

SB & COMPANY, LLC 10200 Grand Central Ave., Suite 250 Owings Mills, MD 21117 Federal Tax ID: 20-2153727 (410) 584-0060

March 11, 2021

Girls Global Academy Public Charter School 733 8th St NW Washington, DC 20001

Girls Global Academy Public Charter School:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Tiana Wynn

Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning JUL 1 , 2019, and ending JUN 30

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

GIRLS GLOBAL ACADEMY PUBLIC CHARTER SCHOOL

83-3844906

Name and title of officer

KAREN VENABLE-CROFT EXECUTIVE DIRECTOR

#### Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| 1a | Form 990 check here 🕨 🗓  | b Total revenue, if any (Form 990, Part VIII, column (A), line 12)     | 1b | 950,567. |
|----|--------------------------|--|----|----------|
| 2a | Form 990-EZ check here   | <b>b Total revenue,</b> if any (Form 990-EZ, line 9)                   | 2b |          |
| За | Form 1120-POL check here | b Total tax (Form 1120-POL, line 22)                                   | 3b |          |
| 4a | Form 990-PF check here   | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) | 4b |          |
| 5а | Form 8868 check here     | b Balance Due (Form 8868, line 3c)                                     | 5b |          |

#### **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

| Officer's | PIN: | check | one | box | only |
|-----------|------|-------|-----|-----|------|
|-----------|------|-------|-----|-----|------|

| X I authorize | SB | & | COMPANY, | LLC |               | to enter my PIN | 44906                  |
|---------------|----|---|----------|-----|---------------|-----------------|------------------------|
|               |    |   |          |     | ERO firm name |                 | Enter five numbers, bu |

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State

| program,            | I will enter my PIN on the return's disclosure co | onsent screen.       |  |
|---------------------|---|----------------------|--|
| Officer's signature | - Kinall-Cf                                       | Date Date 03/10/2021 |  |

#### Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

27037520721 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date  $\triangleright$  02/19/21

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

### \*\* PUBLIC DISCLOSURE COPY \*\*

TTTT 1

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

▶ 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. TIIN 30 2010

Open to Public Inspection

OMB No. 1545-0047

| <u> </u>                       | OI UI                  | e 20 19 Calefidat year, or tax year beginning 000 1, 2019 and                                    | ending U                            | ON 30, 2            | 0 4 0       |                               |  |  |  |  |  |
|--------------------------------|------------------------|--|-------------------------------------|---------------------|-------------|-------------------------------|--|--|--|--|--|
| <b>B</b> c                     | heck if<br>pplicab     | C Name of organization  GIRLS GLOBAL ACADEMY   |                                     | D Employer i        | dentific    | cation number                 |  |  |  |  |  |
| v                              | Addre                  |  |                                     |                     |             |                               |  |  |  |  |  |
|                                | cnang<br>Name<br>chang |  |                                     | 83-38               | 449         | 06                            |  |  |  |  |  |
| X                              | Initial                | Number and street (or P.O. box if mail is not delivered to street address)                       |                                     | E Telephone number  |             |                               |  |  |  |  |  |
| Ē                              | Final<br>return        | 733 8TH CT NW  | (202) 600-4822                      |                     |             |                               |  |  |  |  |  |
|                                | termin                 |  | <b>G</b> Gross receipts \$ 950,567. |                     |             |                               |  |  |  |  |  |
|                                | Amen                   | ded wagutnomon bo 20001  | H(a) Is this a g                    | roup re             |             |                               |  |  |  |  |  |
|                                | Application            |  |                                     | for subore          |             |                               |  |  |  |  |  |
|                                | pendi                  | SAME AS C ABOVE  |                                     |                     |             | cluded? Yes No                |  |  |  |  |  |
| <u> </u>                       | ax-ex                  | empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) c                                  | or 527                              |                     |             | list. (see instructions)      |  |  |  |  |  |
|                                |                        | te: ► HTTPS://GIRLSGLOBALACADEMY.ORG/  |                                     | H(c) Group ex       |             |                               |  |  |  |  |  |
| K F                            | orm o                  | organization: X Corporation Trust Association Other  | <b>L</b> Year                       | of formation: 20    | 19 N        | 1 State of legal domicile: DC |  |  |  |  |  |
|                                | ırt I                  | Summary  |                                     |                     |             |                               |  |  |  |  |  |
|                                | 1                      | Briefly describe the organization's mission or most significant activities: SEE \$               | SCHEDU                              | LE O.               |             |                               |  |  |  |  |  |
| Activities & Governance        |                        |  |                                     |                     |             |                               |  |  |  |  |  |
| rna                            | 2                      | Check this box  if the organization discontinued its operations or dispos                        | ed of more                          | than 25% of its     | net ass     | t assets.                     |  |  |  |  |  |
| ∑.                             | 3                      | Number of voting members of the governing body (Part VI, line 1a)                                |                                     |                     | . 3         | 12                            |  |  |  |  |  |
| Ğ                              | 4                      | Number of independent voting members of the governing body (Part VI, line 1b)                    |                                     |                     | . 4         | 12                            |  |  |  |  |  |
| 8                              | 5                      | Total number of individuals employed in calendar year 2019 (Part V, line 2a)                     |                                     |                     | . 5         | 3                             |  |  |  |  |  |
| /itie                          | 6                      | Total number of volunteers (estimate if necessary)   |                                     |                     |             | 0                             |  |  |  |  |  |
| ċ                              | 7 a                    | Total unrelated business revenue from Part VIII, column (C), line 12                             |                                     |                     |             | 0.                            |  |  |  |  |  |
| _<                             |                        | Net unrelated business taxable income from Form 990-T, line 39                                   |                                     |                     |             | 0.                            |  |  |  |  |  |
|                                |                        |  |                                     | Prior Year          |             | Current Year                  |  |  |  |  |  |
| ø.                             | 8                      | Contributions and grants (Part VIII, line 1h)  |                                     |                     |             | 950,504.                      |  |  |  |  |  |
| ğ                              | 9                      | Program service revenue (Part VIII, line 2g)   |                                     |                     |             | 0.                            |  |  |  |  |  |
| Revenue                        | 10                     | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                    |                                     |                     |             | 63.                           |  |  |  |  |  |
| Œ                              | 11                     | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                         |                                     |                     |             | 0.                            |  |  |  |  |  |
|                                | 12                     | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)               |                                     |                     |             | 950,567.                      |  |  |  |  |  |
|                                | 13                     | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                 |                                     |                     |             | 0.                            |  |  |  |  |  |
|                                | 14                     | Benefits paid to or for members (Part IX, column (A), line 4)                                    |                                     |                     |             | 0.                            |  |  |  |  |  |
| ý                              | 15                     | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                |                                     |                     |             | 271,909.                      |  |  |  |  |  |
| nse                            | 16a                    | Professional fundraising fees (Part IX, column (A), line 11e)                                    |                                     |                     |             | 0.                            |  |  |  |  |  |
| Expenses                       |                        | Total fundraising expenses (Part IX, column (D), line 25)  5,11                                  | L4.                                 |                     |             |                               |  |  |  |  |  |
| ũ                              | 17                     | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                     |                                     |                     |             | 260,702.                      |  |  |  |  |  |
|                                | 18                     | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                        |                                     |                     |             | 532,611.                      |  |  |  |  |  |
|                                | 19                     | Revenue less expenses. Subtract line 18 from line 12   |                                     |                     |             | 417,956.                      |  |  |  |  |  |
| or                             |                        |  | Ве                                  | ginning of Curren   | t Year      | End of Year                   |  |  |  |  |  |
| sets                           | 20                     | Total assets (Part X, line 16)   |                                     |                     |             | 465,140.                      |  |  |  |  |  |
| Net Assets or<br>Fund Balances | 21                     | Total liabilities (Part X, line 26)  |                                     |                     |             | 47,184.                       |  |  |  |  |  |
|                                |                        | Net assets or fund balances. Subtract line 21 from line 20                                       |                                     |                     |             | 417,956.                      |  |  |  |  |  |
| Pa                             | ırt II                 | Signature Block  |                                     |                     |             |                               |  |  |  |  |  |
| Und                            | er pena                | alties of perjury, I declare that I have examined this return, including accompanying schedules  | and stateme                         | ents, and to the be | st of my    | knowledge and belief, it is   |  |  |  |  |  |
| true,                          | corre                  | ct, and complete. Declaration of preparer (other than officer) is based on all information of wh | ich preparer                        | has any knowledg    | e.          |                               |  |  |  |  |  |
|                                |                        |  |                                     |                     |             |                               |  |  |  |  |  |
| Sign                           | 1                      | Signature of officer   | _                                   | Date                |             |                               |  |  |  |  |  |
| Her                            | е                      | KAREN VENABLE-CROFT, EXECUTIVE DIRECTO   | R                                   |                     |             |                               |  |  |  |  |  |
|                                |                        | Type or print name and title   | 1 -                                 | Doto I              |             | DTIN                          |  |  |  |  |  |
| _                              |                        | Print/Type preparer's name  Preparer's signature   | 1                                   |                     | Check<br>if | PTIN                          |  |  |  |  |  |
| Paid                           |                        | TIANA WYNN   |                                     | 3/11/21             | self-employ | ed №00997288                  |  |  |  |  |  |
| Prep                           |                        | Firm's name SB & COMPANY, LLC  | T 050                               | Firm's              | EIN 🛌       | 20-2153727                    |  |  |  |  |  |
| Use                            | Unly                   | Firm's address 10200 GRAND CENTRAL AVENUE, SUIT  | ·⊩ ∠50                              |                     | / A         | 10) 504 0060                  |  |  |  |  |  |
|                                |                        | OWINGS MILLS, MD 21117   |                                     | Phone               | no. (4      |                               |  |  |  |  |  |
| May                            | tne l                  | RS discuss this return with the preparer shown above? (see instructions)                         |                                     |                     |             | X Yes No                      |  |  |  |  |  |

| Pai | rt III Statement of Program Service Accomplishments  |
|-----|--|
|     | Check if Schedule O contains a response or note to any line in this Part III   |
| 1   | Briefly describe the organization's mission:   |
|     | GIRLS GLOBAL ACADEMY PUBLIC CHARTER SCHOOL (GGA) WAS INCORPORATED IN   |
|     | THE DISTRICT OF COLUMBIA IN JUNE 2019 AND OPENED ITS DOORS IN AUGUST   |
|     | 2020 FOSTERING PATHWAYS TO LEAD AND LEARN. AS AN ALL-GIRLS PUBLIC  |
|     | CHARTER HIGH SCHOOL, GGA IGNITES EMPOWERMENT IN A SPIRIT OF SISTERHOOD   |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|     | prior Form 990 or 990-EZ? Yes X No   |
|     | If "Yes," describe these new services on Schedule O.   |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No                        |
|     | If "Yes," describe these changes on Schedule O.  |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |
|     | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|     | revenue, if any, for each program service reported.  |
| 4a  | (Code:) (Expenses \$135,744. including grants of \$) (Revenue \$)  |
|     | ALL GIRLS GLOBAL ACADEMY (GGA) STUDENTS PURSUE ONE OF TWO INTERNATIONAL  |
|     | BACCALAUREATE CAREER PROGRAM PATHWAYS IN ENGINEERING OR BUSINESS,  |
|     | GAINING KNOWLEDGE AND SKILLS THAT ARE BOTH BROADLY APPLICABLE AND THE  |
|     | GATEWAY TO JOB SECTORS THAT ARE IN DEMAND AND IN NEED OF MORE WOMEN OF   |
|     | COLOR. ADDITIONALLY, RIGOROUS IB COURSES, A STRONG AND SUPPORTIVE  |
|     | NETWORK OF ADULTS AND PEERS, AND OPPORTUNITIES FOR LEADERSHIP THROUGH  |
|     | SERVICE LEARNING AND INTERNING, ALL PROVIDE STUDENTS A FIRM FOUNDATION   |
|     | IN THE SCHOOL'S FOUR PILLARS OF SISTERHOOD, SCHOLARSHIP, SERVICE, AND  |
|     | SAFETY.  |
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|     | Other are average and item (Describe on Cabadula O.)   |
| 4d  | Other program services (Describe on Schedule O.)   |
| 40  | (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 135,744 •  |

