Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 2017 Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, a Check if applicable: C Name of organization	r instructions and the la	test information.	c.	Open to Publi Inspection
			D Emple	
Ideal Academy Publi	c Charter Sch	001	- Employ	er identification number
Name change Doing business as Number and street for R.O. bas if your life and street for R.O. bas if you life and you l		001	-	
Number and street (or P.O. box if mail is not delivered to street address) Final return City of the Capitol Street		Room/suite	E Telephor	138875
Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code			202-	729-6660
Washington				0000
F Name and address of principal officer:			G Gross rec	eipts\$ 5,642,4
Application pending Percy Wilson				
6130 North Capitol Street		H(a) Is this a g	roup return for	subordinates Yes X
Washington DC 20		H(b) Are all su	bordinates inc	luded? Yes
Tax-exempt status: X 501(c)(3)				(see instructions)
Website: ► www.iapcs.com 49	947(a)(1) or 527	and the second		
Form of organization: X Corporation Trust		H(c) Group ex	emption numb	
Part Summary Association Other	L	Year of formation: 1		
1 Briefly describe the organization's mission				M State of legal domicile: I
Briefly describe the organization's mission or most significant activit See Schedule O	ties:			
2 Check this box if the organization discontinued its operations 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 Total number of individuals employed in calendar year 2017 (Part VI) 6 Total number of volunteers (estimate if page 2017)	or disposed of more th	an 25% of its net	assets.	
4 Number of independent water	and the second s		1 0	9
Number of independent voting members of the governing body (Part VI, line 1a) Total number of individuals employed in calendar year 2017 (Part VI) Total number of volunteers (estimate if necessary)	line 20		. 4	9
O TOTAL NUMBER OF VOLUNTARIA (- V	I MILO EGY			115
ra rotal unrelated business revenue from Dart au			6	0
b Net unrelated business taxable income from Form 990-T, line 34	********		. 7a	
			7b	
Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2q)		Prior Yea		Current Year
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, line 2g)		4 975	,728	588,90
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14		4,877	,296	5,015,79
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11. 12 Total revenue – add lines 8 through 11 (A)	e)		-	
	(A) line 12)	43	,625	37,73
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for marries (Part IX, column (A), lines 1–3)	V 3/3 III (6 12)	5,427	,649	5,642,43
14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 15 Salaries other company (Part IX, column (A), line 4)				
) lines 5_10\	0.00=		
16aProfessional fundraising fees (Part IX, column (A), line 11e)	,, and 3–10)	2,987	,801	3,250,83
			Letter 1	
17 Other expenses (Part IX, column (D), line 25) ▶ 18 Total expenses Add lines 13 47 (A), lines 11a–11d, 11f–24e)		A street printed to the party of the party of		10 to
	e 25)	2,024	,821	1,983,75
19 Revenue less expenses. Subtract line 18 from line 12	20)	5,012	,622	5,234,58
20 Total assets (Part X, line 16)	***************************************	Pasinula 415	,027	407,849
21 Total liabilities (Part X, line 16)		Beginning of Curre	nt Year	End of Year
22 Net assets or fund hele		12,508	,879	11,987,471
22 Net assets or fund balances. Subtract line 21 from line 20	********	9,957	The same of the sa	9,028,317
Proposition of the control of the co	***************************************	2,551		2,959,154
correct, and complete, Destate that I have examined this return, including access	omids - 1	-		
er penalties of perjury, I declare that I have examined this return, including accomponent, and complete Declaration of preparer (other than officer) is based on all in	information of which	atements, and to th	e best of my	knowledge and bolist
Signature of officer	or which prep	arer nas any knowl	edge.	- Janua Deliet,
Oignature of officer			5	18/2019
Machan Evane CD3			Date	1 401
Type or print name and title Print/Type preparer's name	Treas	urer		' '
er Storberie		Date	Check	if PTIN
Bert Smith & Co		05/08/1	9 self-employ	
1090 Vermont Ave No.	000	10000		
e IRS discuss this column Washington, DC 20005-21	920	7,1111	LINE	52-1094722
	.25	Dia-	ana 2/	12-200
perwork Reduction Act Notice, see the separate instructions.	s)	Phon	e no. 2	02-393-5600
Pariate instructions.				Yes No
				Form 990 (2017)

