** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

ax year beginning JUL 1. 2019 and ending JUN 30.

Open to Public

OMB No. 1545-0047

Inspection

ΑI	For the	2019 calendar year, or tax year beginning JUL 1, 2019 and ending	JUN 30, 2020	
	Check if applicable:	C Name of organization	D Employer identifi	cation number
á	applicable:		' '	
	Address change	KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL		
F	Name change	Doing business as	47-34035	39
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si		
F	Final	1375 E STREET NE	(202)547	
	☐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,940,864.
Г	Amende return		H(a) Is this a group re	
F	Applica-	F Name and address of principal officer: KENNESHA KELLY		? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	
	Tav-avan	·	_	list. (see instructions)
		: WWW.KINGSMANACADEMY.ORG	H(c) Group exemption	
		·		State of legal domicile: DC
		Summary	ear or formation. 2019 p	M State of legal doffliche, DC
		riefly describe the organization's mission or most significant activities: TO PROVI	DE AN INDIVID	HALTZED AND
& Governance	1 B	TIGOROUS EDUCATION IN A SUPPORTIVE ENVIRONME.	NT TO PREPARE	SCHOT.ARG
Jan	. –			
Veri	1	heck this box if the organization discontinued its operations or disposed of m		SSETS.
Ó	1	umber of voting members of the governing body (Part VI, line 1a)		8
જ		umber of independent voting members of the governing body (Part VI, line 1b)		79
Activities		otal number of individuals employed in calendar year 2019 (Part V, line 2a)		12
Ęi		otal number of volunteers (estimate if necessary)		0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		0.
	b N	et unrelated business taxable income from Form 990-T, line 39		
			Prior Year	Current Year
ne		ontributions and grants (Part VIII, line 1h)	657,424.	876,170.
Revenue		rogram service revenue (Part VIII, line 2g)	8,353,623.	7,022,507.
Re		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	7,348.	4,505.
	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,575.	37,682.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,050,970.	7,940,864.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,085,177.	4,382,378.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ďx		otal fundraising expenses (Part IX, column (D), line 25) 66,944.		
ш	17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,664,943.	
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,750,120.	
	19 R	evenue less expenses. Subtract line 18 from line 12	300,850.	599,182.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20 To	otal assets (Part X, line 16)	12,655,855.	13,111,876.
t As	21 T	otal liabilities (Part X, line 26)	9,971,290.	9,828,129.
<u>SP</u>	22 N	et assets or fund balances. Subtract line 21 from line 20	2,684,565.	3,283,747.
		Signature Block		
Und	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	n	Signature of officer	Date	
Her	·e	KENNESHA KELLY, CURRENT EXECUTIVE DIRECTO	R	
		Type or print name and title		
	F	Print/Type preparer's name Preparer's	_ Date 4/14/2 1 Check	PTIN
Pai	I b	INA PEACHER WAS FLOWLED	self-employ	
Pre	parer [irm's name JONES MARESCA & MCQUADE PA		52-1853933
Use	Only	irm's address 1730 RHODE ISLAND AVE, N.W., SUITE		
		WASHINGTON, DC 20036	Phone no. 20	2-296-3306
Ma	y the IRS	6 discuss this return with the preparer shown above? (see instructions)	·	X Yes No