Form **990** (2019)

# Part IV Checklist of Required Schedules

|     |  |          | Yes | No           |
|-----|--|----------|-----|--------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |          |     |              |
|     | If "Yes," complete Schedule A  | 1        | X   |              |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2        | Х   |              |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |          |     |              |
|     | public office? If "Yes," complete Schedule C, Part I   | 3        |     | Х            |
| 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  | _        |     |              |
| Ū   | 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,  | <b>└</b> |     | <del></del>  |
| ′   |  | 7        |     | x            |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | <b>-</b> |     |              |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |          |     | x            |
| _   | Schedule D, Part III   | 8        |     | <u> </u>     |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |          |     |              |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |          |     | ٦,           |
|     | If "Yes," complete Schedule D, Part IV   | 9        |     | <u> </u>     |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |          |     |              |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10       |     | X            |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |          |     |              |
|     | as applicable.   |          |     |              |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |          |     |              |
|     | Part VI  | 11a      | X   |              |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |          |     |              |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b      |     | X            |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |          |     |              |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c      |     | X            |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |          |     |              |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d      |     | X            |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e      | Х   |              |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |          |     |              |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f      | Х   |              |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |          |     |              |
|     | Schedule D, Parts XI and XII   | 12a      | Х   |              |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |          |     |              |
| -   | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b      |     | x            |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13       | Х   |              |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a      |     | Х            |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  | , .u     |     | <u> </u>     |
| D   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |          |     |              |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b      |     | x            |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 145      |     |              |
| 13  |  | 15       |     | x            |
| 16  | foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 13       |     |              |
| 10  |  | 46       |     | x            |
| 47  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16       |     |              |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |          |     |              |
| 40  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17       |     | <u> </u>     |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | ا مر ا   |     | <sub>V</sub> |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18       |     | X            |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |          |     | ,,           |
|     | complete Schedule G, Part III  | 19       |     | X            |
| 20a | 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      |     | <u> </u>     |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |          |     |              |
|     | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II  | 21       |     | X            |

Part IV Checklist of Required Schedules (continued)

|                    |  |            | Yes | No       |
|--------------------|--|------------|-----|----------|
| 22                 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |            |     |          |
|                    | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |     | X        |
| 23                 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |            |     |          |
|                    | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |            |     |          |
|                    | Schedule J   | 23         |     | X        |
| 24a                | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |            |     |          |
|                    | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |            |     |          |
|                    | Schedule K. If "No," go to line 25a  | 24a        |     | X        |
| b                  | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        |     |          |
| С                  | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |            |     |          |
|                    | any tax-exempt bonds?  | 24c        |     |          |
| d                  | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        |     |          |
| 25a                | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |            |     |          |
|                    | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |     | X        |
| b                  | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |            |     |          |
|                    | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |            |     |          |
|                    | Schedule L, Part I   | 25b        |     | X        |
| 26                 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |            |     |          |
|                    | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |            |     |          |
|                    | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26         |     | X        |
| 27                 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |            |     |          |
|                    | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |            |     |          |
|                    | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27         |     | X        |
| 28                 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |            |     |          |
|                    | instructions, for applicable filing thresholds, conditions, and exceptions):   |            |     |          |
| а                  | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |            |     |          |
|                    | "Yes," complete Schedule L, Part IV  | 28a        |     | X        |
| b                  | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b        |     | X        |
| С                  | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  |            |     |          |
|                    | "Yes," complete Schedule L, Part IV  | 28c        |     | X        |
| 29                 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         |     | X        |
| 30                 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |            |     |          |
|                    | contributions? If "Yes," complete Schedule M   | 30         |     | X        |
| 31                 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |     | X        |
| 32                 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |            |     |          |
|                    | Schedule N, Part II  | 32         |     | X        |
| 33                 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |            |     |          |
|                    | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |     | X        |
| 34                 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |            |     |          |
|                    | Part V, line 1   | 34         |     | <u>X</u> |
| 35a                | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |     | X        |
| b                  | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |            |     |          |
|                    | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |     | <u> </u> |
| 36                 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |            |     |          |
|                    | If "Yes," complete Schedule R, Part V, line 2  | 36         |     | <u> </u> |
| 37                 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |            |     |          |
|                    | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37         |     | <u> </u> |
| 38                 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |            |     |          |
| Da                 | Note: All Form 990 filers are required to complete Schedule O  | 38         | X   |          |
| Par                |  |            |     |          |
|                    | Check if Schedule O contains a response or note to any line in this Part V   |            |     |          |
|                    | 5. "   |            | Yes | No       |
| _                  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  1a 8  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0 |            |     |          |
| b                  | Enter the number of Forms W 2d included in line fat Enter of inflot applicable   | -          |     |          |
| С                  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   | 4.         | Х   |          |
| 02000              | (gambling) winnings to prize winners?  | 1c<br>Form |     | (2019)   |
| 302UU <sup>2</sup> | 01-20-20   | 1 01111    |     | (CIU_)   |

Form 990 (2019) PUBLIC CHARTER SCHOOL

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|          | ti Continued   |           |                       |     | V   | NI -         |  |  |  |
|----------|--|-----------|-----------------------|-----|-----|--------------|--|--|--|
| 22       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  | I         |                       |     | Yes | No           |  |  |  |
| Zu       | filed for the calendar year ending with or within the year covered by this return  | 2a        | 3                     |     |     |              |  |  |  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax return   |           |                       | 2b  | Х   |              |  |  |  |
|          | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ - $file$ (see instructions  |           |                       |     |     |              |  |  |  |
| За       | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |           |                       | За  |     | X            |  |  |  |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule  | O         |                       | 3b  |     |              |  |  |  |
|          | At any time during the calendar year, did the organization have an interest in, or a signature or other a  |           | ty over, a            |     |     |              |  |  |  |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial a   | ccoun     | t)?                   | 4a  |     | X            |  |  |  |
| b        | If "Yes," enter the name of the foreign country  |           |                       |     |     |              |  |  |  |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi | ccount    | ts (FBAR).            |     |     |              |  |  |  |
|          | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |           |                       | 5a  |     | _ <u>X</u> _ |  |  |  |
|          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.   | ction?    |                       | 5b  |     | <u>X</u>     |  |  |  |
|          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |           |                       | 5c  |     |              |  |  |  |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | e orga    | nization solicit      | 0-  |     | Х            |  |  |  |
| <b>L</b> | any contributions that were not tax deductible as charitable contributions?  |           |                       | 6a  |     |              |  |  |  |
| D        | If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?  |           | giits                 | 6b  |     |              |  |  |  |
| 7        | Organizations that may receive deductible contributions under section 170(c).  |           |                       | db  |     |              |  |  |  |
|          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser  | vices n   | rovided to the navor? | 7a  |     | Х            |  |  |  |
|          | If IIVan II alial the appropriation potition that the alegan of the cool of the appropriate provided 10  |           | Tovided to the payor: | 7b  |     |              |  |  |  |
|          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |           |                       |     |     |              |  |  |  |
|          | to file Form 8282?   |           |                       | 7c  |     | Х            |  |  |  |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d        |                       |     |     |              |  |  |  |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co   | ontract   | t?                    | 7e  |     |              |  |  |  |
| f        | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |           |                       |     |     |              |  |  |  |
| g        | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |           |                       |     |     |              |  |  |  |
| h        | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |           |                       |     |     |              |  |  |  |
| 8        | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |           |                       |     |     |              |  |  |  |
|          | sponsoring organization have excess business holdings at any time during the year?   |           |                       | 8   |     |              |  |  |  |
| 9        | Sponsoring organizations maintaining donor advised funds.  |           |                       |     |     |              |  |  |  |
| a        | Did the sponsoring organization make any taxable distributions under section 4966?   |           |                       | 9a  |     |              |  |  |  |
|          | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |           |                       | 9b  |     |              |  |  |  |
| 10       | Section 501(c)(7) organizations. Enter:  | ۔مد ا     | I                     |     |     |              |  |  |  |
|          | Initiation fees and capital contributions included on Part VIII, line 12   | 10a       |                       |     |     |              |  |  |  |
| р<br>11  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b       | l                     |     |     |              |  |  |  |
|          | Gross income from members or shareholders  | 11a       | 1                     |     |     |              |  |  |  |
| h        | Gross income from other sources (Do not net amounts due or paid to other sources against   | · · · a   |                       |     |     |              |  |  |  |
|          | amounts due or received from them.)  | 11b       |                       |     |     |              |  |  |  |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   |           | ·<br>?                | 12a |     |              |  |  |  |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b       |                       |     |     |              |  |  |  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |           |                       |     |     |              |  |  |  |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   |           |                       | 13a |     |              |  |  |  |
|          | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |           |                       |     |     |              |  |  |  |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the   |           | ı                     |     |     |              |  |  |  |
|          | organization is licensed to issue qualified health plans   | 13b       |                       |     |     |              |  |  |  |
|          | Enter the amount of reserves on hand   | 13c       |                       |     |     | 77           |  |  |  |
|          |  |           |                       | 14a |     | X            |  |  |  |
|          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul   |           |                       | 14b |     |              |  |  |  |
| 15       | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner  |           |                       | 4-  |     | Х            |  |  |  |
|          | excess parachute payment(s) during the year?   |           |                       | 15  |     | Λ            |  |  |  |
| 16       | If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment   | incon     | ne?                   | 16  |     | Х            |  |  |  |
| .0       | If "Yes," complete Form 4720, Schedule O.  | . 1110011 | ic:                   | 10  |     |              |  |  |  |
|          | ii 100, complete i dilli 4120, collectule o.   |           |                       | F   | 990 | (0010)       |  |  |  |

Form 990 (2019)

PUBLIC CHARTER SCHOOL

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 **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 on Schedule O. 12 **b** Enter the number of voting members included on 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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶DC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 X Upon request Another's website Own website Other (explain on Schedule O) Describe on 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 JASON MELLEN - (202) 600-4822 733 8TH ST NW, WASHINGTON, 20001

#### Form 990 (2019) 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.

See instructions for the order in which to list the persons above.