art III Stat	deal Academ	m Service Accomplishments	222 2230073	Page
Che	ck if Schedule O	contains a response or note to any	line in this Part III	V
Briefly describe	e the organization's m	ission:	ine in this Fait III	Х
See Sched	d1 ~ ^			
* * * * * * * * * * * * * * * * * * * *				
0.0000				••••••
Did the organiz	zation undertake any s	significant program services during the year w	which were not listed on the	
prior Form 990	or 990-EZ?			X No
If "Yes," descri	be these new services	s on Schedule O.		
Did the organiz	zation cease conductir	ng, or make significant changes in how it con	ducts, any program	
services?				XN
	be these changes on	Schedule O.		
Describe the or	rganization's program	service accomplishments for each of its thre	e largest program services, as measured by	
expenses. Sec	tion 501(c)(3) and 501	(c)(4) organizations are required to report the	e amount of grants and allocations to others,	
the total expen	ses, and revenue, if a	ny, for each program service reported.		
· (Code:	\/F	4 060 241		
Code:) (Expenses \$	4,060,341 including grants of\$) (Revenue \$ 5,015, to excel academically and a	798
naximum s	self-relian	ce and personal fulfil	lment. This is accomplished	icui
ngaging	students i	n dynamic learning exp	periences based on proven	ري د
ducation	nal methods	and incorporating str	cong community and parental	
nvolveme	ent. There	is a collaborative off	ort to create a safe and ca	
earning	environmen	t that nurtures and on	npower students, their paren	arir
he teach	ning staff.	s char narcares and en	power students, their paren	its,

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(Code:		including grants of\$) (Revenue \$	
		including grants of\$) (Revenue \$	
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(Code:) (Expenses \$	including grants of\$ including grants of\$) (Revenue \$	
(Code: Other program s (Expenses \$		including grants of\$ including grants of\$) (Revenue \$	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-9-50-0
۵	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1.7
	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			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
15	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			42
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
	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,"		360022	CARDE TO
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114	- 45	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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	bid the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-0.110	
120	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
Lu	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	X	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	406		v
13	is the organization a school described in section 1/0(b)(1)(A)(ii)? If "Yes " complete School described in section 1/0(b)(1)(A)(ii)?	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	and the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking	174		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	and the diganization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			30
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	The trie organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	bid the diganization report a total of more than \$15 (00) of expenses for professional fundraising consists			Acuso
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	Part VIII lines 1c and 8a2 If "Vos " complete Cabadula O. D. J. II			500
19	Did the organization report more than \$15,000 of gross income from gaming activities on Port VIII line 0.22	18		X
	If "Yes," complete Schedule G, Part III	10		v
		19		<u>X</u>

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			10000
22	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			
23	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 Schedule J	72.55		
242		23		X
2-7a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
3.77.0	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			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	0	X
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II			17
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26	0	X
	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	07		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	132 512	X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		v
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		X
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		Λ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	-	A
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Ves" complete Schedule M			
00200000	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
		32		X
33	and the organization own 100% of all entity disregarded as separate from the organization under Regulations			
24	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.		C P	
250	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment for	34		X
35a	If "You" to line 355 wild the meaning of section 512(b)(13)?	35a		X
b				
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
50	or (5)(6) organizations. Did the organization make any transfers to an exempt non-charitable			
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
	and the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
	19? Note. All Form 990 filers are required to complete Schedule O.			
	Schedule O.	38	X	

Form 990 (2017) Ideal Academy Public Charter School52-2138875 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 115 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? X 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c

Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017) Ideal Academy Public Charter School52-2138875 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 Section 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Each committee with authority to act on behalf of the governing body? 8a 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 ... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? Yes No 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 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 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 13 14 X Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization X 15a X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its X participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: Ideal Academy Public Charter School6130 North Capitol Street

Washington

Form 990 (2017) Ideal Academy Public Charter School 52-213	2138875
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Page 7