Pai	Check if Schoolule O centains a represent to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	TO PROVIDE AN INDIVIDUALIZED AND RIGOROUS EDUCATION IN A SUPPORTIVE
	ENVIRONMENT TO PREPARE SCHOLARS FOR POST-SECONDARY SUCCESS AND
	RESPONSIBLE CITIZENSHIP.
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
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
0	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,337,515. including grants of \$) (Revenue \$ 7,022,507.
	THE SCHOOL IS AN OPEN-ENROLLMENT, TUITION-FREE, PUBLIC CHARTER SCHOOL
	THAT SERVES APPROXIMATELY 250 STUDENTS IN GRADES SIX THROUGH TWELVE WHO MAY BE AT RISK OF DROPPING OUT OF SCHOOL. MANY OF THESE STUDENTS ARE
	OVER-AGE AND UNDER-CREDITED FOR THEIR GRADE LEVEL, HAVE ATTENDANCE
	PROBLEMS, AND/OR HAVE BEHAVIORAL OR EMOTIONAL CHALLENGES. THE SCHOOL
	OFFERS INDIVIDUALIZED INSTRUCTION AND ADDITIONAL RESOURCES FOR ALL
	STUDENTS, RICH SPECIAL EDUCATION SERVICES, A STRONG MULTI-TIERED SYSTEM
	OF SUPPORTS, SCHOOL-WIDE POSITIVE BEHAVIORAL INTERVENTIONS AND
	SUPPORTS, AND NUMEROUS CO-CURRICULAR AND EXTRACURRICULAR PROGRAMS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (autorities t
4 -	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{total program service expenses}} \rightarrow \frac{6,337,515}{\text{.}}
<u>4e</u>	Total program service expenses ► 6 , 337 , 515 • Form 990 (2019
	F0III 330 (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			3,7
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
E	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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,	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
D	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		X
b		114		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ΙÓ		<u> </u>
13	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

	n 990 (2019) KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL 47-3403 rt IV Checklist of Required Schedules (continued)	3539	P	age 4
Pa	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		1.55	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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	 	Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	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		х
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		Х
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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			. v
	"Yes," complete Schedule L, Part IV	28a	-	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	200		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	<u> </u>	X
30	Did the organization receive more than \$23,000 in non-cash contributions? If res, complete schedule in	29		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	38	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V			L
		. —	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	_		
	Enter the hamber of Forms w 2d included in line 1a. Enter of infortappilicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Х Form **990** (2019)

(gambling) winnings to prize winners?

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
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							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua							
b	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	OB							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	0-							
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b							
10	Section 501(c)(7) organizations. Enter:	90							
а	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1							
11	Section 501(c)(12) organizations. Enter:	1							
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
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							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand	14-		X					
14a		14a 14b							
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	-	_					
13	excess parachute payment(s) during the year?	15		х					
	If "Yes," see instructions and file Form 4720, Schedule N.	ت ا							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
-	If "Yes," complete Form 4720, Schedule O.								
		Form	990	(2010)					

Form 990 (2019)

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	3		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
D		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	Х	
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3	<u> </u>	
	tion Director (mis seedion Broqueste information about policies not required by the internal nevertide code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))(S)s only	/) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	,,3 0111)	javali	abic
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd fina	acial	
19	statements available to the public during the tax year.	iu iiiidi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KENNESHA KELLY - (202) 547-1028			
	1375 E STREET NE, WASHINGTON, DC 20002			
	10.0 1 DITTELL 1111, 1111DITTECTOR, DC 40004			

932006 01-20-20

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.

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

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

(A)	(B)	l	AI 1120		C)	прсі	iisai	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any	-	Cei ai		liecto)/ ii us	100)	from the	from related organizations	other compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	tee or	stee			ensate		(W-2/1099-MISC)	(11 = 1300 111100)	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	ividua	Institutional trustee	Offlice r	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	i#0	Key	Hig	For			
(1) STEPHEN C. MESSNER	5.00	Ι.,		٦,					0	0
PRESIDENT AND CHAIRMAN	5.00	Х	_	Х	_		_	0.	0.	0.
(2) INDRA CHALK	5.00	Х		٦,					0	0
VICE PRESIDENT	2 00	Δ	_	Х	_		_	0.	0.	0.
(3) PETER OLLE	3.00	Х		x					0	0
TREASURER	3.00			Δ.				0.	0.	0.
(4) MICHELLE TELLOCK	3.00	Х		x				0.	0.	0.
SECRETARY UNTIL 12/2019 (5) MARIA BLAEUER	1.00	Δ	\vdash	^	\vdash			0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(6) JULIA BLOOM-WELTMAN	1.00	^	\vdash	\vdash	\vdash	\vdash	\vdash	0.	0.	
DIRECTOR	1.00	Х						0.	0.	0.
(7) TOLORIA GANT	1.00	22		\vdash				0.	0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(8) MARTINE SOLAGES	1.00			\vdash			\vdash			
DIRECTOR		х						0.	0.	0.
(9) TAMEKA HARRIS WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) SHANNON T. HODGE	40.00									
CO-FOUNDER & EXEC. DIRECTOR		1		Х				193,461.	0.	14,435.
(11) KENNESHA KELLY	40.00									
CO-FOUNDER & DEPUTY DIRECTOR		1		Х				142,195.	0.	12,428.
(12) AYANA KAI MALONE, SR. DIRECTOR	40.00									
STUDENT SUPPORT SERVICES						Х		122,706.	0.	8,293.
			_	_	_	_				
		_	_	<u> </u>	_	_	_			
		-								
										- 000