| Check this box if neither the organiz |                   | orga<br>I                      | ıııza                 |         |              | ipen                         | sate   |                      |                           | <b>(F)</b>      |
|---------------------------------------|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|---------------------------|-----------------|
| (A)                                   | (B)               | Docition                       |                       |         |              |                              |        | (D)                  | (E)                       | (F)             |
| Name and title                        | Average           |                                | not c                 | heck    | more         | than o                       |        | Reportable           | Reportable                | Estimated       |
|                                       | hours per<br>week |                                |                       |         |              | s both<br>r/trus             |        | compensation<br>from | compensation from related | amount of other |
|                                       | (list any         | tor                            |                       |         |              |                              |        | the                  | organizations             | compensation    |
|                                       | hours for         | direc                          |                       |         |              | p                            |        | organization         | (W-2/1099-MISC)           | from the        |
|                                       | related           | tee or                         | ıstee                 |         |              | ensate                       |        | (W-2/1099-MISC)      | ,                         | organization    |
|                                       | organizations     | Iltrus                         | nal tr                |         | loyee        | dwo                          |        |                      |                           | and related     |
|                                       | below             | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                      |                           | organizations   |
| (1)                                   | line)             | <u>n</u>                       | Si.                   | #0      | , Ke         | e Hig                        | For    |                      |                           |                 |
| (1) MARY BETH BLAUFUSS                | 2.00              | .,                             |                       | ,,      |              |                              |        |                      | 0                         | •               |
| BOARD CHAIR                           | 2 00              | Х                              |                       | Х       |              |                              |        | 0.                   | 0.                        | 0.              |
| (2) SHALINI BENSON                    | 2.00              | ٠,,                            |                       | ٠,      |              |                              |        |                      | 0                         | •               |
| VICE CHAIR                            | 2 00              | Х                              | _                     | Х       |              |                              |        | 0.                   | 0.                        | 0.              |
| (3) MAX LEVASSEUR                     | 2.00              | ٠,,                            |                       | ٠,      |              |                              |        |                      | 0                         | •               |
| TREASURER (A) MARTINE EDIGINAL        | 2.00              | Х                              |                       | Х       |              |                              |        | 0.                   | 0.                        | 0.              |
| (4) MARILYN EDMUNDS                   | 2.00              | <b>.</b> ,                     |                       | 7.7     |              |                              |        |                      | 0                         | •               |
| SECRETARY (5) WHILE PRIVATE           | 2.00              | Х                              |                       | Х       |              |                              |        | 0.                   | 0.                        | 0.              |
| (5) KEVIN BRYANT                      | 2.00              | <b>.</b> ,                     |                       |         |              |                              |        |                      | 0                         | •               |
| MEMBER (6) DONNA TYMUS                | 2.00              | Х                              |                       |         |              |                              |        | 0.                   | 0.                        | 0.              |
| MEMBER                                | 2.00              | Х                              |                       |         |              |                              |        | 0.                   | 0.                        | 0.              |
| (7) MAURA DUNN                        | 2.00              | Λ                              |                       |         |              |                              |        | 0.                   | 0.                        | 0.              |
| MEMBER                                | 2.00              | Х                              |                       |         |              |                              |        | 0.                   | 0.                        | 0.              |
| (8) SCOTT GANSKE                      | 2.00              | 22                             |                       |         |              |                              |        | 0.                   | 0.                        | <u>_</u>        |
| MEMBER                                | 2.00              | Х                              |                       |         |              |                              |        | 0.                   | 0.                        | 0.              |
| (9) ELAINE HARRIS                     | 2.00              |                                |                       |         |              |                              |        | •                    | •                         | •               |
| MEMBER                                | 2,00              | х                              |                       |         |              |                              |        | 0.                   | 0.                        | 0.              |
| (10) CHRISTINE MILLER                 | 2.00              |                                |                       |         |              |                              |        |                      | 0.1                       |                 |
| MEMBER                                |                   | х                              |                       |         |              |                              |        | 0.                   | 0.                        | 0.              |
| (11) MARY PENDLETON                   | 2.00              |                                |                       |         |              |                              |        |                      | •                         |                 |
| MEMBER                                |                   | Х                              |                       |         |              |                              |        | 0.                   | 0.                        | 0.              |
| (12) KAREN VENABLE-CROFT              | 40.00             |                                |                       |         |              |                              |        |                      |                           | <u> </u>        |
| EX-OFFICIO MEMBER                     |                   | Х                              |                       |         |              |                              |        | 50,600.              | 0.                        | 0.              |
|                                       |                   |                                |                       |         |              |                              |        | ,                    |                           |                 |
|                                       |                   | 1                              |                       |         |              |                              |        |                      |                           |                 |
|                                       |                   |                                |                       |         |              |                              |        |                      |                           |                 |
|                                       |                   | 1                              |                       |         |              |                              |        |                      |                           |                 |
|                                       |                   |                                |                       |         |              |                              |        |                      |                           |                 |
|                                       |                   | 1                              |                       |         |              |                              |        |                      |                           |                 |
|                                       |                   |                                |                       |         |              |                              |        |                      |                           |                 |
|                                       |                   | 1                              |                       |         |              |                              |        |                      |                           |                 |
|                                       |                   |                                |                       |         |              |                              |        |                      |                           |                 |
|                                       |                   |                                |                       |         | L            |                              |        |                      |                           |                 |

Form 990 (2019)

Form 990 (2019)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
|---|--|---------------------------|-----------|----------------------|------------------------------------|------------------------------|---------------------------------|---|---------|-------------------------------|--|
| (A)<br>Name and title   | (E<br>Aver<br>hours<br>we                            | rage<br>s per bo          | lo not cl | C<br>Posit<br>neck n | tion<br>tion<br>nore the<br>son is | han one<br>both ar           | (D) Reportable compensation     | (E) Reportable compensation                   | on      | Estir<br>amo                  | <b>F)</b><br>mated<br>unt of                                 |
|   | we<br>(list<br>hour<br>rela<br>organiz<br>bel<br>lin | any s for tted cations ow |           |                      |                                    | Highest compensated employee | the organization (W-2/1099-MISC | from related<br>organization<br>(W-2/1099-MIS | ns      | compe<br>fror<br>organ<br>and | her<br>ensation<br>in the<br>nization<br>related<br>izations |
|   |  |                           |           | 0                    | Υ .                                | Τ 0 1                        |                                 |   |         |                               |  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
|   |  |                           |           |                      |                                    |                              | 50,60                           | 0.  | 0.      |                               | 0.   |
| c Total from continuation sho   |  |                           |           |                      |                                    |                              | 50,60                           | -   | 0.      |                               | 0.   |
| d Total (add lines 1b and 1c)  Total number of individuals (  | including but not limite                             |                           |           |                      |                                    |                              |                                 |   |         |                               | 0.   |
| compensation from the orga  | Inization  |                           |           |                      |                                    |                              |                                 |   |         | Y                             | es No  |
| 3 Did the organization list any line 1a? If "Yes," complete S   |  |                           |           |                      |                                    |                              |                                 |   |         | 3                             | Х  |
| 4 For any individual listed on li<br>and related organizations gre  | ne 1a, is the sum of re                              | portable c                | ompe      | nsat                 | ion a                              | and of                       | her compensation fro            | om the organization                           |         | 4                             | Х  |
| 5 Did any person listed on line   | 1a receive or accrue of                              | ompensat                  | tion fr   | om a                 | any u                              | unrela                       | ed organization or in           | dividual for services                         |         | _                             | v  |
| rendered to the organization Section B. Independent Contract  |  | chedule J                 | for su    | ich p                | erso                               | on                           |                                 |   |         | 5                             | X  |
| Complete this table for your the organization. Report con   |  |                           |           |                      |                                    |                              |                                 |   | pensati | ion from                      | 1  |
| Name  | (A)<br>e and business address                        | s N                       | ONE       | 3                    |                                    |                              |                                 | 3)<br>of services                             | Co      | (C)<br>ompens                 | ation  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         |                               |  |
| 2 Total number of independen  | t contractors (including                             | g but not li              | imited    | l to t               | hose                               | e liste                      | d above) who receive            | d more than                                   |         |                               |  |
| \$100,000 of compensation f   | ,  | •                         |           |                      | 0                                  |                              |                                 |   |         | O(                            | 20 (2242)  |
|   |  |                           |           |                      |                                    |                              |                                 |   |         | ⊢orm ຯເ                       | <b>90</b> (2019)   |