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both or/truste	an ee)	(D) Reportable compensation from the		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		rganization 2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Percy Wilson	1 00										
Chairperson	0.00	X		x					0	o	
(2)Dr. Earnest Dev	oe			-						U	0
Vice Chair	1.00										
(3) Nathan Evans, C	0.00	X		X			+		0	0	0
	1.00										
Treasurer	0.00	X		X					0	0	0
(4) William Newsome											
Board Member	1.00	X									
(5) Vincent McKie	0.00	A							0	0	0
Board Member	1.00	X							o	0	0
(6) La'Keish Cook	1 00										
Board Member	1.00	X									
(7) Tiffany Lowery	0.00	22							0	0	0
Board Member	1.00	x							o	0	0
(8) Espanola F Hugh											0
Board Member	1.00 0.00	x									
(9) Jeaniece Johnso	n								0	0	0
Board Member	1.00	x									
10)George Rutherfo	rd, II	PH	D						0	0	0
Principal	40.00		100000000000000000000000000000000000000								
Principal 11)	0.00			X					118,138	0	0
,				T							

Sub-total 118 / 138 118	(A) Name and title	(B) Average hours per week (list any hours for	box	cer ar	Posi check r ess per nd a di	ition more rson i	s both	an	compensa from the	Reportable mpensation from the	(E) Reportable compensation from related organizations	am comp	(F) timated count of other pensation
Total (add lines 1b and 1c) Total (add lines 1c)		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			(W-2/1099-IMISC)	orga	nization related
total from continuation sheets to Part VII, Section A													
total from continuation sheets to Part VII, Section A													
Total (add lines 1b and 1c) Total (add lines 1c)		•••••••••											
Total (add lines 1b and 1c) Total (add lines 1c)													
Total (add lines 1b and 1c) Total (add lines 1c)													
total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Steve Bus Service 2516 32nd St SE													
total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Steve Bus Service 2516 32nd St SE													
Total (add lines 1b and 1c) Total (add lines 1c)													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation in the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual To rany individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Name and business address Description of services Compensation	c Total from continuation she	eets to Part VII,											
July the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 For services rendered to the organization? If "Yes," complete Schedule J for such person 8 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Name and business address Description of services Description of services Description of services Compensation	2 Total number of individuals (i	ncluding but not	limi	ted t	to the	ose	listed	abo	ove) who	received more th	an \$100,000 of		
a For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Name and business address Steve Bus Service 2516 32nd St SE Washington DC 20020 Transportation 134,73	3 Did the organization list any f	former officer, d	irect	or, c	or trus	stee	, ke	/ em	plovee, o	r highest comper	nsated		Yes No
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. In the organization is accordance to the compensation from the organization. It is a possible to those listed above) who received more than \$100,000 of compensation from the organization. It is a possible to those listed above) who received more than \$100,000 of compensation from the organization. It is a possible to those listed above) who received more than \$100,000 of compensation from the organization. It is a possible to those listed above) who received more than \$100,000 of compensation from the organization. It is a possible to those listed above) who received more than \$100,000 of compensation from the organization. It is a possible to those listed above) who received more than \$100,000 of compensation from the organization. It is a possible to those listed above) who received more than \$100,000 of compensation from the organization. It is a possible to those listed above) who received more than \$100,000 of compensation from the organization. It is a possible to those listed above) who received more than \$100,000 of compensation from the organization. It is a possible to the possible to those listed above) who received more than \$100,000 of compensation from the organization. It is a possible to the possible	 For any individual listed on lir organization and related organization 	," <i>complete Sch</i> ne 1a, is the sun	edule n of i	e J f	or su rtable	ich i e co	ndivi	dual	ion and	ther compensati	on from the	3	X
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. All Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. All Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. All Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Complete this table for your five highest compensation from the calendar year ending with or within the organization's tax year. Complete this table for your five highest compensation from the calendar year ending with or within the organization's tax year. Complete this table for your five highest compensation from the calendar year ending with or within the organization's tax year. Complete this table for your five highest compensation from the calendar year ending with or within the organization's tax year. Complete this table for your five highest compensation from the calendar year e	5 Did any person listed on line	1a receive or ac	crue	cor	npen	sati	on fr	om a	any unrel	ated organization	or individual	4	X
Name and business address Steve Bus Service 2516 32nd St SE Washington DC 20020 Transportation 134,71 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization in the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensation from the organization received more than \$100,000 of compensa	ioi services refluered to the d	organization? If	Yes	," co	mple	ete S	Sche	dule	J for suc	h person		5	X
Name and business address Steve Bus Service 2516 32nd St SE Washington DC 20020 Transportation 134,71 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Description of services Compensation 134,71	Complete this table for your fit compensation from the organ	ive highest comp	pens	atec	d inde	eper	nden	t cor	ntractors	that received mo	re than \$100,000 of		
Steve Bus Service 2516 32nd St SE Washington DC 20020 Transportation 134,71 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1	Name and	(A) business address	50111	DOTTE	ballor	1 101	uie	Cale	nuar year	Description	/Itnin the organization's ta B) In of services		(C)
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1		DC	2	00		51	6			SE			Compensation
PAA		DC		00.	20			1	ransp	ortation			134,710
DAA													
PAA						7							
DAA	2 Total number of independent	contractors (inc	ludin	g bu	ut not	t lim	ited	to th	ose listed	l above) who		1323	Para la
000	received more than \$100,000	of compensatio	n fro	m th	ne or	gan	izatio	on 🕨			1		orm 990 (2017

Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or (D) Revenue exempt business excluded from tax function revenue under sections revenue 1a Federated campaigns 512-514 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) . . 1e 577,694 f All other contributions, gifts, grants, and similar amounts not included above 1f 11,207 g Noncash contributions included in lines 1a-1f: \$..... h Total. Add lines 1a-1f 588,901 Program Service Revenue Busn. Code Per Pupil Allotment 4,943,844 4,943,844 Other Revenue 71,954 71,954 f All other program service revenue g Total. Add lines 2a-2f 5,015,798 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceed Royalties (i) Real (ii) Personal 37,736 6a Gross rents b Less: rental exps. c Rental inc. or (loss) 37,736 d Net rental income or (loss) . . 37,736 37,736 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventor b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Miscellaneous Revenue Busn. Code 11a d All other revenue e Total. Add lines 11a–11d 5,642,435 5,053,534

Do I	Check if Schedule O contains a respond include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		Схропаев	general expenses	expenses
	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,				MARKET ELIVERNING
	trustees, and key employees				
6	Compensation not included above, to disqualified				the state of the s
30	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		2,817,583	2,095,214	722 260	
8	Pension plan accruals and contributions (include	2,011,000	2,093,214	722,369	
000	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	176,730	133,891	42 930	
10	Payroll taxes	256,517	194,337	42,839	
11	Fees for services (non-employees):	230,311	194,337	62,180	
	Management				
b	Legal				
C	Accounting	150,061	112 606	26 275	
	1 - 1 - 1	130,001	113,686	36,375	
e					
f	Water and the control of the control		ENGEL OF REPRESENTED BY		
g					
9	(A) amount, list line 11g expenses on Schedule O.)	164 600	462 246		
12		464,689	463,346	1,343	
13	Office expenses	91,499	60 200	20 170	
14	Office expenses Information technology	91,499	69,320	22,179	
15	Royalties				
16	Royalties	231,687	175 506	FC 161	
17	Occupancy Travel	231,087	175,526	56,161	
8					
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	271,912	206 000	CF 040	
21	Payments to affiliates	211,912	206,000	65,912	
22	Depreciation, depletion, and amortization	421 000	210 050	100 000	
23	Incurance	421,000	318,950	102,050	
4	Other expenses. Itemize expenses not covered	38,041	28,820	9,221	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	ALLEGE THE PARTY OF	Mary Committee of the last		
	(A) amount, list line 24e expenses on Schedule O.)				
а	Other Expense	162 205	100 505		
b	Administration Fee	163,395	123,787	39,608	
C	Supplies and Materials	51,255	38,831	12,424	
d	Other Student Costs	40,816	40,816		
e	All other expenses	33,878	33,878		
5	Total functional expenses. Add lines 1 through 24e	25,523	23,939	1,584	
	Joint costs. Complete this line only if the	5,234,586	4,060,341	1,174,245	
•	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or note to any line in this Part X			
	O-al	(A) Beginning of year		(B) End of year
1		722,141	1	589,55
2			2	
3	r loages and grants receivable, riet	224,414	3	214,72
4	i i de dante i decivable, net		4	
5	- same and other receivables normal current and former officers, directors.		13.3	
1	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
۱٥	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
7	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
0	myontones for sale of use		8	