Page 8

Fai	Section A. Officers, Directors, Trus	tees, Key Em	Employees, and Highest Compensated Employees (continued)											
	(A)	(B)				C)			(D) (E)				(F)	
	Name and title	Average	(do	Position (do not check more than one		Reportable Reportable			Estimated		ed			
		hours per	box	box, unless person is both a						n	an	nount	of	
		week	_	cer an	id a d	irecto	or/trus	tee)	from	from related	- 1		other	
		(list any hours for	recto						the	organizations	- 1		pensa	
		related	or di	æ			ated		organization	(W-2/1099-MIS	;C)		om the	
		organizations	nstee	trust		e e	ubeus		(W-2/1099-MISC)			_	anizat d relat	
		below	lual tr	tional		ploye	st con yee	_					anizati	
		line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former				o.g.	ai iizaci	0110
		<u> </u>	=	=			T 9	_			\dashv			
			1											
											\dashv			
			\vdash		\vdash						\dashv			
											\dashv			
					H						-			
1b	Subtotal								458,362.		0.	3	5,1	56.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)								458,362.		0.	3	5,1	56.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportabl	е			
	compensation from the organization													3
											r		Yes	No
3	Did the organization list any former officer,													
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	•								-				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	for such individual			4	X	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•									pens	ation 1	from	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithin	n the organization's tax	year.				
	(Δ)								(B)			10	?)	

(A) Name and business address	(B) Description of services	(C) Compensation		
LITTLE BIRD, 234 5TH AVENUE SUITE 412, NEW	EMPLOYEE BENEFITS			
YORK, NY 10001	AND HR ADMINISTRATIO	538,340.		
DEADWYLER TRANSPORTATION	STUDENT			
2930 K STREET SE, WASHINGTON, DC 20019	TRANSPORTATION	227,022.		
LGC SECURITY LLC, 100 M STREET SE, STE.				
600, WASHINGTON, DC 20003	SCHOOL SECURITY	204,746.		
BUSY BEE ENVIRONMENTAL SERVICE, 7826				
EASTERN AVE. NW, STE. 503, WASHINGTON, DC	JANITORIAL SERVICES	186,027.		
EDOPS, 1611 CONNECTICUT AVE. NW, STE. 200,	ACCOUNTING, DATA,			
WASHINGTON, DC 20009	AND PROCUREMENT SUPP	132,297.		
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than			
\$100,000 of compensation from the organization > 9				

Form 990 (2019) KINGSMAI
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lir	ne in this Part VIII			X
		Chock ii Concadio C containo a response o	Thore to arry in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0, (0)							360110113 3 12 - 3 14
ints		a Federated campaigns 1a					
Gra		b Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	(c Fundraising events 1c					
Gif lar	(d Related organizations 1d					
ini,	•	e Government grants (contributions)	325,444.				
rior S	1	f All other contributions, gifts, grants, and					
bri		similar amounts not included above 1f	50,726.				
nt.		g Noncash contributions included in lines 1a-1f	9,746.				
Col	`	h Total. Add lines 1a-1f	•	876,170.			
_			Business Code	,			
ø)	2	a PER PUPIL APPROPRIATIO		6,215,437.	6 215 437		
<u>vi</u>	2 9	b PER PUPIL FACILITY ALL	900099	807,070.			
Ser	-		700077	007,070.	007,070.		
m S		·					
gra Re	•	d					
Program Service Revenue	•	e					
ъ.	1	f All other program service revenue		7 000 507			
		g Total. Add lines 2a-2f		7,022,507.			
	3	Investment income (including dividends, interes		4 505			4 505
		other similar amounts)		4,505.			4,505.
	4	Income from investment of tax-exempt bond pro	oceeds -				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	- 1	b Less: rental expenses 6b 0 •					
	(c Rental income or (loss) 6c 37,182.					
		d Net rental income or (loss)		37,182.			37,182.
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
ne re		and sales expenses 7b					
Revenue		c Gain or (loss)					
3ev		d Net gain or (loss)					
ther F		a Gross income from fundraising events (not					
Oth	0 6	, , ,					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
	(c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ı	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
S			Business Code				
oni e	11 a	a MISCELLANEOUS INCOME	900099	500.			500.
nu		b					
elk eve		c					
Miscellaneous Revenue	ì	d All other revenue					
2	`	e Total. Add lines 11a-11d		500.			
	12	Total revenue. See instructions		7,940,864.	7.022.507.	0.	42,187.
	14	I STATE TO FORM OF COOK HEST WOULDING	·····	. , , , = 0 , 0 0 2 4	.,		,,