Form 990 (2019) PUBLIC Part VIII Statement of Revenue

|  |      | Check if Schedule O               | conta     | ains a respo    | nse      | or note to any lin | e in this Part VIII |                          |                          |                                  |
|--|------|-----------------------------------|-----------|-----------------|----------|--------------------|---------------------|--------------------------|--------------------------|----------------------------------|
|  |      |                                   |           |                 |          |                    | (A)                 | (B)<br>Related or exempt | ( <b>C)</b><br>Unrelated | ( <b>D</b> )<br>Revenue excluded |
|  |      |                                   |           |                 |          |                    | Total revenue       |                          | business revenue         | from tax under                   |
|  |      |                                   |           |                 |          |                    |                     |                          |                          | sections 512 - 514               |
| ats  | 1 a  | Federated campaigns               |           | 1a              |          |                    |                     |                          |                          |                                  |
| ir ar  | ŀ    |                                   |           |                 |          |                    |                     |                          |                          |                                  |
| Contributions, Gifts, Grants and Other Similar Amounts | (    | Fundraising events                |           |                 |          |                    |                     |                          |                          |                                  |
| ar ë   | (    |                                   |           | 1d              |          |                    |                     |                          |                          |                                  |
| is, (  | •    | Government grants (contri         | ibuti     | ons) 1e         |          | 369,940.           |                     |                          |                          |                                  |
| r<br>S   | 1    | All other contributions, gifts,   | gran      | ts, and         |          |                    |                     |                          |                          |                                  |
| ig #   |      | similar amounts not included      | abov      | /e <b>1f</b>    |          | 580,564.           |                     |                          |                          |                                  |
| a t  | Ç    | Noncash contributions included in | lines '   | 1a-1f <b>1g</b> | <u> </u> |                    |                     |                          |                          |                                  |
| <u>8</u> ℃   | I    | Total. Add lines 1a-1f            |           |                 |          | <u></u>            | 950,504.            |                          |                          |                                  |
|  |      |                                   |           |                 |          | Business Code      |                     |                          |                          |                                  |
| 9  | 2 8  | ı                                 |           |                 |          |                    |                     |                          |                          |                                  |
| e Š  | ŀ    |                                   |           |                 |          |                    |                     |                          |                          |                                  |
| Son  | (    | ·                                 |           |                 |          |                    |                     |                          |                          |                                  |
| eve  | (    | i                                 |           |                 |          |                    |                     |                          |                          |                                  |
| Program Service<br>Revenue                             | •    |                                   |           |                 |          |                    |                     |                          |                          |                                  |
| 4  | 1    | All other program service         | reve      | nue             |          |                    |                     |                          |                          |                                  |
|  |      | Total. Add lines 2a-2f            |           |                 |          |                    |                     |                          |                          |                                  |
|  | 3    | Investment income (include        | ling      | dividends, iı   | ntere    | est, and           |                     |                          |                          |                                  |
|  |      | other similar amounts)            |           |                 |          |                    | 63.                 |                          |                          | 63.                              |
|  | 4    | Income from investment of         | f tax     | k-exempt bo     | nd p     | roceeds            |                     |                          |                          |                                  |
|  | 5    | Royalties                         | . <u></u> |                 |          |                    |                     |                          |                          |                                  |
|  |      |                                   |           | (i) Real        |          | (ii) Personal      |                     |                          |                          |                                  |
|  | 6 a  | Gross rents                       | 6a        |                 |          |                    |                     |                          |                          |                                  |
|  | ŀ    | Less: rental expenses             | 6b        |                 |          |                    |                     |                          |                          |                                  |
|  | (    | Rental income or (loss)           | 6с        |                 |          |                    |                     |                          |                          |                                  |
|  | (    | Net rental income or (loss)       | <u></u>   |                 |          | <b></b>            |                     |                          |                          |                                  |
|  | 7 a  | Gross amount from sales of        |           | (i) Securit     | ies      | (ii) Other         |                     |                          |                          |                                  |
|  |      | assets other than inventory       | 7a        |                 |          |                    |                     |                          |                          |                                  |
|  | ŀ    | Less: cost or other basis         |           |                 |          |                    |                     |                          |                          |                                  |
| ıne  |      |                                   | 7b        |                 |          |                    |                     |                          |                          |                                  |
| Revenue  | (    | Gain or (loss)                    | 7с        |                 |          |                    |                     |                          |                          |                                  |
| Be   | (    | Net gain or (loss)                |           |                 |          | <b></b>            |                     |                          |                          |                                  |
| ther   | 8 8  | a Gross income from fundraising   | ng ev     | rents (not      |          |                    |                     |                          |                          |                                  |
| ŏ  |      | including \$                      |           | of              |          |                    |                     |                          |                          |                                  |
|  |      | contributions reported on         |           | •               |          |                    |                     |                          |                          |                                  |
|  |      | Part IV, line 18                  |           |                 | 8a       |                    |                     |                          |                          |                                  |
|  |      | Less: direct expenses             |           |                 | 8b       |                    |                     |                          |                          |                                  |
|  |      | Net income or (loss) from         |           |                 |          |                    |                     |                          |                          |                                  |
|  | 9 a  | Gross income from gamin           |           |                 |          |                    |                     |                          |                          |                                  |
|  |      | Part IV, line 19                  |           |                 | 9a       |                    |                     |                          |                          |                                  |
|  |      | Less: direct expenses             |           |                 | 9b       |                    |                     |                          |                          |                                  |
|  |      | Net income or (loss) from         |           |                 | <u></u>  | <b></b>            |                     |                          |                          |                                  |
|  | 10 a | Gross sales of inventory, I       |           |                 |          |                    |                     |                          |                          |                                  |
|  |      | and allowances                    |           |                 | 10a      |                    |                     |                          |                          |                                  |
|  |      | Less: cost of goods sold          |           |                 | 10k      | )                  |                     |                          |                          |                                  |
| $\dashv$   |      | Net income or (loss) from         | sale      | s of inventor   | у        |                    |                     |                          |                          |                                  |
| 2  |      |                                   |           |                 |          | Business Code      |                     |                          |                          |                                  |
| eor<br>Te  | 11 a |                                   |           |                 |          |                    |                     |                          |                          |                                  |
| an<br>Eur  | ŀ    |                                   |           |                 |          |                    |                     |                          |                          |                                  |
| Miscellaneous<br>Revenue                               | (    |                                   |           |                 |          |                    |                     |                          |                          |                                  |
| Ĕ  |      | All other revenue                 |           |                 |          |                    |                     |                          |                          |                                  |
|  |      | Total. Add lines 11a-11d          |           |                 |          |                    | 050 567             | ^                        | 0                        | 6.2                              |
|  | 12   | Total revenue. See instruction    | ns        |                 |          | <b></b>            | 950,567.            | 0.                       | 0.                       | 63.                              |
| 932009   | 01-2 | 0-20                              |           |                 |          |                    |                     |                          |                          | Form <b>990</b> (2019)           |

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

| _  | Check if Schedule O contains a respons  | e or note to any line in t | nis Part IX(B)           | (C)                             |                                       |
|----|---|----------------------------|--------------------------|---------------------------------|---------------------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | Total expenses             | Program service expenses | Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                            |                          |                                 |                                       |
| 2  | Grants and other assistance to domestic individuals. See Part IV, line 22   |                            |                          |                                 |                                       |
| 3  | Grants and other assistance to foreign  |                            |                          |                                 |                                       |
| Ĭ  | organizations, foreign governments, and foreign   |                            |                          |                                 |                                       |
|    | individuals. See Part IV, lines 15 and 16   |                            |                          |                                 |                                       |
| 4  | Benefits paid to or for members   |                            |                          |                                 |                                       |
| 5  | Compensation of current officers, directors,  |                            |                          |                                 |                                       |
|    | trustees, and key employees   | 87,499.                    | 15,806.                  | 70,083.                         | 1,610                                 |
| 6  | Compensation not included above to disqualified   |                            |                          |                                 |                                       |
|    | persons (as defined under section 4958(f)(1)) and   |                            |                          |                                 |                                       |
|    | persons described in section 4958(c)(3)(B)  |                            |                          |                                 |                                       |
| 7  | Other salaries and wages  | 150,239.                   | 27,140.                  | 120,334.                        | 2,765                                 |
| 8  | Pension plan accruals and contributions (include  |                            |                          |                                 |                                       |
|    | section 401(k) and 403(b) employer contributions)   |                            |                          |                                 |                                       |
| 9  | Other employee benefits   | 13,046.                    | 2,357.                   | 10,449.                         | 240                                   |
| 10 | Payroll taxes   | 21,125.                    | 3,816.                   | 16,920.                         | 389                                   |
| 11 | Fees for services (nonemployees):   |                            |                          |                                 |                                       |
| а  | Management  | 39,000.                    |                          | 39,000.                         |                                       |
| b  | Legal   |                            |                          |                                 |                                       |
| С  | Accounting  | 49,020.                    |                          | 49,020.                         |                                       |
| d  | Lobbying  |                            |                          |                                 |                                       |
| е  | Professional fundraising services. See Part IV, line 17   |                            |                          |                                 |                                       |
| f  | Investment management fees  |                            |                          |                                 |                                       |
| g  | Other. (If line 11g amount exceeds 10% of line 25,  |                            |                          |                                 |                                       |
|    | column (A) amount, list line 11g expenses on Sch 0.)  | 12,948.                    |                          | 12,948.                         |                                       |
| 12 | Advertising and promotion   |                            |                          |                                 |                                       |
| 13 | Office expenses   | 11,078.                    | 2,039.                   | 9,039.                          |                                       |
| 14 | Information technology  |                            |                          |                                 |                                       |
| 15 | Royalties   | 10 -11                     |                          | 10                              |                                       |
| 16 | Occupancy   | 19,746.                    | 1,084.                   | 18,552.                         | 110                                   |
| 17 | Travel  | 5,593.                     | 1,029.                   | 4,564.                          |                                       |
| 18 | Payments of travel or entertainment expenses  |                            |                          |                                 |                                       |
|    | for any federal, state, or local public officials   |                            |                          |                                 |                                       |
| 19 | Conferences, conventions, and meetings  |                            |                          |                                 |                                       |
| 20 | Interest  |                            |                          |                                 |                                       |
| 21 | Payments to affiliates  | 0.47                       | 156                      | C01                             |                                       |
| 22 | Depreciation, depletion, and amortization   | 847.                       | 156.                     | 691.                            |                                       |
| 23 | Insurance   | 3,262.                     |                          | 3,262.                          |                                       |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                            |                          |                                 |                                       |
| а  | DIRECT STUDENT COSTS  | 76,108.                    | 76,108.                  |                                 |                                       |
| b  |   | .,                         | .,                       |                                 |                                       |
| c  |   |                            |                          |                                 |                                       |
| d  |   |                            |                          |                                 |                                       |
|    | All other expenses  | 43,100.                    | 6,209.                   | 36,891.                         |                                       |
| 25 | Total functional expenses. Add lines 1 through 24e  | 532,611.                   | 135,744.                 | 391,753.                        | 5,114                                 |
| 26 | Joint costs. Complete this line only if the organization  | ,                          | , -                      | ,                               | · -                                   |
|    | reported in column (B) joint costs from a combined  |                            |                          |                                 |                                       |
|    | educational campaign and fundraising solicitation.  |                            |                          |                                 |                                       |
|    | Check here if following SOP 98-2 (ASC 958-720)  |                            |                          |                                 |                                       |

Form **990** (2019)

Form 990 (2019)
Part X | Balance Sheet

| art X                            |    | Balance Sheet   |             |                       |                                 |     |                           |
|----------------------------------|----|---|-------------|-----------------------|---------------------------------|-----|---------------------------|
|                                  |    | Check if Schedule O contains a response or n  | ote to an   | y line in this Part X |                                 |     |                           |
|                                  |    |   |             |                       | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
| 1                                | 1  | Cash - non-interest-bearing   |             |                       |                                 | 1   | 234,939                   |
| 2                                |    | Savings and temporary cash investments  |             |                       |                                 | 2   |                           |
| 3                                | 3  | Pledges and grants receivable, net  |             |                       |                                 | 3   | 199,694                   |
| 4                                | 1  | Accounts receivable, net  |             |                       |                                 | 4   |                           |
| 5                                | 5  | Loans and other receivables from any current  | or forme    | r officer, director,  |                                 |     |                           |
|                                  |    | trustee, key employee, creator or founder, sub  | ostantial o | contributor, or 35%   |                                 |     |                           |
|                                  |    | controlled entity or family member of any of the  | •           |                       |                                 | 5   |                           |
| 6                                | 6  | Loans and other receivables from other disqu  | •           | `                     |                                 |     |                           |
|                                  |    | under section 4958(f)(1)), and persons describ  |             |                       |                                 | 6   |                           |
| 8                                |    | Notes and loans receivable, net   |             |                       |                                 | 7   |                           |
| 8                                |    | Inventories for sale or use   |             |                       |                                 | 8   | 0.4.05                    |
| "                                |    |   | 1           |                       |                                 | 9   | 24,27                     |
| 10                               | )a | Land, buildings, and equipment: cost or other   |             | 7 000                 |                                 |     |                           |
|                                  |    | basis. Complete Part VI of Schedule D   |             | 7,080.                | •                               |     | C 22                      |
|                                  |    | Less: accumulated depreciation  |             |                       | 0.                              | 10c | 6,23                      |
| 11                               |    | Investments - publicly traded securities  |             |                       |                                 | 11  |                           |
| 12                               |    | Investments - other securities. See Part IV, line   |             |                       |                                 | 12  |                           |
| 13                               |    | Investments - program-related. See Part IV, lin   |             |                       |                                 | 13  |                           |
| 14                               |    | Intangible assets   |             |                       |                                 | 14  |                           |
| 15                               |    | Other assets. See Part IV, line 11  |             |                       | 0.                              | 15  | 165 11                    |
| 16                               |    | Total assets. Add lines 1 through 15 (must ed   |             |                       | <u> </u>                        | 16  | 465,14<br>45,23           |
| 17                               |    | Accounts payable and accrued expenses   |             |                       |                                 | 17  | 45,45                     |
| 18                               |    | Grants payable  |             |                       |                                 | 18  |                           |
| 19                               |    | Deferred revenue  |             |                       |                                 | 19  |                           |
| 20                               |    | Tax-exempt bond liabilities   |             |                       |                                 | 20  |                           |
| 22                               |    | Escrow or custodial account liability. Complet  |             |                       |                                 | 21  |                           |
| ~                                |    | Loans and other payables to any current or fo<br>trustee, key employee, creator or founder, sub |             |                       |                                 |     |                           |
|                                  |    | controlled entity or family member of any of the  |             |                       |                                 | 22  |                           |
| 23                               |    | Secured mortgages and notes payable to unre   |             |                       |                                 | 23  |                           |
| 24                               |    | Unsecured notes and loans payable to unrelate   |             |                       |                                 | 24  |                           |
| 25                               |    | Other liabilities (including federal income tax,  |             |                       |                                 | 24  |                           |
|                                  |    | parties, and other liabilities not included on lin  | •           | 1                     |                                 |     |                           |
|                                  |    | of Schedule D   | •           |                       | 0.                              | 25  | 1,95                      |
| 26                               | 6  | <b>Total liabilities.</b> Add lines 17 through 25   |             |                       | 0.                              | 26  | 47,18                     |
|                                  |    | Organizations that follow FASB ASC 958, c   |             |                       |                                 |     | ·                         |
|                                  |    | and complete lines 27, 28, 32, and 33.  |             | . —                   |                                 |     |                           |
| 27                               | 7  | Net assets without donor restrictions   |             |                       |                                 | 27  | 264,95                    |
| 28                               |    | Net assets with donor restrictions  |             |                       |                                 | 28  | 153,00                    |
|                                  |    | Organizations that do not follow FASB ASC   |             |                       |                                 |     |                           |
|                                  |    | and complete lines 29 through 33.   |             |                       |                                 |     |                           |
| 29                               | )  | Capital stock or trust principal, or current fund   | ds          |                       |                                 | 29  |                           |
| 30                               |    | Paid-in or capital surplus, or land, building, or   |             |                       |                                 | 30  |                           |
| 31                               | 1  | Retained earnings, endowment, accumulated   | income,     | or other funds        |                                 | 31  |                           |
| 27<br>28<br>29<br>30<br>31<br>32 | 2  | Total net assets or fund balances   |             |                       | 0.                              | 32  | 417,95                    |
| 33                               |    | Total liabilities and net assets/fund balances  |             |                       | 0.                              | 33  | 465,14                    |

