3,730. Other income (See instructions; attach schedule) **STATEMENT** 12 12 13 137,500. 133,424. 13 Total. Combine lines 3 through 12 **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 16 Repairs and maintenance 17 Bad debts 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017

0.

4,076.

4,076.

1,000.

3.076.

26

27

28

29

31

33

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

26

27

28

29

30

31

32

33 34

line 32

Form 990-T (2017)

Dort I	I Tax Computation								
	Organizations Taxable as Corporations.	Con instructions for the computation							
35		· —	inateuations o	nde					
	Controlled group members (sections 156	ŕ	instructions a						
а	Enter your share of the \$50,000, \$25,000								
	(1) \$ (2)				_				
D	Enter organization's share of: (1) Addition								
	(2) Additional 3% tax (not more than \$10	0,000)	\$ BB	m 1314 131	<u></u>				E 2
	Income tax on the amount on line 34		DEE SIA	TCMCI	NT 4	35c		5.	52.
36	Trusts Taxable at Trust Rates. See instru					00			
		ule D (Form 1041)				36			
37	Proxy tax. See instructions				>	37			
38									
39	Tax on Non-Compliant Facility Income.								<u> </u>
40	Total. Add lines 37, 38 and 39 to line 35c	or 36, whichever applies				40		5	52.
	✓ Tax and Payments			1		_			
	Foreign tax credit (corporations attach Fo								
b									
C	General business credit. Attach Form 380								
	Credit for prior year minimum tax (attach								
е	$\textbf{Total credits}. \ Add lines \ 41 a \ through \ 41 d$								= -
42	Subtract line 41e from line 40							5.	52.
43	Other taxes. Check if from: Form 42	55 Form 8611 Form 8697	' Form 88	866 L	Other (attach schedule)	43			
44						44		5.	52.
	Payments: A 2016 overpayment credited								
	2017 estimated tax payments								
C	Tax deposited with Form 8868			45c					
	Foreign organizations: Tax paid or withhel			-					
	Backup withholding (see instructions)								
f	Credit for small employer health insurance	e premiums (Attach Form 8941)		45f					
g	Other credits and payments:	Form 2439							
	Form 4136	Other	Total ▶	45g					
46	Total payments. Add lines 45a through 4	ōg <u></u>	<u></u>			46			
47	Estimated tax penalty (see instructions). C								<u>21.</u>
48	$\boldsymbol{Tax}\ \boldsymbol{due}.$ If line 46 is less than the total of					48		5'	73.
49	$\label{eq:constraint} \textbf{Overpayment.} \ \textbf{If line 46 is larger than the}$		overpaid			49			
50	Enter the amount of line 49 you want: Cre	-			Refunded	50			
Part \	Statements Regarding C	ertain Activities and Othe	r Informat	ion (see	instructions)				
51	At any time during the 2017 calendar year	, did the organization have an interest i	n or a signatur	e or other	authority		L	Yes	No
	over a financial account (bank, securities,		-	-					
	FinCEN Form 114, Report of Foreign Bank	and Financial Accounts. If YES, enter t	the name of the	e foreign o	ountry				
	here								Х
52	During the tax year, did the organization re	eceive a distribution from, or was it the	grantor of, or t	transferor	to, a foreign trust?				Х
	If YES, see instructions for other forms th	e organization may have to file.							
53	Enter the amount of tax-exempt interest re	0 3							
<u> </u>	Under penalties of perjury, I declare that I have correct, and complete Declaration of prepare	e examined this return, including accompanyi r (other than taxpayer) is based on all informat	ng schedules and	statement	s, and to the best of my kr	nowledge ar	nd belief, it is	true,	
Sign	defices, and complete. Bediatation of propare		ion or willon propi		Г	May the IRS	3 discuss this	return w	vith
Here			HEAD O	F SCI	HOOL	•	r shown belov		,,,,,
	Signature of officer	Date	Title			instructions)? X Ye	s	No
	Print/Type preparer's name	Preparer's signature	Da	ate	Check	if PTII	V		
Paid					self- employe	d			
Prepa	rer DAVID JONES					P	01361	002	
Use (ARESCA & MCQUADE,	P.A.		Firm's EIN	5	2-185	393	3
036 (LITTLE PATUXENT P		, SU					
	Firm's address ► COLUME	SIA, MD 21044			Phone no.	410-	884-0	<u>22</u> 0	