Part IX | Statement of Functional Expenses

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

_	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	369,134.	313,764.	51,679.	3,691
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	3,301,835.	2,806,559.	462,257.	33,019
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	54,816.	46,594.	7,674. 51,117.	548
9	Other employee benefits	365,120.	310,352.		3,651
0	Payroll taxes	291,473.	247,752.	40,806.	2,915
1	Fees for services (nonemployees):				
а	Management				
b	Legal	143,434.	121,919.	20,081.	1,434
С	Accounting	127,563.	108,429.	17,858.	1,276
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 O.)	209,729.	178,269.	29,362.	2,098
12	Advertising and promotion				
13	Office expenses	106,814.	90,792.	14,954.	1,068
14	Information technology	122,357.	104,003.	17,130.	1,224
15	Royalties				
16	Occupancy	698,046.	593,339.	97,727.	6,980
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	377,962.	321,268.	52,915.	3,779
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	365,998.	311,098.	51,240.	3,660
23	Insurance	50,147.	42,625.	7,021.	501
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	647,237.	647,237.		
b	OTHER GENERAL EXPENSES	57,423.	48,810.	8,039.	574
С	PROFESSIONAL DEVELOPMEN	37,320.	31,722.	5,225.	373
d	DUES AND SUBSCRIPTIONS	15,274.	12,983.	2,138.	153
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,341,682.	6,337,515.	937,223.	66,944
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)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,874,724. 2,163,496. Cash - non-interest-bearing 1 732,422. 372,582. 2 Savings and temporary cash investments 89,581. 276,694. 3 Pledges and grants receivable, net 40,938. 13,430. 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 23,317. 132,315. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 11,180,181. basis. Complete Part VI of Schedule D _____ 10a 1,805,558. 9,593,609. 9,374,623. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 40,000. Other assets. See Part IV, line 11 40,000. 15 15 12,655,855. 13,111,876. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 953,472. 345,566. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 13,221. 19 19 Deferred revenue 8,259,782. 7,930,423. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 729,894. 677,600. 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 28,142. 861,319. 9,971,290. 26 9,828,129. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,250,825. 2,684,565. Net assets without donor restrictions 27 27 32,922. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 2,684,565. 3,283,747. Total net assets or fund balances 32 32 12,655,855. 13,111,876. Total liabilities and net assets/fund balances ...

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	7,94	0,8	<u>64.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,34		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,68	4,5	65.
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	3,28	3,7	47.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990 (2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

47-3403539

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Total

Schedule A (Form 990 or 990-EZ) 2019 KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL 47-3403539 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					>
	ction C. Computation of Publ						
14	Public support percentage for 2019 (14	%
15	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						ŕ
	and if the organization meets the "fac			-	•	-	
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL 47-3403539 Page 3 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
·	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	· ·						
	ization's benefit and either paid to						
_	or expended on its behalf						
Э	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization's	s first second thir	d fourth or fifth ta	ax vear as a sectio	n 501(c)(3) organiz	ration
					-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inve					1.0	70
	Investment income percentage for 20			ne 13 column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2019. If the						
130	more than 33 1/3%, check this box a						., 13 HOL
L	33 1/3% support tests - 2018. If the						and
i.	line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organization	in did not check a	DOX OF THE 14, 19	a, or 190, CHECK th	IID DOX ALIU SEE IN	SU UCUOUS	