9	Prepaid expenses and deferred charges		9	
10	a carra, barrangs, and equipment: cost or		MARIE	Hallow Commence
Ι.	other basis. Complete Part VI of Schedule D 10a 15,712,113		28	
t	other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 15,712,113 10b 4,555,222	11,526,450	10c	11,156,891
11	investments—publicly traded securities		11	
12	IIIVOSTITICITO TOTICI SECULITIES SEE PART IV IIIA 11		12	
13	investments—program-related. See Part IV, line 11		13	
14	intaligible assets		14	
15	Other assets. See Part IV, line 11	35,874	15	26,298
16	Total assets. Add lines I tillough 15 (must equal line 34)	12,508,879	16	11,987,471
17	Accounts payable and accrued expenses	410,998	17	231,336
18	Crunto payable		18	
19	- sisting foroide		19	
20	- an anality bolid lidbillido		20	
21	- Street of Schedule D		21	
22	Loans and other payables to current and former officers, directors.			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule I		22	
23	Secured mortgages and notes payable to unrelated third parties	9,478,813	23	8,741,209
24	chisecured notes and loans payable to unrelated third parties	575707015	24	0,741,203
25	Other liabilities (including federal income tax, payables to related third		2.7	
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	67,763	25	55,772
26	Total liabilities. Add lines 17 through 25	9,957,574	26	9,028,317
	Organizations that follow SFAS 117 (ASC 958), check here X and		20	3,020,311
122	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,551,305	27	2 050 154
28	remporarily restricted net assets		28	2,959,154
29			29	
	and and and and and and and		29	GENERAL PROPERTY.
Taction I	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		20	
31	The most deplied surplus. Of failu. Utilifiling or equipment tund		30	
32	Retained earnings, endowment, accumulated income, or other fired		31	
33	Total net assets or fund balances Total liabilities and net assets/fund balances	2,551,305	32	2,959,154
34			22	/ UND () 7 E /

orr	n 990 (2017) Ideal Academy Public Charter School52-2138875			Pa	ge 12
Pa	Reconciliation of Net Assets			1 4	ge 12
	Check if Schedule O contains a response or note to any line in this Part XI	e de la composition			П
1	rotal revenue (must equal Part VIII, column (A), line 12)	1	5,64	12.	435
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,23		
3	Nevertue less expenses. Subtract line 2 from line 1	3			849
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,5		
5	Net unrealized gains (losses) on investments	5	2,5	, _ ,	303
6	Donated services and use of facilities Investment expenses	6			
7	o Apollood	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	3			_
	33, column (B))	10	2,95	. 0	15/
Pa	art XII Financial Statements and Reporting	10	2,3.	, ,	134
	Check if Schedule O contains a response or note to any line in this Part XII				
	, and it die at the second				No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			res	INO
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		100000		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• • • • • • • • •	2a		X
	reviewed 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?			**	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b	X	
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in		2c		X
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			30000	
	the Single Audit Act and OMB Circular A-133?				122
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a		X
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
	and describe any steps taken to undergo such audits.		3h		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047 2017