Schedule	A - Cost of Good	s Sold. Enter	method of invent	tory va	aluation > N/A				
1 Invento	ry at beginning of year	1	0.	6	Inventory at end of yea	r		6	0.
2 Purchas	ses	2			Cost of goods sold. Su				
3 Cost of	labor				from line 5. Enter here	and in f	Part I,		
	nal section 263A costs			1	line 2			7	
(attach	schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other co	osts (attach schedule)	4b		1	property produced or a	acquired	for resale) apply to		
	Add lines 1 through 4b				the organization?				
Schedule	C - Rent Income	(From Real	Property and	Per	sonal Property	Leas	ed With Real Prop	perty	<u>/)</u>
(see instru	uctions)								
1. Description	of property								
(1)									
(2)									
(3)									
(4)									
		2. Rent receiv	ed or accrued				0(-)		
(a)	From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for pe	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)		3(a) Deductions directly columns 2(a) and	connec d 2(b) (a	ted with the income in itach schedule)
(1)									
(2)									
(3)									
(4)									
Total		0.	Total			0.			
(c) Total inco	ome. Add totals of columns a page 1, Part I, line 6, column	2(a) and 2(b). Er (A)	iter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
	E - Unrelated Deb			nstru	ctions)				
					Gross income from		Deductions directly conn to debt-finance		
	1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
						ر ا	TATEMENT 3	СП	ATEMENT 4
/ 1 \					213,315.	- 5	81,590		131,174.
(1)					213,313.		01,350	'	131,174.
(2)								+	
(4)									
	unt of average acquisition	5 Average	adjusted basis	6	. Column 4 divided		7. Gross income		8. Allocable deductions
debt on or	r allocable to debt-financed erty (attach schedule)	of or a	allocable to inced property	ľ	by column 5		reportable (column	(c	column 6 x total of columns
	TEMENT 5		MENT ^{e)} 6				2 x column 6)		3(a) and 3(b))
	7,624,682.		,158,760.		62.71%		133,770.		133,424.
(2)	.,,		,		%				
(3)					%			+	
(1) (2) (3) (4)					%			1	
1.1					76	F	nter here and on page 1,	F	nter here and on page 1,
							Part I, line 7, column (A).		Part I, line 7, column (B).
Totals					•		133,770.	.	133,424.
	nds-received deductions in					•		1	0.

				CTRON	ICS AC	ADEM	Y		11 15	7270	1 -
Form 990-T (2017) PUBLIC Schedule F - Interest,				d Dent	s From C	ontroll	ad Organi		31-15 S(222 inc		
Scriedule F - Interest,	Ammunie	is, noyai	ties, ai		Controlled O			Zation	S (see ins	struction	15)
1. Name of controlled organiza	ation	identific	2. Employer identification number		related income instructions)	4 . To	tal of specified ments made	include	of column 4 d in the cont tion's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	izations	•									
7. Taxable Income		unrelated incom see instructions		9. Total	of specified pay made	ments	10. Part of colu in the control gros			11. De with	eductions directly connect h income in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here and	Enter here and on page 1, Part I, Enter here an		d columns 6 and 11. ere and on page 1, Part I, ine 8, column (B).	
Totals								0.		(
Schedule G - Investme						(17) O	rganizatio:	n	•		
	tructions)			(-)(-,, (-,, -:	(,	. g				
1 . Des	cription of inco	ome			2. Amount of income		3. Deductions directly connected (attach schedule) 4. Set-asic (attach schedule)			5. Total deduction and set-asides (col. 3 plus col. 4	
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co	olumn (A).					Enter here and on pag Part I, line 9, column (
Totals					<u> </u>	0.	-				
Schedule I - Exploited	-	t Activity	Incom	e, Othe	r Than Ac	dvertis	ing Incom	е			
(see instr	uctions)						1				
1. Description of exploited activity	unrelated incom	Gross I business ne from business	3. Exp directly or with pro of unrebusiness	onnected duction elated	4. Net incon from unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3). If a se cols. 5	5. Gross inc from activity is not unrela business inc	that ited	6. Exp attribut colui	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2) (3)											
(3)											
(4)											
	page 1	re and on I, Part I, col. (A).	Enter her page 1, line 10,	, Part I,							Enter here and on page 1, Part II, line 26.
Totals		0.		0.							
Schedule J - Advertis											
Part I Income From	Periodio	cals Repo	orted o	n a Con	solidated	l Basis	•				
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compu hrough 7.			6. Read		7. Excess readership costs (column 6 minus column 5, but not mor than column 4).
(1)								$\overline{}$			
· · ·			-		_						1