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
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	F-0		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
n 0	90 or 99	0-F7	2019

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

Schedule A (Form 990 or 990-EZ) 2019 KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL 47-3403539 Page 6

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL 47-3403539 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u> </u>
Secti	on D - Distributions		\-	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns .	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(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			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable 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			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
	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)			
j	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 Part VI. 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			
u	Excess IIIII 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

OMB No. 1545-0047

2019

Name of the organization

KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number

47-3403539

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

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL

47-3403539

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,329.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 800,579.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 22,275.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL

47-3403539

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	DONATED FEDERAL COMMODITIES		
			05/00/00
	-	\$\$	06/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
923453 11-0		\$	900-F7 or 990-PF) (2019

Employer identification number Name of organization 47-3403539 KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 47-3403539

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	ferring
Pai	- '		IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation)		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
U	Starr and volunteer riodrs devoted to monitoring, inspecting	, rialiding of violations, and emorcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year
'	\$ \$	ulling of violations, and emorcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) abo	$_{\rm ave}$ satisfy the requirements of section 170(h)(4))(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pu	iblic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2019

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Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Othe	r Simila	ır Asse	ts (continu	ied)
3	Using the organization's acquisition, accession	n, and other record	ls, check	cany of the	following that	at make si	ignificant ı	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	· 🆳 i	Loan or exc	change progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizat:	ion's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or		-		•				7	
	to be sold to raise funds rather than to be ma								Yes	No_
Pa	t IV Escrow and Custodial Arrang	•	ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part		Ľ - · · · ć - · ·				to a book and			
па	Is the organization an agent, trustee, custodia		-						7 v	□ Na
.	on Form 990, Part X?								Yes	└── No
D	If "Yes," explain the arrangement in Part XIII a	ina complete the fo	llowing t	able:					Amount	
	Deginning belongs						10		Amount	
	Beginning balance									
	Additions during the year									
f	Distributions during the year									
	Ending balance Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•			
	t V Endowment Funds. Complete if									
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four v	ears back
1a	Beginning of year balance	(a) Sarrone year	(2)	nor your	(6) 1110 300		(u)	Jano Baon	(0): 54: 5	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end baland	e (line 1	a. column (a	a)) held as:					
	Board designated or quasi-endowment	-	%	9, 00.0	۵,, ۱۱۵۱۵ ۵۵۱					
	Permanent endowment	%								
	Term endowment > 9									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses		ation tha	at are held a	and administe	ered for th	ne organiz	ation		
	by:	· ·					Ü		<u></u>	res No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizat									
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990), Part I\	/, line 11a. S	See Form 990	0, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investr	nent)		(other)	dep	reciation			
1a	Land				9,174.					,174.
	Buildings			8,34	1,271.	1,3	348,83	35.	6,992	,436.
	Leasehold improvements									
d	Equipment				9,987.		.68,22			,759.
	Other			37	9,749.	2	288,49			,254.
Tota	. Add lines 1a through 1e. (Column (d) must eq	jual Form 990, Part	X, colun	nn (B), line 1	10c.)				9,374	,623.

Schedule D (Form 990) 2019

	ADEMY PUBLIC	CHARTER	SCHOOL	47-3403539	Page 3
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: Cos	t or end-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"		11c. See Form 9	990, Part X, line 1	3.	
(a) Description of investment	(b) Book value	(c) Method	of valuation: Cos	t or end-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX Other Assets.					
Complete if the organization answered "Yes"		11d. See Form	990, Part X, line 1		
(a) [Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<i></i>			>	
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See	Form 990, Part X		-1
1. (a) Description of liability				(b) Book va	alue
(1) Federal income taxes				27	000
(2) ACCRUED INTEREST					,009.
(3) PPP LOAN				834	,310.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				261	24.5
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<i>э</i> 25.)			▶ 861	,319.

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... X

Schedule D (Form 990) 2019

4c

7,341,682.