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2017

Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because its: (Fer lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(li). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(li). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(lii). A church convention of particle of the properties of the convention of the part o	Part I	Resear	for Public Che	with Status (All	rter	SCHOOT	52-2	138875						
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state; 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.) A finderal, static, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross or university. A community frust described in section 170(b)(1)(A)(iv). (Complete Part III.) A organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross apport from administration of the college or university. A community frust described in section 170(a)(1)(A)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)		ion is not a	TOT PUBLIC Cha	irity Status (All organiza	ations mu	ist comple	ete this part.) See in	structions.						
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Page 2

	ction A. Public Support						
Cal	endar 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.")						(7)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						*
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support		35 4 N V A				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(A) T-4-1
7	Amounts from line 4			(0) 20.0	(d) 2010	(e) 2017	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			The residence			
2	Gross receipts from related activities, etc.	(see instructions	3)			140	
13	First five years. If the Form 990 is for the	organization's fi	rst, second, third.	fourth or fifth tax	vear as a soction	12	
_	organization, theth this pox and ston had	-Δ					. –
sec	tion C. Computation of Public S	upport Perce					
4	Public support percentage for 2017 (line 6	Coolumn (f) dista	talle it as a	umn (f))		14	%
5							%
6a					is 33 1/3% or mo	ore, check this	70
h	and stop here. The organization qua	illes as a publich	/ Sunnarted argan	ization			•
b	33 1/3% support test—2016. If the organ	ization did not ch	neck a hoy on line	13 or 160 and 1	ne 15 is 33 1/3%	or more, check	
	and stop note. The organization	qualilles as a nii	DIICLY CHINDONION OF	manination			D
	10%-facts-and-circumstances test—20* 10% or more, and if the organization more	17. If the organiz	ation did not chec	k a box on line 13			··········· L
	Part VI how the organization meets the "fa	is the facts-and- acts-and-circums	circumstances" te tances" test. The o	st, check this box organization qual	Andrew of the analysis are an arranged to		
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	I6 If the organiz					>
	15 is 10% or more, and if the organization	meets the "facts	and size and check	k a box on line 13	3, 16a, 16b, or 17a	a, and line	
	Explain in Part VI how the organization me	ets the "facts on	-and-circumstance	es" test, check thi	s box and stop h	ere.	
	- FF - 100 organization					252	
В	Private foundation. If the organization did instructions	not check a box	on line 13, 16a, 1	16b, 17a, or 17b,	check this box an	d see	
					*********		▶ 📘
						hedule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017 Ideal Academy Public Charter School52-2138875

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	+ 11
If the organization fails to qualify under the tests listed below, please complete Part II.)	

	tion 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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.)				and the second		
Sec	tion B. Total Support						
	ndar 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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's f	irst, second, third	fourth or fifth tax	(Vear as a section	501(c)(2)	
	organization, check this box and stop her	re					
sec	tion C. Computation of Public S	upport Perce	entage				
15	Public support percentage for 2017 (line 8	3, column (f) divid	ded by line 13, col	umn (f))		15	%
6	1 done support percentage nom 20 to Sch	edule A. Part III.	line 15		· · · · · · · · · · · · · · · · · · ·		%
sec	tion b. Computation of myesting	ant income P	ercentage				70
17	Investment income percentage for 2017 (Investment income percentage from 2016)	line 10c, column	(f) divided by line	13, column (f))		17	%
8	invocation income percentage from 2016	Schedule A, Pa	rt III. line 17			40	%
9a	33 1/3% support tests—2017. If the orga	nization did not	check the box on	ine 14 and line 1	5 is more than 20	1/20/	
	17 is not more than 33 1/3%, check this b	ox and stop her	 The organization 	n qualifies as a n	ublick supported	organization	
L.		nization did not	oboote a bassas P	The second secon		Commence of the second	
b	33 1/3% support tests—2016. If the orgaline 18 is not more than 33 1/3%, check the	is hox and eten	here The arra	e 14 or line 19a,	and line 16 is mo	e than 33 1/3%, a	nd

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	Δ	ΔII	Sunnar	tina	Organ	izations
SCOLICII			CUPPOI	ши	Uluali	12auviis

Yes No 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. 1 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below. 3a 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. 3b 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. 3с 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. 4a 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. 4b 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. 4c 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). 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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. 6 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). 7 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). 8 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. 9a 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, 9b 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. 9c 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