|      | CINED CEODIE HONDEHI  |           |     |     |              |
|------|---|-----------|-----|-----|--------------|
| Forn | n 990 (2019) PUBLIC CHARTER SCHOOL  | 83-3844   | 906 | Pag | ge <b>12</b> |
| Pa   | rt XI Reconciliation of Net Assets  |           |     |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |           |     |     |              |
|      |   |           |     |     |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         |     |     | <u>67.</u>   |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 53  | 2,6 | 11.          |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         | 41  | 7,9 | 56.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                           | 4         |     |     | 0.           |
| 5    | Net unrealized gains (losses) on investments  | 5         |     |     |              |
| 6    | Donated services and use of facilities  | 6         |     |     |              |
| 7    | Investment expenses   | 7         |     |     |              |
| 8    | Prior period adjustments  | 8         |     |     |              |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 9         |     |     | 0.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                  |           |     |     |              |
|      | column (B))   | 10        | 41  | 7,9 | 56.          |
| Pa   | rt XII Financial Statements and Reporting   |           |     |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |           |     |     | X            |
|      |   |           |     | Yes | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           |     |     |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | Э.        |     |     |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |           | 2a  |     | Х            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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?                                  |           | 2b  | Х   |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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?                      |           | 2c  | Х   |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sche  | edule O.  |     |     |              |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit |     |     |              |

Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** Name of the organization GIRLS GLOBAL ACADEMY PUBLIC CHARTER SCHOOL 83-3844906 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2019 PUBLIC CHARTER SCHOOL

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

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

Section A. Public Support

| OC   | dion A. i abile capport   |                       |                     |                     |          |                   |                 |
|------|---|-----------------------|---------------------|---------------------|----------|-------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                           | <b>(a)</b> 2015       | <b>(b)</b> 2016     | (c) 2017            | (d) 2018 | <b>(e)</b> 2019   | (f) Total       |
| 1    | Gifts, grants, contributions, and                                   |                       |                     |                     |          |                   |                 |
|      | membership fees received. (Do not                                   |                       |                     |                     |          |                   |                 |
|      | include any "unusual grants.")                                      |                       |                     |                     |          |                   |                 |
| 2    | Tax revenues levied for the organ-                                  |                       |                     |                     |          |                   |                 |
|      | ization's benefit and either paid to                                |                       |                     |                     |          |                   |                 |
|      | or expended on its behalf   |                       |                     |                     |          |                   |                 |
| 3    | The value of services or facilities                                 |                       |                     |                     |          |                   |                 |
|      | furnished by a governmental unit to                                 |                       |                     |                     |          |                   |                 |
|      | the organization without charge                                     |                       |                     |                     |          |                   |                 |
| 4    | Total. Add lines 1 through 3  |                       |                     |                     |          |                   |                 |
| 5    | The portion of total contributions                                  |                       |                     |                     |          |                   |                 |
|      | by each person (other than a  |                       |                     |                     |          |                   |                 |
|      | governmental unit or publicly                                       |                       |                     |                     |          |                   |                 |
|      | supported organization) included                                    |                       |                     |                     |          |                   |                 |
|      | on line 1 that exceeds 2% of the                                    |                       |                     |                     |          |                   |                 |
|      | amount shown on line 11,  |                       |                     |                     |          |                   |                 |
|      | column (f)  |                       |                     |                     |          |                   |                 |
|      | Public support. Subtract line 5 from line 4. etion B. Total Support |                       |                     |                     |          |                   | <u> </u>        |
|      |   | (a) 201 <i>E</i>      | (h) 2016            | (a) 2017            | (4) 2012 | (a) 2010          | (f) Total       |
|      | ndar year (or fiscal year beginning in)  Amounts from line 4        | <b>(a)</b> 2015       | <b>(b)</b> 2016     | (c) 2017            | (d) 2018 | (e) 2019          | (f) Total       |
|      | Amounts from line 4  Gross income from interest,                    |                       |                     |                     |          |                   |                 |
| 0    | dividends, payments received on                                     |                       |                     |                     |          |                   |                 |
|      | securities loans, rents, royalties,                                 |                       |                     |                     |          |                   |                 |
|      | and income from similar sources                                     |                       |                     |                     |          |                   |                 |
| ۵    | Net income from unrelated business                                  |                       |                     |                     |          |                   |                 |
| 3    | 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                               |                       |                     |                     |          |                   |                 |
|      | Gross receipts from related activities,                             | etc. (see instruction | ons)                |                     | •        | 12                | •               |
| 13   | First five years. If the Form 990 is for                            | the organization's    |                     |                     |          | n 501(c)(3)       |                 |
|      | organization, check this box and stop                               | here                  |                     |                     |          |                   |                 |
| Sec  | tion C. Computation of Publi  | c Support Per         | centage             |                     |          |                   |                 |
|      | Public support percentage for 2019 (li                              |                       |                     |                     |          | 14                | %               |
| 15   | Public support percentage from 2018                                 | Schedule A, Part      | II, line 14         |                     |          | 15                | <u>%</u>        |
| 16a  | 33 1/3% support test - 2019. If the o                               |                       |                     |                     |          |                   |                 |
|      | <b>stop here.</b> The organization qualifies                        | as a publicly supp    | orted organization  |                     |          |                   | ▶□              |
| b    | <b>33 1/3% support test - 2018.</b> If the o                        | •                     |                     | •                   |          | •                 |                 |
|      | and <b>stop here.</b> The organization qual                         |                       |                     |                     |          |                   |                 |
| 17a  | 10% -facts-and-circumstances test                                   | ū                     |                     |                     |          |                   | ,               |
|      | and if the organization meets the "fac                              |                       |                     |                     | =        | _                 |                 |
| _    | meets the "facts-and-circumstances"                                 |                       |                     |                     |          |                   |                 |
| b    | 10% -facts-and-circumstances test                                   | -                     |                     |                     |          |                   |                 |
|      | more, and if the organization meets the                             |                       |                     |                     |          |                   | •               |
| 40   | organization meets the "facts-and-circ                              |                       | -                   | · ·                 |          |                   |                 |
| 18   | <b>Private foundation.</b> If the organization                      | n did not check a     | box on line 13, 16a | a, 100, 1/a, 0r 1/k |          |                   |                 |
|      |   |                       |                     |                     | Sche     | edule A (Form 990 | or 990-EZ) 2019 |

932022 09-25-19

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

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

| Se   | ction A. Public Support  | slow, please comp  | Diete Fait II.)    |                       |                     |                     |           |
|------|--|--------------------|--------------------|-----------------------|---------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2015           | <b>(b)</b> 2016    | (c) 2017              | (d) 2018            | (e) 2019            | (f) Total |
|      | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>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 organ-<br>ization's benefit and either paid to<br>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   |                    |                    |                       |                     |                     |           |
| 78   | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                    |                    |                       |                     |                     |           |
| ŀ    | nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  |                    |                    |                       |                     |                     |           |
| (    | Add lines 7a and 7b  |                    |                    |                       |                     |                     |           |
|      | Public support. (Subtract line 7c from line 6.)  |                    |                    |                       |                     |                     |           |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2015           | <b>(b)</b> 2016    | (c) 2017              | (d) 2018            | (e) 2019            | (f) Total |
| 9    | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                      |                    |                    |                       |                     |                     | ,,        |
| ŀ    | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                    |                    |                       |                     |                     |           |
|      | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                    |                    |                       |                     |                     |           |
|      | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                    |                    |                       |                     |                     |           |
|      | Total support. (Add lines 9, 10c, 11, and 12.)   |                    |                    |                       | 1                   |                     | <u></u>   |
| 14   | First five years. If the Form 990 is for   | ŭ                  |                    |                       | •                   | . , . ,             | . —       |
| Sa   | check this box and stop here<br>ction C. Computation of Publi  |                    |                    |                       |                     |                     | <b>P</b>  |
|      | •  |                    |                    | oolumn (f))           |                     | 15                  | 0/        |
|      | Public support percentage for 2019 (li   |                    | •                  | .,,                   |                     | 15                  | <u>%</u>  |
|      | Public support percentage from 2018 ction D. Computation of Inves  |                    |                    |                       |                     | ן וס ן              | <u>%</u>  |
|      | •  |                    |                    | ino 13 column (f)     |                     | 17                  |           |
|      | Investment income percentage for 20 Investment income percentage from 2  |                    |                    |                       |                     | 18                  | <u>%</u>  |
|      | a 33 1/3% support tests - 2019. If the   |                    |                    |                       |                     |                     |           |
| 196  | more than 33 1/3%, check this box ar   |                    |                    |                       |                     | 41                  | ▶ □       |
| k    | 33 1/3% support tests - 2018. If the   | organization did r | not check a box or | n line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | ind       |
| 00   | line 18 is not more than 33 1/3%, chece <b>Private foundation.</b> If the organization   |                    |                    |                       |                     |                     |           |
| /()  | ELIVATE TOURGATION. IT THE ORGANIZATION  | н ою пот спеск а   | DOX ON line 14 19  | a or igo check th     | us dox and see in:  | SITUCHORS           | <b>■</b>  |