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Га	neconciliation of nevertide per Addited Financial State	emems with	nevellue per n	eturi	i.
	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	7,946,164.
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	5,300.		
С	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	5,300.
3	Subtract line 2e from line 1			3	7,940,864.
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.)			5	7,940,864.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	7,346,982.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	5,300.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	5,300.
3	Subtract line 2e from line 1			3	7,341,682.
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			

Part XIII Supplemental Information.

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

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:

c Add lines 4a and 4b

THE SCHOOL HAS ADOPTED THE ACCOUNTING OF UNCERTAINTY IN INCOME TAXES AS REQUIRED BY THE INCOME TAXES TOPIC OF THE FASB ASC. THE TOPIC REQUIRES THE SCHOOL TO DETERMINE WHETHER A TAX POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION.

THE SCHOOL HAS ANALYZED ITS TAX POSITIONS AND HAS CONCLUDED THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO ANY UNCERTAIN TAX POSITIONS TAKEN ON RETURNS FILED FOR OPEN TAX YEARS

(2017-2019), OR EXPECTED TO BE TAKEN IN ITS 2020 TAX RETURN. THE SCHOOL IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT BELIEVES THAT THERE IS A

Schedule D (Form 990) 2019 KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL 47-3403539 Page 9 Part XIII Supplemental Information (continued)
REASONABLE POSSIBILITY THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS
WILL CHANGE MATERIALLY IN THE NEXT TWELVE MONTHS.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 47-3403539

			YES	퇶
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			l
	other governing instrument, or in a resolution of its governing body?	1	X	1
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	1
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			ı
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			ı
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			ı
	If you need more space, use Part II	3	X	
	SEE PART II			
	Does the organization maintain the following?		v	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	+
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		+
;	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		v	
	admissions, programs, and scholarships?	4c	X	+
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Δ.	L
3	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
1	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:			
	Does the organization discriminate by race in any way with respect to:	5a		
1	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a 5b		
1	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?			
1 ;	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b		
1	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c		
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d		
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e		
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f 5g		
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
1	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
11 D)	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	
	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	

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

Schedule E (Form 990 or 990-EZ) 2019

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
IN ACCORDANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964
("TITLE VI"), TITLE IX OF THE EDUCATION AMENDMENTS OF 1972
("TITLE IX"), SECTION 504 OF THE REHABILITATION ACT OF 1973
("SECTION 504"), TITLE II OF THE AMERICANS WITH DISABILITIES
ACT OF 1990 ("ADA"), AND THE AGE DISCRIMINATION ACT OF 1975
("THE AGE ACT"), KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL DOES NOT
DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR
DISABILITY IN ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS
PROGRAMS AND ACTIVITIES.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
RECEIPTS FROM GOVERNMENTAL AGENCIES TOTALED \$825,444.
LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:
AS A PUBLIC CHARTER SCHOOL, KINGSMAN ACADEMY IS EXEMPT FORM THE
REQUIREMENTS OF REV. PROC. 75-50.

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 47-3403539

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		37	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2	N-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	ple	(E) Total of columns	(F)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on prior Form 990
T. HODGE	Ξ	193,46	0	0	7,880.	6,555.	207,896.	0
OUNDER & EXEC. DIRECTOR	∷ :	1/1	000	0	006		151 622	
(Z) KENNESHA KELLY	Ξ	141,99	.002	0	-	. 200,0	,04	•
CO-FOUNDER & DEPUTY DIRECTOR	≘	0	0	0	0	0	0	0
	Ξ							
	<u>(ii</u>							
	Ξ							
	<u>:</u>							
	Ξ							
	(ii)							
	(i)							
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Schedule J (Form 990) 2019	KINGSMAN ACADEMY	ACADEMY	PUBLIC	PUBLIC CHARTER SCHOOL	SCHOOL	47-3403539	Pa
Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Par	or descriptions req	uired for Part I, Ii	nes 1a, 1b, 3,	4a, 4b, 4c, 5a, 5	ib, 6a, 6b, 7, and	rt I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	'n.

										Schedule J (Form 990) 2019
ART I, LINE 7:	ENNESHA KELLY RECEIVED A \$200 HOLIDAY BONUS.									