(2) (3) (4) 0. 0. Totals (carry to Part II, line (5))

Form 990-T (2017) PUBLIC CHARTER SCHOOL

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

FORM 990-T	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
PRE TAX EMPLOYEE SALARY DEFE	RRALS FOR	TRANSIT	3,730.
TOTAL TO FORM 990-T, PAGE 1,	LINE 12		3,730.

FORM	990-T LINE 35C TAX COMPUTAT	ION		STATEMENT	2
1.	TAXABLE INCOME		3,076		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT		3,076		
3.	LINE 1 LESS LINE 2		. 0		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUN	т	. 0		
5.	LINE 3 LESS LINE 4		. 0		
6.	INCOME SUBJECT TO 34% TAX RATE		. 0		
7.	INCOME SUBJECT TO 35% TAX RATE		. 0		
8.	15 PERCENT OF LINE 2		461		
9.	25 PERCENT OF LINE 4		. 0		
10.	34 PERCENT OF LINE 6		. 0		
11.	35 PERCENT OF LINE 7		. 0		
12.	ADDITIONAL 5% SURTAX		. 0		
13.	ADDITIONAL 3% SURTAX		. 0		
14.	TOTAL INCOME TAX			•	461
			=		
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	17	646		
		DAYS			
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184 181	232 320		
18.	TOTAL TAX PRORATED	365		!	552

FORM 990-T S	SCHEDULE E - DEPRECIA	ATION DEDUCTI	ON	STATEMENT	3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION	- SUBTOTAL -	- 1	81,590.	81,5	90.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(A)		81,5	90.
FORM 990-T	SCHEDULE E - OTHER	R DEDUCTIONS		STATEMENT	4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
CONTRACTED BUILDING MAINTENANCE AND REPA		- 1	103,007. 28,167.	131,1	74.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		131,1	74.
FORM 990-T	AVERAGE ACQUISITION LLOCABLE TO DEBT-FIN		TY	STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE INDEBTEDNESS	S - SUBTOTAL -	- 1	7,624,682.	7,624,68	82.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	4		7,624,6	82.

FORM 990-T	STATEMENT			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED	BASIS - SUBTOTAL	- 1	12,158,760.	12,158,760
TOTAL OF FORM 99	0-т, schedule e, column	5		12,158,760

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

made ac	se i offit 7004 to request all extension of time to life incom-	o tax rotal	110.	Enter file	er's identifying	ı number
Type or print	INTEGRATED DESIGN ELECTRONI PUBLIC CHARTER SCHOOL		CADEMY	Employer	identification 31-157	number (EIN) or 3701
File by the due date filing your return. See	or Number, street, and room or suite no. If a P.O. box, so 1027 45TH STREET NE	ee instruc	tions.	Social se	curity number	(SSN)
nstruction						
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 990 or Form 990-EZ			Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						
Form 990-T (trust other than above) 06 Form 8870						12
Telep If the If this box fo	request an automatic 6-month extension of time until or the organization named above. The extension is for the organization named above. The extension of time until or or or or at a year beginning	s in the Ur Group Exe and atta MA organizatio	Fax No. inted States, check this box	f this is for f all memb the exem	r the whole gro ers the extens opt organization	ion is for.
	Change in accounting period					
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any		_	0
_	onrefundable credits. See instructions.			3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0
_	stimated tax payments made. Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa y using EFTPS (Electronic Federal Tax Payment System). \$	•	• • •	3c	\$	0.
	: If you are going to make an electronic funds withdrawal			2/53-EO 21	nd Form 8870	EO for payment

instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)