932023 09-25-19

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     | Yes | No |
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| Par  | t IV Supporting Organizations (continued)   |          |     |     |
|------|---|----------|-----|-----|
|      | ·   |          | Yes | No  |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?   |          |     |     |
| а    | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                      |          |     |     |
|      | below, the governing body of a supported organization?  | 11a      |     |     |
| b    | A family member of a person described in (a) above?   | 11b      |     |     |
|      | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.             | 11c      |     |     |
| Sect | tion B. Type I Supporting Organizations   |          |     |     |
|      | ·   |          | Yes | No  |
| 1    | Did the directors, trustees, or membership of one or more supported organizations have the power to                               |          |     |     |
|      | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the                |          |     |     |
|      | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                     |          |     |     |
|      | controlled the organization's activities. If the organization had more than one supported organization,                           |          |     |     |
|      | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                         | _        |     |     |
|      | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                            | 1        |     |     |
|      | Did the organization operate for the benefit of any supported organization other than the supported                               |          |     |     |
|      | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                        |          |     |     |
|      | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                       | _        |     |     |
|      | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations                                   | 2        |     |     |
| Ject | tion of Type it Supporting Organizations  |          | Vaa | Na  |
| 4    | Wars a majority of the argenization's directors or trustees during the tax year also a majority of the directors                  |          | Yes | No  |
|      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                  |          |     |     |
|      | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control              |          |     |     |
|      | or management of the supporting organization was vested in the same persons that controlled or managed                            | 1        |     |     |
|      | the supported organization(s).<br>tion D. All Type III Supporting Organizations   | •        |     |     |
|      |   |          | Yes | No  |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                    |          | 100 | 110 |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax             |          |     |     |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the            |          |     |     |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?                  | 1        |     |     |
|      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                  | -        |     |     |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how                |          |     |     |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).                       | 2        |     |     |
|      | By reason of the relationship described in (2), did the organization's supported organizations have a                             |          |     |     |
|      | significant voice in the organization's investment policies and in directing the use of the organization's                        |          |     |     |
|      | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                      |          |     |     |
|      | supported organizations played in this regard.  | 3        |     |     |
| Sect | tion E. Type III Functionally Integrated Supporting Organizations   |          |     |     |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). |          |     |     |
| а    | The organization satisfied the Activities Test. Complete line 2 below.  |          |     |     |
| b    | The organization is the parent of each of its supported organizations. Complete line 3 below.                                     |          |     |     |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr            | uctions) |     |     |
| 2    | Activities Test. Answer (a) and (b) below.  |          | Yes | No  |
| а    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of                |          |     |     |
|      | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                        |          |     |     |
|      | those supported organizations and explain how these activities directly furthered their exempt purposes,                          |          |     |     |
|      | how the organization was responsive to those supported organizations, and how the organization determined                         |          |     |     |
|      | that these activities constituted substantially all of its activities.  | 2a       |     |     |
|      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more               |          |     |     |
|      | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                      |          |     |     |
|      | reasons for the organization's position that its supported organization(s) would have engaged in these                            |          |     |     |
|      | activities but for the organization's involvement.  | 2b       |     |     |
|      | Parent of Supported Organizations. Answer (a) and (b) below.  |          |     |     |
|      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                       |          |     |     |
|      | trustees of each of the supported organizations? Provide details in Part VI.  | 3a       |     |     |
|      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each               |          |     |     |
|      | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                 | 3b       |     |     |

# Schedule A (Form 990 or 990-EZ) 2019 PUBLIC CHARTER SCHOOL

| Pai  | t V Type III Non-Functionally Integrated 509(a)(3) Supporting                    | g Orgai    | nizations                   |                                |
|------|--|------------|-----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying  | trust on   | Nov. 20, 1970 (explain in F | Part VI). See instructions. Al |
|      | other Type III non-functionally integrated supporting organizations must cor     | nplete Se  | ections A through E.        |                                |
| Sect | ion A - Adjusted Net Income  |            | (A) Prior Year              | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1          |                             |                                |
| 2    | Recoveries of prior-year distributions   | 2          |                             |                                |
| 3    | Other gross income (see instructions)  | 3          |                             |                                |
| 4    | Add lines 1 through 3.   | 4          |                             |                                |
| 5    | Depreciation and depletion   | 5          |                             |                                |
| 6    | Portion of operating expenses paid or incurred for production or                 |            |                             |                                |
|      | collection of gross income or for management, conservation, or                   |            |                             |                                |
|      | maintenance of property held for production of income (see instructions)         | 6          |                             |                                |
| 7    | Other expenses (see instructions)  | 7          |                             |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                     | 8          |                             |                                |
| Sect | ion B - Minimum Asset Amount   |            | (A) Prior Year              | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                    |            |                             |                                |
|      | instructions for short tax year or assets held for part of year):                |            |                             |                                |
| а    | Average monthly value of securities  | 1a         |                             |                                |
| b    | Average monthly cash balances  | 1b         |                             |                                |
| С    | Fair market value of other non-exempt-use assets                                 | 1c         |                             |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d         |                             |                                |
| е    | Discount claimed for blockage or other   |            |                             |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                  |            |                             |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                     | 2          |                             |                                |
| 3    | Subtract line 2 from line 1d.  | 3          |                             |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,     |            |                             |                                |
|      | see instructions).   | 4          |                             |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                 | 5          |                             |                                |
| 6    | Multiply line 5 by .035.   | 6          |                             |                                |
| 7    | Recoveries of prior-year distributions   | 7          |                             |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                      | 8          |                             |                                |
| Sect | ion C - Distributable Amount   |            |                             | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)            | 1          |                             |                                |
| 2    | Enter 85% of line 1.   | 2          |                             |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)           | 3          |                             |                                |
| 4    | Enter greater of line 2 or line 3.   | 4          |                             |                                |
| 5    | Income tax imposed in prior year   | 5          |                             |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to             |            |                             |                                |
|      | emergency temporary reduction (see instructions).                                | 6          |                             |                                |
| 7    | Check here if the current year is the organization's first as a non-functionally | / integrat | ed Type III supporting orga | anization (see                 |
|      | instructions).   |            |                             |                                |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 PUBLIC CHARTER SCHOOL

| Par      | rt V Type III Non-Functionally Integrated 509                 | 9(a)(3) Supporting Orga        | nizations (continued)          |                                  |
|----------|---|--------------------------------|--------------------------------|----------------------------------|
| Secti    | ion D - Distributions   |                                | ` ,                            | Current Year                     |
| 1        | Amounts paid to supported organizations to accomplish ex      |                                |                                |                                  |
| 2        | Amounts paid to perform activity that directly furthers exem  |                                |                                |                                  |
|          | organizations, in excess of income from activity              |                                |                                |                                  |
| 3        | Administrative expenses paid to accomplish exempt purpos      | ses of supported organizations |                                |                                  |
| 4        | Amounts paid to acquire exempt-use assets                     |                                |                                |                                  |
| 5        | Qualified set-aside amounts (prior IRS approval required)     |                                |                                |                                  |
| 6        | Other distributions (describe in Part VI). See instructions.  |                                |                                |                                  |
| 7        | Total annual distributions. Add lines 1 through 6.            |                                |                                |                                  |
| 8        | Distributions to attentive supported organizations to which   | the organization is responsive |                                |                                  |
|          | (provide details in Part VI). See instructions.               |                                |                                |                                  |
| 9        | Distributable amount for 2019 from Section C, line 6          |                                |                                |                                  |
| 10       | Line 8 amount divided by line 9 amount                        | <del>,</del>                   |                                |                                  |
|          |   | (i)                            | (ii)                           | (iii)                            |
| Secti    | ion E - Distribution Allocations (see instructions)           | Excess Distributions           | Underdistributions<br>Pre-2019 | Distributable<br>Amount for 2019 |
| 1        | Distributable amount for 2019 from Section C, line 6          |                                |                                |                                  |
| 2        | Underdistributions, if any, for years prior to 2019 (reason-  |                                |                                |                                  |
|          | able cause required- explain in Part VI). See instructions.   |                                |                                |                                  |
| 3        | Excess distributions carryover, if any, to 2019               |                                |                                |                                  |
| a        | From 2014   |                                |                                |                                  |
| b        | From 2015   |                                |                                |                                  |
| С        | From 2016   |                                |                                |                                  |
| d        | From 2017   |                                |                                |                                  |
| е        | From 2018   |                                |                                |                                  |
| f        | Total of lines 3a through e                                   |                                |                                |                                  |
| g        | Applied to underdistributions of prior years                  |                                |                                |                                  |
| h        | Applied to 2019 distributable amount                          |                                |                                |                                  |
| i_       | Carryover from 2014 not applied (see instructions)            |                                |                                |                                  |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f.             |                                |                                |                                  |
| 4        | Distributions for 2019 from Section D,                        |                                |                                |                                  |
|          | line 7: \$  |                                |                                |                                  |
|          | Applied to underdistributions of prior years                  |                                |                                |                                  |
|          | Applied to 2019 distributable amount                          |                                |                                |                                  |
|          | Remainder. Subtract lines 4a and 4b from 4.                   |                                |                                |                                  |
| 5        | Remaining underdistributions for years prior to 2019, if      |                                |                                |                                  |
|          | any. Subtract lines 3g and 4a from line 2. For result greater |                                |                                |                                  |
|          | than zero, explain in <b>Part VI.</b> See instructions.       |                                |                                |                                  |
| 6        | Remaining underdistributions for 2019. Subtract lines 3h      |                                |                                |                                  |
|          | and 4b from line 1. For result greater than zero, explain in  |                                |                                |                                  |
|          | Part VI. See instructions.                                    |                                |                                |                                  |
| 7        | Excess distributions carryover to 2020. Add lines 3j          |                                |                                |                                  |
| 8        | and 4c.  Breakdown of line 7:                                 |                                |                                |                                  |
|          | Excess from 2015  |                                |                                |                                  |
|          | Excess from 2016  |                                |                                |                                  |
|          | Excess from 2017  |                                |                                |                                  |
|          | Excess from 2018  |                                |                                |                                  |
|          | Excess from 2010  |                                |                                |                                  |

Schedule A (Form 990 or 990-EZ) 2019

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

GIRLS GLOBAL ACADEMY PUBLIC CHARTER SCHOOL

# **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** 

83-3844906

2019

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

Name of organization
GIRLS GLOBAL ACADEMY
PUBLIC CHARTER SCHOOL

Employer identification number

83-3844906

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition | nal space is needed.       |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 1          |  | \$\$\$                     | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 2          |  | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d)<br>Type of contribution  |
| 3          |  | -<br>\$\$10,000.           | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 4          |  | \$\$308,871.               | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution   |
| 5          |  | \$\$\$\$                   | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
|            |  | _<br>\$                    | Person Payroll Noncash (Complete Part II for noncash contributions.)     |

Name of organization
GIRLS GLOBAL ACADEMY
PUBLIC CHARTER SCHOOL
83-3844906

| i ait ii                     | (See instructions). Ose duplicate copies of Part | ii ii additional space is needed.         |                      |
|------------------------------|--|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given       | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |

Name of organization **Employer identification number** GIRLS GLOBAL ACADEMY PUBLIC CHARTER SCHOOL 83-3844906 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GIRLS GLOBAL ACADEMY PUBLIC CHARTER SCHOOL