SCHEDULEK (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

2019

OMB No. 1545-0047

Open to Public Inspection

Schedule K (Form 990) 2019 Yes No (i) Pooled financing Employer identification number × ŝ 47-3403539 (g) Defeased (h) On behalf å × Δ of issuer Yes Yes ŝ × Yes 2 SCHO AND (f) Description of purpose O Yes RENOVATE THE TO CONSTRUCT explanations, and any additional information in Part VI.

Report of the Part VI. 2 B Yes 9,650,472 CONTINUATIONS (e) Issue price × × 9,650,47 ŝ ⋖ (d) Date issued 11/01/11 KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL Yes × × (王) FOR COLUMN (c) CUSIP # NONE Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if 53-6001131 ΙŅ (b) Issuer EIN SEE PART ► Attach to Form 990. issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds COLUMBIA Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion final allocation of proceeds? (a) Issuer name Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds ОF Name of the organization **Bond Issues** Proceeds Department of the Treasury Internal Revenue Service A DISTRICT Partl Part II Ι¥ 9 Ŋ 4 ω 6 우 B O Q ო 42 13 15 16 ₽ 4 4

SCHOOL
CHARTER
PUBLIC
ACADEMY
KINGSMAN

Page 2

47-3403539

Schedule K (Form 990) 2019 KINGSMAN A

Part III Private Business Use								
	'	A	В	3	0	C	D	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the								
c Are triefe any research agreements that may result in private business use of bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
4 Enter the percentage of financed property used in a private business use by		Č		č		ò		č
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?	×							
8a Has there been a sale or disposition of any of the bond-financed property to a non-		>						
governmental person other than a 30 (c)(3) organization since the bonds were issued ? h If "Ves" to line 82 enter the nercentage of hand-financed property sold or disposed		4						
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?		×						
Part IV Arbitrage								
		٨	В			C	۵	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×						
2 If "No" to line 1, did the following apply?	!							
	**				_			

If "Yes" to line 2c, provide in Part VI the date the rebate computation was

a Rebate not due yet?b Exception to rebate?c No rebate due?

performed

Schedule K (Form 990) 2019

×

Page 3

KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL Schedule K (Form 990) 2019

Part IV Arbitrage (continued)

,								
	∢			В		O.	۵	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	N	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		×						
Part V Procedures To Undertake Corrective Action								
	A		3	В		C	O	
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		×						
ntal Information.	on Schedule	K. See instr	uctions					
) ISSUER NAME: DI								
) DESCRIPTION OF PURPOSE:								
TO CONSTRUCT AND RENOVATE THE SCHOOL'S BUILDING.								
PPLEMENTAL INFORMATION: KI	ACADEMY	PUBLIC		J.K.				
TRICT OF COLUMBIA REVENUE	SONDS,	闰日	201	ונט				
TE OF ASSUMPTION OF			2011 BON	BONDS FROM	Ψ			
SCHOOL (WHICH DISSOLVED)	BY KING	KINGSMAN A	ACADEMY,	, THE				
OUTSTANDING PRINCIPAL BALANCE WAS \$9,650,472.								
932123 10-18-19						Sch	Schedule K (Form 990) 2019	m 990) 2019

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KINGSMAN ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 47-3403539

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR POST-SECONDARY SUCCESS AND RESPONSIBLE CITIZENSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE 990 IS DISTRIBUTED TO THE FULL BOARD, ALONG WITH A RESOURCE
TO HELP THEM REVIEW IT, TO GIVE THEM AN OPPORTUNITY TO PROVIDE FEEDBACK OR
RAISE QUESTIONS BEFORE FILING THE RETURN WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL MEMBERS OF THE BOARD OF DIRECTORS SUBMIT ON AN ANNUAL BASIS A CONFLICT
OF INTEREST DISCLOSURE FORM, WHICH IS FOLLOWED UP AND REVIEWED BY THE
EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
KINGSMAN ACADEMY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.
FORM 990, PART VIII, LINE 6:
RENTAL INCOME RELATES TO A LEASE FOR PARTS OF THE BUILDING'S ROOF WHICH
AMOUNTS TO LESS THAN 15% OF THE SQUARE FOOTAGE OF THE BUILDING.