10a

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

	dule A (Form 990 or 990-EZ) 2017	3875		Page
44			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?			
a	and any of interiority controls, either alone or together with persons described in (b) and (c)	100		
h	below, the governing body of a supported organization?	11a		
c	A family member of a person described in (a) above?	11b		
Sec	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. tion B. Type I Supporting Organizations	11c		
	The state of the s			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	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.	10000	THE REAL PROPERTY.	151428
2	Did the organization operate for the benefit of any supported organization other than the supported	1	Torque and	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	Vi now providing such benefit carried out the purposes of the supported organization(s) that operated			
_	supervised, or controlled the supporting organization		111111111111111111111111111111111111111	
Sect	ion C. Type II Supporting Organizations	2		
			Yes	N-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	66.375	162	No
	of 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			
Cont	the supported organization(s).	1	reasons.	STATE OF THE
Sect	ion D. All Type III Supporting Organizations			
4	Did the same is all		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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2) did the arrest in the supported organization (s).	2		
1571	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 the organization of the relationship described in (2), did the organization's supported organization 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.			
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru			
а	The organization satisfied the Activities Test. Complete line 2 below.	ıctions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
2200 1940		instructio	ons).	
2 A	ctivities Test. Answer (a) and (b) below.	Г		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	and supported organization(s) to which the organization was responsive? If "Voc " then in Part III to			
	those supported organizations and explain how these activities directly furthered their account		MARK!	
	the organization was responsive to those supported organizations, and how the organization of the companies to the organization of the organizatio			
	and those delivities constituted substantially all of its activities	2-	ALESSA DE	
D	Did the activities described in (a) constitute activities that, but for the organization's involvement	2a	ESEASO	100000
	and a supported organization(s) would have been engaged in 2 if "Vee " and it is			
	to the organization's position that its supported organization(s) would have an analytical			
	and the organization's involvement.	26	25/215	
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		192272
a	Did the organization have the power to regularly appoint or elect a majority of the officers allowed			
	a details in Cacif of the Supported Organizations? Provide details in Part VI	20	ALFRED S	
U	Did the organization exercise a substantial degree of direction over the policies	3a	Contract of	624781
AA .	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		
25.00	Schedule A (200 =	71 0000

Ideal Academy Public Charter School52-2138875 Schedule A (Form 990 or 990-EZ) 2017 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Page 6 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (B) Current Year (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount (B) Current Year (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1.

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

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

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

Enter greater of line 2 or line 3.

Income tax imposed in prior year

2

3

4

5

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

and 4c.

Breakdown of line 7: a Excess from 2013

c Excess from 2015

 d Excess from 2016

 e Excess from 2017

b Excess from 2014

Part VI	Supplemental Information. Provide the explanations III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section B, line 1e; Part IV, Section B, line IV, Section B	5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section blines 2 and 3: Part IV, Section Filines 1c, 2a, 2
	lines 2, 5, and 6. Also complete this part for any addition	nal information. (See instructions.)
• • • • • • • • • • • • • • • • • • • •	***************************************	
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Schedule A (Form 990 or 990-EZ) 2017

DAA

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2017

Ideal Academy Public Charter School 52-2138875 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). 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) Ideal Academy Public Charter School

Employer identification number 52-2138875

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	District of Columbia Government 810 1st Street NE Ninth Floor Washington DC 20002	\$ 495,820	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· ····································	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	······································	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(2)	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	· ····································	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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 Employer identification number Ideal Academy Public Charter School 52-2138875 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintainir	a Collections of	Art Histor	er Schoo.	152-2138	875	Page 2
3 Using the organization's acquisition, access	sion, and other record	Is, check any o	of the following the	s, or Otner	Similar As	sets (continued
collection items (check all that apply):					400 01 110	
a Public exhibition		an or exchang				
b Scholarly research	e U Ot	her				
c Preservation for future generations 4 Provide a description of the organization's						
4 Provide a description of the organization's XIII.	collections and explain	n how they furt	ther the organizat	ion's exempt pu	rpose in Part	
5 During the year, did the organization solicit	or receive denotions	of out biotosis				
assets to be sold to raise funds rather than	to he maintained as r	or art, historica	i treasures, or oth	ner similar		
Part IV Escrow and Custodial Ar	rangements.	art or the orga	mization's collecti	on?		. Yes No
Complete if the organization	on answered "Yes	on Form 9	90. Part IV. lir	ne 9. or repo	rted an am	ount on Form
990, Part X, line 21.					itou un um	ount on ronn
1a Is the organization an agent, trustee, custo	dian or other intermed	liary for contrib	utions or other as	sets not		
included on Form 990, Part X?						Yes No
b If "Yes," explain the arrangement in Part XI	III and complete the fo	llowing table:				
c Poginning helenes						Amount
c Beginning balance					1c	
d Additions during the year		• • • • • • • • • • • • • • • • • • • •			1d	
Distributions during the year Ending balance					1e	
f Ending balance 2a Did the organization include an amount on	Form 990 Part X line	21 for escroy	v or custodial aco	ount liability?	1f	
b If "Yes," explain the arrangement in Part XI	II. Check here if the ex	xplanation has	been provided or	Part XIII		Yes No
Fait v Endowment Funds.						
Complete if the organization	n answered "Yes	on Form 9	90, Part IV, lir	ne 10.		
	(a) Current year	(b) Prior year	(c) Two year		ree years back	(e) Four years back
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and						
d Grants or scholarshing						
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 cu	rrent year end balance	e (line 1a. colu	mn (a)) held as:			
a Board designated or quasi-endowment ▶	%	, ,,,	(-// , , , , , , , ,			
b Permanent endowment ▶ %						
c Temporarily restricted endowment ▶	%					
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.					
3a Are there endowment funds not in the possiorganization by:	ession of the organiza	tion that are h	eld and administe	red for the		
						Yes No
(i) unrelated organizations(ii) related organizations		····				3a(i)
b If "Yes" on line 3a(ii), are the related organiz	zations listed as requir	ed on Schedu				
The interior uses of the	e organization's endo	wment funds		• • • • • • • • • • • • • • • • • • • •		3b
Part VI Land, Buildings, and Equ	ipment.					
Complete if the organization	n answered "Yes"	on Form 99	90, Part IV, lin	e 11a. See F	orm 990 I	Part X line 10
Description of property	(a) Cost or other basis	(b) Cos	t or other basis	(c) Accumulate		(d) Book value
de Land	(investment)		(other)	depreciation		
1a Land			858,280			858,280
b Buildings		14,	001,153	3,813	798 1	0,187,355
c Leasehold improvements						
d Equipment e Other			578,445		, 363	29,082
otal. Add lines 1a through 1e. (Column (d) must	equal Form 990 Post	Y column (D)	274,235	192		82,174
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Complete if the organization answered "Yes" on Form line 25.				
Complete if the organization answered "Yes" on Form line 25.				
(a) Description of liability	000			
(a) Description of liability	990, Part IV,	line 11e or	r 11f. See Form	990, Part X,
				•
(1) Federal income taxes	Book value			
(2) Capital Lease Payable				
(3)	55,772			
(4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
Liability for uncertain tax positions. In Part XIII provide the text of the feet of	55,772			
ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check he		's financial sta	atements that rena-	te the

Schedule D (I	orm 990) 2017	Ideal	Academy	Public	Charte	er Sch	00152-2	138875	Page 5
Part XIII	Suppleme	ntal Inforn	nation (conti	inued)					rage J
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number Ideal Academy Public Charter School 52-2138875 Form 990 - Organization's Mission We are a community comitted to excellence in education by providing a nurturing learning environment that enales our students to become competen and contributing global citizens. At Ideal Academy, we embrace the whole child: mind, body, and character, providing them not only cognitive development, but also social, emotional, physical, and creative growth. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The School's Management reviews the 990 Tax Return before it is filed. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The School makes it governing documents available upon written request.

Fund Raising

Management &

Program Service

General

1,584

18,987

S

18,987 6,536

S

Professional Development

Total

Assessment Materials

Description

Expenses

Total

25,523

23,939