**Employer identification number** 83-3844906

| Pai |  |                         | ei Siiilliai Funds       | or Accour        | Complete if t        | ne          |
|-----|--|-------------------------|--------------------------|------------------|----------------------|-------------|
|     | organization answered "Yes" on Form 990, Part IV, lin  |                         | advised funds            | <b>(b)</b> Fur   | nds and other acco   | unts        |
| 1   | Total number at end of year  |                         |                          |                  |                      |             |
| 2   | Aggregate value of contributions to (during year)  |                         |                          |                  |                      |             |
| 3   | Aggregate value of grants from (during year)   |                         |                          |                  |                      |             |
| 4   | Aggregate value at end of year   |                         |                          |                  |                      |             |
| 5   | Did the organization inform all donors and donor advisors in v   |                         |                          | ed funds         |                      |             |
|     | are the organization's property, subject to the organization's   | exclusive legal cont    | trol?                    |                  | Yes                  | ☐ No        |
| 6   | Did the organization inform all grantees, donors, and donor a  |                         |                          |                  |                      |             |
|     | for charitable purposes and not for the benefit of the donor o   |                         |                          |                  |                      |             |
|     | impermissible private benefit?   |                         |                          |                  | Yes                  | ☐ No        |
| Pai | t II Conservation Easements. Complete if the org   | ganization answered     | d "Yes" on Form 990,     | Part IV, line 7. |                      |             |
| 1   | Purpose(s) of conservation easements held by the organization  | on (check all that ap   | oply).                   |                  |                      |             |
|     | Preservation of land for public use (for example, recrea   | ation or education)     | Preservation of          | f a historically | important land are   | a           |
|     | Protection of natural habitat  |                         | Preservation of          | f a certified hi | storic structure     |             |
|     | Preservation of open space   |                         |                          |                  |                      |             |
| 2   | Complete lines 2a through 2d if the organization held a qualif   | fied conservation co    | ontribution in the form  | of a conserva    | tion easement on t   | he last     |
|     | day of the tax year.   |                         |                          |                  | Held at the End of t | he Tax Year |
| а   | Total number of conservation easements   |                         |                          | 2a               |                      |             |
| b   | Total acreage restricted by conservation easements   |                         |                          | 2b               |                      |             |
| С   | Number of conservation easements on a certified historic stru  | ucture included in (a   | a)                       | 2c               |                      |             |
| d   | Number of conservation easements included in (c) acquired a  | after 7/25/06, and n    | ot on a historic structu | ıre              |                      |             |
|     | listed in the National Register  |                         |                          | 2d               |                      |             |
| 3   | Number of conservation easements modified, transferred, rel  |                         |                          |                  | during the tax       |             |
|     | year ▶   |                         |                          |                  |                      |             |
| 4   | Number of states where property subject to conservation eas  | sement is located >     | ·                        |                  |                      |             |
| 5   | Does the organization have a written policy regarding the per  | riodic monitoring, in   | spection, handling of    |                  |                      |             |
|     | violations, and enforcement of the conservation easements it   | t holds?                |                          |                  | Yes                  | No          |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,   | handling of violation   | ns, and enforcing cons   | servation ease   | ements during the y  | /ear        |
|     | <b></b>  |                         |                          |                  |                      |             |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand  | dling of violations, ar | nd enforcing conserva    | tion easemen     | ts during the year   |             |
|     | <b>▶</b> \$  |                         |                          |                  |                      |             |
| 8   | Does each conservation easement reported on line 2(d) abov   |                         |                          |                  |                      |             |
|     | and section 170(h)(4)(B)(ii)?  |                         |                          |                  |                      | L No        |
| 9   | In Part XIII, describe how the organization reports conservation   | on easements in its     | revenue and expense      | statement an     | ıd                   |             |
|     | balance sheet, and include, if applicable, the text of the footn   | note to the organiza    | tion's financial statem  | ents that desc   | cribes the           |             |
| Do  | organization's accounting for conservation easements.  † III Organizations Maintaining Collections of  | f Art Historiaal        | Trocourse or O           | har Cimila       | r Acceto             |             |
| Pai |  |                         |                          | iller Sillilla   | i Assets.            |             |
|     | Complete if the organization answered "Yes" on Form  |                         |                          |                  |                      |             |
| 1a  | If the organization elected, as permitted under FASB ASC 95  | •                       |                          |                  |                      |             |
|     | of art, historical treasures, or other similar assets held for pub   |                         |                          |                  | public               |             |
|     | service, provide in Part XIII the text of the footnote to its finar  |                         |                          |                  |                      |             |
| b   | If the organization elected, as permitted under FASB ASC 95  | •                       |                          |                  |                      |             |
|     | art, historical treasures, or other similar assets held for public   | exhibition, education   | on, or research in furth | nerance of pu    | blic service,        |             |
|     | provide the following amounts relating to these items:   |                         |                          | _                | •                    |             |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |                         |                          |                  | \$                   |             |
| _   | (ii) Assets included in Form 990, Part X   |                         |                          |                  |                      |             |
| 2   | If the organization received or held works of art, historical treation following accounts a serior of the following accounts as a price of the following accounts as a serior of the following account as a serior of the following accounts as a serior of the serior |                         |                          | ıı gaın, provide | Э                    |             |
| _   | the following amounts required to be reported under FASB A   | -                       |                          |                  | Φ.                   |             |
|     | Revenue included on Form 990, Part VIII, line 1  |                         |                          |                  |                      |             |
|     | Assets included in Form 990, Part X  |                         |                          | <b>)</b>         |                      | - 000) 0040 |
| LHA | For Paperwork Reduction Act Notice, see the Instructions   | s ior Form 990.         |                          |                  | Schedule D (Forn     | n 990) 2019 |

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

|   | dule D (Form 990) 2019 PUBLIC CI                      | DBAL ACADEMY<br>HARTER SCHOOL |                         |               |                      |                         | 3844906 <sub>Page</sub>         | , <b>2</b> |
|---|---|-------------------------------|-------------------------|---------------|----------------------|-------------------------|---------------------------------|------------|
| Par   | t III   Organizations Maintaining Col                 | lections of Art, His          | torical Tre             | easures, o    | r Other S            | Similar Ass             | ets <sub>(continued)</sub>      |            |
| 3   | Using the organization's acquisition, accession       | , and other records, chec     | k any of the            | following tha | t make sign          | ificant use of i        | ts                              |            |
|   | collection items (check all that apply):              |                               |                         |               |                      |                         |                                 |            |
| а   | Public exhibition                                     | d                             |                         | hange progr   |                      |                         |                                 |            |
| b   | Scholarly research                                    | e                             | Other                   |               |                      |                         |                                 | _          |
| С   | Preservation for future generations                   |                               |                         |               |                      |                         |                                 |            |
| 4   | Provide a description of the organization's colle     | · ·                           | -                       | -             |                      |                         | art XIII.                       |            |
| 5   | During the year, did the organization solicit or re   | eceive donations of art, h    | istorical treas         | sures, or oth | er similar as        | ssets                   |                                 |            |
| _   | to be sold to raise funds rather than to be main      |                               |                         |               |                      |                         |                                 | ю          |
| Par   | t IV Escrow and Custodial Arrange                     |                               | e organizatio           | n answered    | "Yes" on Fo          | orm 990, Part I         | V, line 9, or                   |            |
|   | reported an amount on Form 990, Part                  | ·                             |                         |               |                      |                         |                                 | _          |
| 1a  | Is the organization an agent, trustee, custodian      |                               |                         |               |                      |                         |                                 |            |
|   | on Form 990, Part X?                                  |                               |                         |               |                      |                         | Yes N                           | ю          |
| b   | If "Yes," explain the arrangement in Part XIII an     | d complete the following      | table:                  |               |                      |                         |                                 |            |
|   |   |                               |                         |               |                      |                         | Amount                          | _          |
|   | Beginning balance                                     |                               |                         |               |                      | 1c                      |                                 | _          |
|   | Additions during the year                             |                               |                         |               |                      | 1d                      |                                 |            |
| е   | Distributions during the year                         |                               |                         |               |                      | 1e                      |                                 |            |
| f   | Ending balance  |                               |                         |               |                      | 1f                      |                                 |            |
|   | Did the organization include an amount on Form        |                               |                         |               | -                    | ?                       | └── Yes                         | ю          |
|   | If "Yes," explain the arrangement in Part XIII. Cl    |                               |                         |               |                      |                         |                                 |            |
| Par   | Semplete in a   |                               |                         |               |                      |                         |                                 | _          |
|   |   | (a) Current year (b)          | Prior year              | (c) Two year  | ırs back   <b>(d</b> | <b>)</b> Three years ba | ck (e) Four years bac           | : <u>k</u> |
| 1a  |   |                               |                         |               |                      |                         |                                 | _          |
| b   | Contributions   |                               |                         |               |                      |                         |                                 |            |
| С   | Net investment earnings, gains, and losses            |                               |                         |               |                      |                         |                                 | _          |
| d   | Grants or scholarships                                |                               |                         |               |                      |                         |                                 |            |
| е   | Other expenditures for facilities                     |                               |                         |               |                      |                         |                                 |            |
|   | and programs  |                               |                         |               |                      |                         |                                 | _          |
| f   | Administrative expenses                               |                               |                         |               |                      |                         |                                 |            |
| g   | End of year balance                                   |                               |                         |               |                      |                         |                                 |            |
| 2   | Provide the estimated percentage of the current       | •                             | g, column (a            | )) held as:   |                      |                         |                                 |            |
| a   | Board designated or quasi-endowment                   | %                             |                         |               |                      |                         |                                 |            |
| b   | Permanent endowment                                   | %                             |                         |               |                      |                         |                                 |            |
| С   | Term endowment  |                               |                         |               |                      |                         |                                 |            |
|   | The percentages on lines 2a, 2b, and 2c should        | =                             |                         |               |                      |                         |                                 |            |
| За  | Are there endowment funds not in the possess .        | on of the organization th     | at are held ar          | nd administe  | red for the o        | organization            | [ <sub>12</sub> ] <sub>11</sub> | _          |
|   | by:   |                               |                         |               |                      |                         | Yes N                           | <u>o</u>   |
|   | (i) Unrelated organizations                           |                               |                         |               |                      |                         |                                 | _          |
|   | (ii) Related organizations                            |                               |                         |               |                      |                         |                                 | _          |
| b   | If "Yes" on line 3a(ii), are the related organization |                               |                         |               |                      |                         | 3b                              | _          |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. |   |                               |                         |               |                      |                         |                                 |            |
|   | Complete if the organization answered "               | Yes" on Form 990, Part        | V, lin <u>e 1</u> 1a. S | See Form 990  | ), Part X, lin       | e 10                    |                                 |            |
|   | Description of property                               | (a) Cost or other             | (b) Cost                | t or other    | (c) Acc              | umulated                | (d) Book value                  |            |
|   |   | basis (investment)            | basis                   | (other)       |                      | eciation                |                                 |            |
| 1a  | Land  |                               |                         |               |                      |                         |                                 | _          |

Schedule D (Form 990) 2019

6,233.

6,233.

e Other

**b** Buildings c Leasehold improvements .....

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

7,080.

847.

| Part VII Investments - Other Securities.                             |                                   |  |                        |
|--|-----------------------------------|--|------------------------|
| Complete if the organization answered "Yes"                          |                                   |  |                        |
| (a) Description of security or category (including name of security) | (b) Book value                    | (c) Method of valuation: Cost or end           | l-of-year market value |
| (1) Financial derivatives  |                                   |  |                        |
| (2) Closely held equity interests                                    |                                   |  |                        |
| (3) Other  |                                   |  |                        |
| (A)  |                                   |  |                        |
| (B)  |                                   |  |                        |
| (C)  |                                   |  |                        |
| (D)  |                                   |  |                        |
| (E)  |                                   |  |                        |
| (F)  |                                   |  |                        |
| (G)  |                                   |  |                        |
| (H)  |                                   |  |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                                   |  |                        |
| Part VIII Investments - Program Related.                             |                                   |  |                        |
| Complete if the organization answered "Yes"                          |                                   |  |                        |
| (a) Description of investment  | (b) Book value                    | (c) Method of valuation: Cost or end           | l-of-year market value |
| (1)  |                                   |  |                        |
| (2)  |                                   |  |                        |
| (3)  |                                   |  |                        |
| (4)  |                                   |  |                        |
| (5)  |                                   |  |                        |
| (6)  |                                   | <u> </u>                                       |                        |
| (7)  |                                   |  |                        |
| (8)  |                                   |  |                        |
| (9)  |                                   |  |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)     |                                   |  |                        |
|  | F 000 Dart IV line                | 11d Con Form 000 Bort V line 15                |                        |
| Complete if the organization answered "Yes" (a)                      | Description                       | Tra. See Form 990, Part X, line 15.            | (b) Book value         |
|  | Description                       |  | (b) Book value         |
| (1)  |                                   |  |                        |
| (2)  |                                   |  |                        |
| (3)  |                                   |  |                        |
| <u>(4)</u>   |                                   |  |                        |
|  |                                   |  |                        |
|  |                                   |  |                        |
|  |                                   |  |                        |
| (9)  |                                   |  |                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line        | 15)                               | <u> </u>                                       |                        |
| Part X Other Liabilities.  | 15.)                              |  |                        |
| Complete if the organization answered "Yes"                          | on Form 990. Part IV. line        | 11e or 11f. See Form 990. Part X. line 25.     |                        |
| 1. (a) Description of liability                                      | 5111 51111 555, 1 a.c. 17, iii 16 | 7110 01 1111 000 1 01111 000, 1 art X, mio 20. | (b) Book value         |
| (1) Federal income taxes   |                                   |  | . ,                    |
| (2) PAYCHECK PROTECTION PROGRA                                       | M LOAN                            |  | 1,954.                 |
| (3)  |                                   |  |                        |
| (4)  |                                   |  |                        |
| (5)  |                                   |  |                        |
| (6)  |                                   |  |                        |
| (7)  |                                   |  |                        |
| (8)  |                                   |  |                        |
| (9)  |                                   |  |                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line        | . 25 )                            |  | 1,954.                 |
| (COIUIIII (D) IIIUSI EQUAI FUIIII 330, FAIL A, CUI. (D) IIIIE        | <u> </u>                          | ··············                                 | _,,,,,                 |

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

Schedule D (Form 990) 2019

| Sche | edule D (Form 990) 2019 PUBLIC CHARTER SCHOOL                                    |           |                | 83-    | 3844906 Page |
|------|--|-----------|----------------|--------|--------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Stateme                    | nts With  | Revenue per Re | turn.  |              |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |           |                |        |              |
| 1    | Total revenue, gains, and other support per audited financial statements         |           |                | 1      | 1,173,820.   |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |           |                |        |              |
| а    | Net unrealized gains (losses) on investments                                     | 2a        |                |        |              |
| b    | Donated services and use of facilities   | 2b        | 223,253.       |        |              |
| С    |  |           |                |        |              |
| d    | Other (Describe in Part XIII.)   | 2d        |                |        |              |
| е    | Add lines 2a through 2d  |           |                | 2e     | 223,253      |
| 3    | Subtract line 2e from line 1   |           |                | 3      | 950,567      |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |           |                |        |              |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a        |                |        |              |
| b    | Other (Describe in Part XIII.)   | 4b        |                |        |              |
| С    | Add lines 4a and 4b  |           |                | 4c     | 0.           |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |           | <u></u>        | 5      | 950,567      |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Stateme                  | ents With | Expenses per F | Returi | າ.           |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |           |                |        |              |
| 1    | Total expenses and losses per audited financial statements                       |           |                | 1      | 755,864      |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |                |        |              |
| а    | Donated services and use of facilities   | 2a        | 223,253.       |        |              |
| b    | Prior year adjustments   | 2b        |                |        |              |
| С    | Other losses   | 2c        |                | -      |              |
| d    | Other (Describe in Part XIII.)   | 2d        |                |        |              |
| е    | Add lines 2a through 2d  |           |                | 2e     | 223,253      |
| 3    | Subtract line 2e from line 1   |           |                | 3      | 532,611      |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |                |        |              |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a        |                |        |              |
| b    | Other (Describe in Part XIII.)   | 4b        |                |        | _            |
| С    | Add lines 4a and 4b  |           |                | 4c     | 0.           |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |           |                | 5      | 532,611      |

| Part XIII | Supplemental Information.

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

#### PART X, LINE 2:

THE ACADEMY PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2020 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS, OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2020, THE STATUTE OF LIMITATIONS FOR FISCAL YEAR 2020 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE ACADEMY FILES TAX RETURNS. IT IS THE ACADEMY'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE.

Schedule D (Form 990) 2019

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

GIRLS GLOBAL ACADEMY
PUBLIC CHARTER SCHOOL

Employer identification number
83-3844906

|   |   |     | YES              | NO       |
|---|---|-----|------------------|----------|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1   | х                |          |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,  |     |                  |          |
|   | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?   | 2   | Х                |          |
| 3 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the   |     |                  |          |
|   | period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes   |     |                  |          |
|   | the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.   |     | 7.7              |          |
|   | If you need more space, use Part II   | 3   | Х                |          |
|   | SEE PART II   |     |                  |          |
| 4 | Does the organization maintain the following?   |     |                  |          |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff?   | 4a  | Х                |          |
| b | ,   | 4b  |                  | _X_      |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student   |     | \ <sub>3,7</sub> |          |
|   | admissions, programs, and scholarships?   | 4c  | X                |          |
| d | Copies of all material used by the organization or on its behalf to solicit contributions?  | 4d  | Λ                |          |
|   | If you answered "No" to any of the above, please explain. If you need more space, use Part II.  4B. WE DO NOT DISTRIBUTE FINANCIAL ASSISTANCE, THEREFORE DO                               |     |                  |          |
| 5 | Does the organization discriminate by race in any way with respect to:  |     |                  |          |
| а | Students' rights or privileges?   | 5a  |                  | <u>X</u> |
|   | Admissions policies?  | 5b  |                  | _X_      |
|   | Employment of faculty or administrative staff?  | 5c  |                  | _X_      |
|   | Scholarships or other financial assistance?   | 5d  |                  | <u>X</u> |
|   | Educational policies?   | 5e  |                  | _X_      |
|   | Use of facilities?  | _5f |                  | X        |
|   | Athletic programs?  | 5g  |                  | X        |
| n | Other extracurricular activities?   | 5h  |                  | X        |
|   | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.   |     |                  |          |
|   | Does the organization receive any financial aid or assistance from a governmental agency?   | 6a  | х                |          |
| b | Has the organization's right to such aid ever been revoked or suspended?  | 6b  |                  | X        |
|   | If you answered "Yes" on either line 6a or line 6b, explain on Part II.   |     |                  |          |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of  |     |                  |          |
|   | Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II   | 7   |                  | X        |

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.}$ 

Schedule E (Form 990 or 990-EZ) 2019

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GIRLS GLOBAL ACADEMY
PUBLIC CHARTER SCHOOL

Employer identification number 83-3844906

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GIRLS GLOBAL ACADEMY (GGA) IS AN ALL-GIRLS PUBLIC CHARTER HIGH SCHOOL IN WASHINGTON, DC THAT ENGENDERS EMPLOWERMENT AND IGNITES CONFIDENCE TO INFLUENCE CHANGE FOR GLOBAL BENEFIT. ALL STUDENTS PURSUE ONE OF TWO INTERNATIONAL BACCALAUREATE CAREER PROGRAM PATHWAYS IN ENGINEERING OR GAINING KNOWLEDGE AND SKILLS THAT ARE BOTH BROADLY APPLICABLE AND THE GATEWAY TO JOB SECTORS THAT ARE IN DEMAND AND IN NEED OF MORE WOMEN OF COLOR. ADDITIONALLY, RIGOROUS IB COURSES, A STRONG AND SUPPORTIVE NETWORK OF ADULTS AND PEERS, AND OPPORTUNITIES FOR LEADERSHIP THROUGH SERVICE LEARNING AND INTERNING, ALL PROVIDE STUDENTS FIRM FOUNDATION IN THE SCHOOL'S FOUR PILLARS OF SISTERHOOD, SCHOLOARSHIP, SERVICE, AND SAFETY. DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, AND GLOBAL CITIZENSHIP, EQUIPPING STUDENTS WITH THE MINDSETS BEHAVIORS, AND SKILLS TO FLOURISH IN COLLEGE AND CAREERS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE MANAGEMENT TEAM AND BOARD OF DIRECTORS BEFORE FILING THE FORM 990 WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12: THE ACADEMY HAS A WRITTEN CONFLICT OF INTEREST POLICY, AND REQUIRED

932211 09-06-19

OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO DISCLOSE ANY CONFLICTS OF

INTEREST DURING THE YEAR ENDED JUNE 30,

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

2020. MANAGEMENT IS IN THE PROCESS

Schedule O (Form 990 or 990-EZ) (2019)

| Name of the organization GIRLS GLOBAL ACADEMY PUBLIC CHARTER SCHOOL | Employer identification number 83-3844906 |
|---|---|
| OF IMPLEMENTING A WRITTEN POLICY TO MONITOR CONFLICTS OF I          | NTEREST ON AN                             |
| ON-GOING BASIS.   |   |
|   |   |
| FORM 990, PART VI, SECTION B, LINE 15:                              |   |
| GOVERNANCE REVIEWS AND APPROVE THE EXECUTIVE DIRECTOR'S CO          | MPENSATION. THE                           |
| EXECUTIVE DIRECTOR REVIEWS AND APPROVES COMPENSATION FOR A          | LL OTHER                                  |
| EMPLOYEES. COMPENSATION IS DETERMINED BY A VARIETY OF MEAS          |   |
| REVIEW OF COMPARABILITY DATA, REVIEW OF BUDGET RESTRICTION          | IS, AND INDIVIDUAL                        |
| EMPLOYEE PERFORMANCE.   |   |
| FORM 990, PART VI, SECTION C, LINE 19:                              |   |
| THE DOCUMENTS WILL BE AVAILABLE UPON REQUEST.                       |   |
|   |   |
| FORM 990, PART XII, LINE 2C:  |   |
| THIS IS THE ORGANIZATION'S INITIAL RETURN AND THUS PRIOR Y          | EAR                                       |
| INFORMATION IS NOT APPLICABLE.                                      |   |
|   |   |
|   |   |
|   |   |
|   |   |
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#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or GIRLS GLOBAL ACADEMY print 83-3844906 PUBLIC CHARTER SCHOOL File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 733 8TH ST NW return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 20001 WASHINGTON, DC Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 JASON MELLEN The books are in the care of ► 733 8TH ST NW - WASHINGTON, DC 20001 Telephone No. ► (202) 600-4822 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2021 \_\_\_\_, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ▶ X tax year beginning JUL 1, 2019 \_\_\_\_ , and ending <u>JUN</u> 30 , 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2020)

instructions

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment