Form <b>990</b>
Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

		nue Service	Go to www.irs.gov/Form990 for instructions and	the latest	information.	Inspection
<u>A I</u>	For the	e 2019 calend	ar year, or tax year beginning JUL 1, 2019 and o	ending J	JN 30, 2020	
	Check if applicable Addres	e: CARLOS	Organization ROSARIO INTERNATIONAL PUBLIC		D Employer identified	cation number
	chang Name	e CHARTE				
	chang		usiness as		52-2157082	
	return _Final _return/	, 1100 H	and street (or P.O. box if mail is not delivered to street address) ARVARD STREET, NW	Room/suite	E Telephone numbe 202-797-4700	r
	termin ated	City or to	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	32,125,021.
	Ameno	ded WASHIN	GTON, DC 20009		H(a) Is this a group re	eturn
	Applic tion	F Name a	nd address of principal officer: ALLISON R. KOKKOROS		for subordinates	? Yes X No
	pendir		C ABOVE		H(b) Are all subordinates ir	icluded? Yes No
1	Tax-exe	empt status: [	x 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)
J١	Vebsit	te: 🕨 WWW.CA	RLOSROSARIO.ORG		H(c) Group exemptio	n number 🕨
ΚF	Form of	organization:	X Corporation Trust Association Other ►	L Year	of formation: 1998	A State of legal domicile: DC
Pa	art I	Summary				
	1	Briefly describ	e the organization's mission or most significant activities: THE CAF	RLOS ROSA	RIO SCHOOL HAS	
- SC			E FOREFRONT OF PREPARING, EDUCATING AND EMPOWERING			
Governance	2	Check this bo	x      if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
Nel	3	Number of vot	ing members of the governing body (Part VI, line 1a)			11
		Number of ind	ependent voting members of the governing body (Part VI, line 1b)			10
ې مې	5		5	358		
Activities &	6		of volunteers (estimate if necessary)			20
cti	7 a		d business revenue from Part VIII, column (C), line 12			0.
<	b		business taxable income from Form 990-T, line 39			0.
					Prior Year	Current Year
•	8	Contributions	and grants (Part VIII, line 1h)		558,088.	423,962.
ň	9		ce revenue (Part VIII, line 2g)		28,605,322.	29,368,350.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	317,247.	476,724.	
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-14,087.	0.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,466,570.	30,269,036.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		115,416.	94,044.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	18,713,617.	20,385,375.	
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		25,938.	20,000.
e Be	. ь		ng expenses (Part IX, column (D), line 25)			
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		10,857,751.	10,470,705.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		29,712,722.	30,970,124.
	19	Revenue less	-246,152.	-701,088.		
Or So	3			Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)		38,492,549.	36,715,977.
ASS	21		(Part X, line 26)		17,440,241.	16,555,107.
_Net	22		fund balances. Subtract line 21 from line 20		21,052,308.	20,160,870.
Pa	art II	Signature				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	GERARDO A. LUNA, CHIEF FINANCIAL OFFICER	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	WILLIAM E TURCO, CPA	05/06/21 <sup>n</sup> self-employed P00369217
Preparer	Firm's name RSM US LLP	Firm's EIN 🕨 42-0714325
Use Only	Firm's address 🍃 9801 WASHINGTONIAN BLVD, STE 500	
	GAITHERSBURG, MD 20878	Phone no.301-296-3600
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	CARLOS ROSARIO INTERNATIONAL PUBLIC		
	rm 990 (2019) CHARTER SCHOOL, INC.	52-21570	082 Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE CARLOS ROSARIO SCHOOL DELIVERS HIGH QUALITY EDUCATION, CAREER TRAINING, AND SUPPORTIVE SERVICES THAT ENABLE ADULT IMMIGRANTS TO		
	REALIZE THEIR DREAMS WHILE STRENGTHENING OUR COMMUNITY AND ECONOMY.		
2	Did the organization undertake any significant program services during the year which were not listed	I on the	
-	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	X Yes No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se	ervices, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ons to others, the total ex	penses, and
	revenue, if any, for each program service reported.		
4a		4.) (Revenue \$	29,368,350.)
	THE CARLOS ROSARIO SCHOOL HAS BEEN ON THE FOREFRONT OF PREPARING,		
	EDUCATING AND EMPOWERING TOMORROW'S DIVERSE WORKFORCE FOR MORE THAN 50		
	YEARS. IN 1998, THE SCHOOL, WHICH IS LOCATED IN WASHINGTON DC, BECAME THE FIRST ADULT EDUCATION CHARTER IN THE COUNTRY, IT IS FULLY		
	ACCREDITED BY THE MIDDLE STATES ASSOCIATION. THE SCHOOL HAS HAD MORE		
	THAN 80,000 GRADUATES OVER THE YEARS, MANY TODAY ARE OUR REGION'S		
	TEACHERS, HEALTH PROFESSIONALS, LEADERS AND SMALL BUSINESS OWNERS. THE		
	SCHOOL'S AWARD WINNING THREE-PRONGED MOLDEL INCLUDES FOUNDATIONAL		
	COURSES IN ENGLISH LANGUAGE, GED, DIGITAL TECHNOLOGY AND ONLINE		
	COMMUNICATION TOOLS, AND CITIZENSHIP FOR THE NATURALIZATION TEST;		
	CAREER CETIFICATION TRAINING IN HIGH GROWTH AND HIGH DEMAND FIELDS,		
	INCLUDING NURSING, CULINARY ARTS, BILINGUAL EDUCATION AND CONSTRUCTION		
4b	O         (Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
4d	d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4e	■ Total program service expenses       27,521,143.		Earm <b>990</b> (2019)

Form **990** (2019)

	990 (2019) CHARTER SCHOOL, INC. 52-215708 t IV Checklist of Required Schedules	2	Р	age <b>3</b>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	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, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
L	Schedule D, Parts XI and XII	<u>12a</u>		<u> </u>
a		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	x	<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.10		
~	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<b>v</b>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	X

932003 01-20-20

Form **990** (2019)

Form	1990 (2019) CHARTER SCHOOL, INC. 52-21570	82	Р	age <b>4</b>			
Pa	rt IV Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	х				
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			
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240					
U		240					
	any tax-exempt bonds?	24c					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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						
	"Yes," complete Schedule L, Part IV	28a		x			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х				
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
Ū	"Yes," complete Schedule L, Part IV	28c		x			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25					
30		30		x			
04	contributions? If "Yes," complete Schedule M			x			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x			
	Schedule N, Part II	32					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
	Part V, line 1	34	X	I			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b> </b>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1			
	If "Yes," complete Schedule R, Part V, line 2	36		х			
37							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38							
	Note: All Form 990 filers are required to complete Schedule O	38	x	1			
Pa				<u> </u>			
	Chack if Schoolulo O contains a response or note to any line in this Bart V						
			Vaa				
4	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1	Yes	No			
		<u>*</u>					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>	Ĥ					

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	990 (2019) CHARTER SCHOOL, INC.		52-215708	2	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					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	358			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority o	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?		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 A	ccounts (	(FBAR).			
5a	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 transact	ction?		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gif	fts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices prov	vided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	?	16		X
	If "Yes," complete Form 4720, Schedule O.				000	(00.10

Form **990** (2019)

CARLOS ROSARIO INTERNATIONAL PUBL	٦C
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Form	990 (2019) CHARTER SCHOOL, INC.	52-215708	2	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7b below, and for a '	'No" re		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See				
	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	11			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
	officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa		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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho				
	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the				
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code )			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter				
	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	re filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ū			
12a			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of				
	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by in				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
а	The organization's CEO, Executive Director, or top management official		15a	х	
	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement v	vith a			
	taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizatio				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 99	D-T (Section 501(c)(3):	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain on S	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	,	finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books ar	id records			

20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	GERARDO A. LUNA - 202-797-4700	

1100 HARVARD STREET, NW, WASHINGTON, DC 20009

Form 990 (2	2019) CHARTER SCHOOL, INC.	52-2157082	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	hest 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 Employee	>S	
● List a	ete this table for all persons required to be listed. Report compensation for the calendar yea Il of the organization's <b>current</b> officers, directors, trustees (whether individuals or organiza columns (D), (E), and (F) if no compensation was paid.	0	
● List a	Il of the organization's current key employees, if any. See instructions for definition of "ke	y employee."	
	he organization's five <b>current</b> highest compensated employees (other than an officer, direct ensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from		

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

CARLOS ROSARIO INTERNATIONAL PUBLIC

(A) Name and title	(B) Average hours per week	box	not c , unles cer an	Pos heck ss per	rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALLISON KOKKOROS MEMBER EX OFFICIO_ CHIEF EXECUTIVE O	44.50	x		x				285,271.	0.	34,159.
(2) GERARDO A. LUNA	40.00							, ,		,
CHIEF FINANCIAL OFFICER	8.00	1		x				185,661.	0.	26,947.
(3) CECILIA HOYER	40.00							, ,		
CHIEF HUMAN RESOURCES OFFICER		1				x		165,742.	0.	10,204.
(4) HOLLYANN FRESO-MOORE	40.00									
PRINCIPAL		1				x		132,730.	0.	28,073.
(5) KAREN RIVAS	40.00									
PRINCIPAL		1				x		130,603.	0.	26,146.
(6) SAMUEL NGEKOUA	40.00									
DIR, NETWORK AND IT SERVICES		1				x		132,066.	0.	22,860.
(7) KRISTINE DUNNE	30.00									
LEGAL COUNSEL						x		138,460.	0.	10,745.
(8) PATRICIA SOSA	0.50									
CHAIR		Х		х				0.	0.	0.
(9) BRAHIM RAWI	0.40									
VICE-CHAIR AND STUDENT/ALUMNI MEMBER	0.80	Х		х				٥.	٥.	0.
(10) JAMES MOORE	0.20									
TREASURER		Х		х				٥.	٥.	0.
(11) MARGARET YAO	0.20									
SECRETARY		Х		Х				0.	0.	0.
(12) YESHIMEBET BELAY	0.20									
MEMBER		Х						0.	0.	0.
(13) FRANCISCO FERRUFINO	0.20									
STUDENT/ALUMNI MEMBER		Х						0.	0.	0.
(14) BO PHAM	0.20									
MEMBER		Х						0.	0.	0.
(15) VILMA ROSARIO	0.20									
MEMBER		х						0.	0.	0.
(16) HECTOR J. TORRES	0.40									
MEMBER	0.80	х						0.	0.	0.
(17) JOHAN UVIN	0.20	l								_
MEMBER		Х						0.	0.	0.

CARLOS ROSARIO INT	ERNATIONAL	PUBLIC
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	990 (2019) CHARTER SCHOO	DL, INC.								52-21	5708	2	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(C Pos	C)	<b>,</b>		(D)	(E)			(F)	
	Name and title	Average hours per	(do not d			lo not check more than one bx, unless person is both an			Reportable	Reportable		Estimated amount of		
		week					s both pr/trust		compensation from	compensatio from related			other	01
		(list any	ctor						the	organization			pensa	tion
		hours for	or dire	e.			ated		organization	(W-2/1099-MIS	SC)		om th	
		related organizations	ustee	trustee		96	bens		(W-2/1099-MISC)				anizat d relat	
		below	In dividual trustee or director	In stitutio nal 1	L_	key employee	Highest compensated employee	л.					anizati	
		line)	Indivi	Institu	Officer	Key er	Highe emplc	Former						
									1 170 533				1 - 0	124
	Subtotal								1,170,533.		0. 0.			134. 0.
	Total from continuation sheets to Part VII								1,170,533.		0.		159	134.
2	Total (add lines 1b and 1c) Total number of individuals (including but no							n re		000 of reportable			100,	101.
2	compensation from the organization		030	11310	u ac	0000	<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	510						21
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for su	uch individual										3		х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	,										4	Х	
5	Did any person listed on line 1a receive or a													
- <u>-</u>	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ıch ı	oers	on .					5		X
	tion B. Independent Contractors				-+			- 41-		100 000 of com				
1	Complete this table for your five highest cor the organization. Report compensation for t									, ,	Jensa		om	
	(A)	ne calendar ye		nui	iy w				(B)			(0	3)	
	Name and business	address							Description of s	ervices	С	ompe		n
PROA	CTIVE SCHOOL													
1141	9 PURPLE BEACH DRIVE, RESTON, NV	20191							STUDENT INFORMATIO	N SERVICES			185,	665.
								-						
								+						

2 Total number of independent contractors (including but not limited to those listed above) who received more than
 \$100,000 of compensation from the organization
 1

-		I Statement of Re								
		Check if Schedule O	conta	ains a resp	onse	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excl from tax ur sections 512
ţ	1 a	Federated campaigns		1a						
n	b	Membership dues		1b						
and Other Similar Amounts	с	Fundraising events		1c						
ar /	d					10,000.				
ш.	е	Government grants (cont	ributi	ons) 1e						
ŝ	f	All other contributions, gifts	grant	ts, and						
the		similar amounts not include	d abov	/e <b>1f</b>		413,962.				
0 p	g	Noncash contributions included ir	lines 1	la-1f <b>1g</b>	\$					
an	h	Total. Add lines 1a-1f				►	423,962.			
						Business Code				
	2 a	PER PUPIL INSTRUCT	ION			900099	21,548,942.	21,548,942.		
Ð	b	PER PUPIL FACILITI	IS			900099	7,070,201.	7,070,201.		
nue	с	CULINARY SALES				900099	342,531.	342,531.		
eve	d	STUDENT FEES & OTH	IR			900099	286,676.	286,676.		
Program Service Revenue	е	ADMIN. SUPPORT SER	/ICE			900099	120,000.	120,000.		
	f	All other program service	reve	nue						
		Total. Add lines 2a-2f				►	29,368,350.			
		Investment income (inclu	ding	dividends,	intere	est, and				
		other similar amounts) $\dots$				►	494,213.			494,
	4	Income from investment	of tax	exempt b	ond p	roceeds 🕨 🕨				
	5	Royalties	<u></u>			►				
				(i) Rea	al	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (los	s) <u></u>			►				
	7 a	Gross amount from sales of		(i) Secur	ties	(ii) Other				
		assets other than inventory	7a	1,838,	496.					
	b	Less: cost or other basis								
enue		and sales expenses								
	С	Gain or (loss)	7c	39,	424.	-56,913.				
	d	Net gain or (loss)				►	-17,489.			-17,
ner	8 a	Gross income from fundrais	ing ev	ents (not						
5		including \$		of						
		contributions reported or	ı line	1c). See						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from				····· ►				
	9 a	Gross income from gamin	-							
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses								
		Net income or (loss) from			es	▶				
	10 a	Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	С	Net income or (loss) from	sales	s of invento	ory					
						Business Code				
е	11 a	l								
evenue	b									
Revenue	С									
۳		All other revenue								
- 1	<u>م</u>	Total. Add lines 11a-11d								

	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns All othe	r organizations must com	a b b c c b u m n (A)	
Cli	Check if Schedule O contains a respons			ipiete column (A).	Γ
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	94,044.	94,044.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
ŀ	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	422,473.		422,473.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
,	Other salaries and wages	15,930,454.	14,355,747.	1,487,573.	87,1
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	802,304.	720,619.	76,415.	5,2
)	Other employee benefits	1,831,123.	1,560,839.	251,913.	18,3
)	Payroll taxes	1,399,021.	1,235,240.	156,760.	7,0
I	Fees for services (nonemployees):				
а	Management				
b	Legal	37,189.	500.	36,689.	
С	Accounting	153,051.	71,792.	80,943.	3
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	20,000.			20,0
f	Investment management fees	52,258.		52,258.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	415,034.	361,542.	51,367.	2,1
2	Advertising and promotion	91,138.	37,572.	53,566.	
3	Office expenses	626,217.	519,961.	103,404.	2,8
ŀ	Information technology	818,152.	706,964.	110,185.	1,0
5	Royalties				
6	Occupancy	3,622,048.	3,386,459.	235,589.	
,	Travel	165,462.	148,860.	16,017.	5
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	120,042.	86,606.	33,330.	1
)	Interest	1,654,727.	1,654,697.	30.	
	Payments to affiliates	4 555 4-4			
2	Depreciation, depletion, and amortization	1,575,878.	1,507,108.	67,189.	1,5
3	Insurance	116,773.	108,567.	8,206.	
	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 COST & S	471,372.	471,372.		
b	CHARTER SCHOOL BOARD AD	267,238.	267,238.		
č	FOOD & FOOD SERVICES	204,507.	204,507.		
d	DUES & MEMBERSHIP	78,542.	20,819.	57,071.	6
	All other expenses	1,077.	90.		9
5	Total functional expenses. Add lines 1 through 24e	30,970,124.	27,521,143.	3,300,978.	148,0
,; ;	Joint costs. Complete this line only if the organization	. ,	. ,		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

CHARTER	SCHOOL,	INC.

		2019) CHARTER SCHOOL, INC. Balance Sheet					i age
		Check if Schedule O contains a response or not	e to anv lin	e in this Part X			
		· ·	2		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			22,355.	1	7,70
	2	Savings and temporary cash investments			9,230,257.	2	8,405,423
	3	Pledges and grants receivable, net			i	3	(B) End of year           1         7,706.           2         8,405,423.           3
	4	Accounts receivable, net			156,640.	3         4       89,953.         5         6         7         8         2. 9       365,679.         4. 10c       18,966,549.         5. 11       8,473,287.         12       13         14       14	
	5	Loans and other receivables from any current o			$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				ginning of yearEnd of year $22,355.$ 1 $7,706.$ $9,230,257.$ 2 $8,405,423.$ $3$ $3$ $156,640.$ 4 $89,953.$ $5$ $6$ $7$ $8$ $477,992.$ 9 $365,679.$ $19,873,893.$ $10c$ $18,966,549.$ $8,280,836.$ 11 $8,473,287.$ $12$ $13$ $14$ $450,576.$ $15$ $407,380.$ $36,715,977.$ $2,481,095.$ $17$ $2,323,271.$ $18$ $8$	
	6	Loans and other receivables from other disquali	•		5           6           7           8           477,992.         9           365,679           19,873,893.         10c           18,966,549           8,280,836.         11           12           13           14           450,576.         15         407,380           38,492,549.         16         36,715,977           2,481,095.         17         2,323,271           18         19         57,344           20         20		
	-	under section 4958(f)(1)), and persons described	•	1050(a)(D)		6	
	7	Notes and loans receivable, net					
	8	Inventories for sale or use					
É	9				477,992.		365,67
		Land, buildings, and equipment: cost or other			, -		/
	iou	basis. Complete Part VI of Schedule D	10a	34,414,683.			
	h	Less: accumulated depreciation			19 873 893.	100	18 966 54
	11	Investments - publicly traded securities					
	12	Investments - other securities. See Part IV, line			, ,		
	13	Investments - program-related. See Part IV, line					
	14	Intangible assets					
	15	Other assets. See Part IV, line 11			450 576.		407 38
	16	Total assets. Add lines 1 through 15 (must equ					
1	17	Accounts payable and accrued expenses			, ,		
	18	Grants payable			_ / _ / _ / _ /		_, _, _,
	19	Deferred revenue			57 34		
	20	Tax-exempt bond liabilities					,
	21	Escrow or custodial account liability. Complete					
	22	Loans and other payables to any current or form				21	
	22	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela	-	- ····			
	23 24	Unsecured notes and loans payable to unrelate					
	24 25	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines	,				
		of Schedule D	,	· /	14,959,146.	25	14 174 49
	26	Total liabilities. Add lines 17 through 25			17,440,241.	26	
1	20	Organizations that follow FASB ASC 958, che	ck here	X	, , , ,	20	, , ,
		and complete lines 27, 28, 32, and 33.					
	27				20,927,640.	27	19,968,02
	28	Net assets with donor restrictions	F	124,668.	28	192,84	
	20	Organizations that do not follow FASB ASC 9		20			
		and complete lines 29 through 33.	oo, oneok				
	29	Capital stock or trust principal, or current funds				29	
						<u>29</u> 30	
	30 31	Paid-in or capital surplus, or land, building, or ed				30	
	31 32	Retained earnings, endowment, accumulated in		·····	21,052,308.	31	20,160,87
:		Total net assets or fund balances			38,492,549.	32 33	36,715,97
_	33	Total liabilities and net assets/fund balances				55	Form <b>990</b> (20

932011 01-20-20

	CARLOS ROSARIO INTERNATIONAL PUBLIC				
Form	990 (2019) CHARTER SCHOOL, INC.	52-21570	82	Pa	<sub>ge</sub> 12
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	30	,269,	036.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30	,970,	124.
3	Revenue less expenses. Subtract line 2 from line 1	3		-701,	088.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21	,052,	308.
5	Net unrealized gains (losses) on investments	5		-190,	350.
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	20	,160,	870.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 (	<b>D</b> .			
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2019)

(Form 9	DULE A 990 or 990-EZ) of the Treasury enue Service	Co	Public Cha omplete if the organ 494 ► Go to www.irs.gov	OMB No. 1545-0047					
Name of	the organizati	on CARLOS	S ROSARIO INTERN	ATIONAL PUBLIC				Employer	r identification number
		CHARTE	ER SCHOOL, INC.						52-2157082
Part I	Reason	for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instruction	S.	
The orga				For lines 1 through 12, c					
1	1	•	,	n of churches described		,	1)(A)(i).		
2 X	- <i>,</i>		,	Attach Schedule E (Forn		• • •	- <del>//</del> - // -		
3	1			anization described in s			ii).		
4		•		njunction with a hospital			•	)(iii). Enter	the hospital's name.
•	city, and stat	-		· · · · · · · · · · · · · · · · · · ·				<i>//···/·</i>	···,
5	1		or the benefit of a col	llege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in
•		-	Complete Part II.)						
6	1			nental unit described in	section 17	70(b)(1)(A)	(v).		
7	1	-	-	ntial part of its support fi				ne general i	oublic described in
	- 0		complete Part II.)		. en a gere			ie general j	
8	1			(1)(A)(vi). (Complete Par	+ II )				
9	1			in section 170(b)(1)(A)(	-	ed in conii	inction with a	land-grant	college
•	-	-	-	ulture (see instructions).		-		-	-
	university:		grant benege er agne			lamo, ony	, and state of	the conege	
10	· · —	on that norma	ally receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns. members	nip fees, an	d gross receipts from
	-		•	ct to certain exceptions,				-	•
				(less section 511 tax) fro					-
			mplete Part III.)						
11	1		-	vely to test for public sa	fetv. See	section 50	)9(a)(4).		
12	1 -	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
	-	-	-	d in section 509(a)(1) c	-			•	
			-	f supporting organization					
a	<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), t	pically by	giving
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	<b>Type II.</b> A s	supporting org	anization supervised	or controlled in connect	tion with it:	s supporte	ed organizatio	n(s), by hav	/ing
	control or r	nanagement o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
	organizatio	n(s). <b>You mus</b>	st complete Part IV,	Sections A and C.					
с 🗌	Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
_	its support	ed organizatio	n(s) (see instructions)	). You must complete l	Part IV, Se	ections A,	D, and E.		
d	Type III no	n-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	vith its suppo	ted organiz	zation(s)
	that is not f	unctionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	veness
_	requiremen	t (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.		
e	Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
	ter the number	••	•						
<b>g</b> Pro	ovide the follow (i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the oroa	anization listed	(v) Amount o	fmonoton	(vi) Amount of other
	organization			(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)
	3	-		above (see instructions))	Yes	No		,	
Total									
Total							1		I

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Schedule A (Form 990 or 990-EZ) 2019 CHARTER SCHOOL, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 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 instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)		%
15 Public support percentage from 2018 Schedule A, Part II, line 14		%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and	line 14 is 33 1/3% or more, check this	s box and
stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a,	and line 15 is 33 1/3% or more, check	ck this box
and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box or	n line 13, 16a, or 16b, and line 14 is 1	10% or more,
and if the organization meets the "facts-and-circumstances" test, check this box and st	<b>op here.</b> Explain in Part VI how the o	organization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly suppo	rted organization	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box or	n line 13, 16a, 16b, or 17a, and line 1	5 is 10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box a	and stop here. Explain in Part VI how	w the
organization meets the "facts-and-circumstances" test. The organization qualifies as a p	ublicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or	17b, check this box and see instruc	tions

Schedule A (Form 990 or 990-EZ) 2019

(f) Total

(f) Total

### Schedule A (Form 990 or 990-EZ) 2019 CHARTER SCHOOL, INC. 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) 🕨	<b>(a)</b> 2015	<b>(b)</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- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	e e			2		·
800	check this box and stop here ction C. Computation of Publi						
	•		•	(1)			
	Public support percentage for 2019 (li					15	%
_	Public support percentage from 2018 ction D. Computation of Inves					16	%
	•		•	no 12 oclumn (f))		17	04
	Investment income percentage for <b>20</b>					17	<u> </u>
	Investment income percentage from 2 33 1/3% support tests - 2019. If the			on line 14 and line		<b>18</b>	%
	more than 33 1/3%, check this box an	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	►
b	<b>33 1/3% support tests - 2018.</b> If the						
20	line 18 is not more than 33 1/3%, chean <b>Private foundation.</b> If the organizatio						

# Schedule A (Form 990 or 990-EZ) 2019 CHARTER SCHOOL, INC.

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.)

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Schedule A (Form 990 or 990-EZ) 2019

Yes

No

Sche	dule A (Form 990 or 990-EZ) 2019 CHARTER SCHOOL, INC. 52-21	57082	Pa	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	~		
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction			
' a	The organization satisfied the Activities Test. Complete line 2 below.	.,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
			<b>、</b>	
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in:	structions,	Yes	Na
2	Activities Test. Answer (a) and (b) below.		Tes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

trustees of each of the supported organizations? *Provide details in* **Part VI. b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2019

3a

3b

CARLOS ROSARIO INTERNATIONAL PUBL
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	CARLOS ROSARIO INIERNATIONAL FOBLI	C		
	ule A (Form 990 or 990-EZ) 2019 CHARTER SCHOOL, INC.			52-2157082 Page <b>6</b>
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	lizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	0	, , ,	n Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
<b>2</b> F	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		
<b>6</b> F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
r	naintenance 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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d 1	<b>Fotal</b> (add lines 1a, 1b, and 1c)	1d		
e [	Discount claimed for blockage or other			
f	actors (explain in detail in <b>Part VI</b> ):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4 (	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
s	see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
<b>7</b> F	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> E	Enter 85% of line 1.	2		
3 N	Ainimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	Enter greater of line 2 or line 3.	4		
5	ncome tax imposed in prior year	5		
6 [	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

Page **7** 52-2157082

Sche	dule A (Form 990 or 990-EZ) 2019 CHARTER SCHOOL, INC.	52-2157082	Page 7		
Par	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)		
Sect	on D - Distributions			Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt 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 organizations	6		
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	ne organization is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributa Amount for	
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				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
с	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

52	2-2157082	Page 8
52	213/002	Page o

	CARLOS ROSARIO INTERNATIONAL PUBLIC		
Schedule A	(Form 990 or 990-EZ) 2019 CHARTER SCHOOL, INC.	52-2157082	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Sectic V, Section B, line 1e; F	

## Schedule B

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

Internal Revenue Service

Name of the organization

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

# 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

Employer identification number

	CARLOS ROSARIO INTERNATIONAL PUBLIC	
	CHARTER SCHOOL, INC.	52-2157082
Organization ty	pe (check one):	
Filers of:	Section:	

Form 990 or 990-EZ	$\underline{X}$ 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page <b>2</b>
Name of or			Employer identification number
	OSARIO INTERNATIONAL PUBLIC SCHOOL, INC.		52-2157082
			52 215,002
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
		\$5,	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
		\$150,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$47,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6			Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

	rganization	E	Employer identification numb
	OSARIO INTERNATIONAL PUBLIC SCHOOL, INC.		52-2157082
Part II	Noncash Property (see instructions). Use duplicate copies of P	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
		\$	
(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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4		
Name of or	rganization			Employer identification number		
	OSARIO INTERNATIONAL PUBLIC					
	SCHOOL, INC.	no to even institute dependent in a		52-2157082		
Part III	from any one contributor. Complete columns (a) t	through (e) and the following line en	try. For organizations			
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	aritable, etc., contributions of <b>\$1,000 or</b>	less for the year. (Enter this info. on	ce.) 🏴 🖇		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
ŀ		(a) Transfer of ait				
		(e) Transfer of gif	L .			
	Transferee's name, address, and	3 <b>ZI</b> P + 4	Relationship of tra	Insferor to transferee		
Γ						
(a) No.						
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
ŀ						
	(e) Transfer of gift					
	Transferee's name, address, and	3 <b>ZI</b> P + 4	Relationship of tra	Insferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
ŀ		(e) Transfer of gif	+			
Ļ	Transferee's name, address, and	3 <b>ZI</b> P + 4	Relationship of tra	ansferor to transferee		
		[				
(a) No. from		1-11 1-10	( ) =			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
ŀ		(e) Transfer of gif	t i			
ļ	Transferee's name, address, and	1 <b>ZIP</b> + 4	Relationship of tra	Insferor to transferee		

(Forr	SCHEDULE D Form 990) Pepartment of the Treasury Department of the Treasury					OMB No. 1545-0047	_
-	ernal Revenue Service <b>Go to www.irs.gov/Form990 for instructions and the latest information.</b> CARLOS ROSARIO INTERNATIONAL PUBLIC				Freedor	•	
Nam	e of the organization	CHARTER SCHOOL, INC.			Emplo	yer identification numbe 52-2157082	r
Pa	t I Organizatio		d Funds or Other Similar Funds o	r Acc	ounts		
I a		swered "Yes" on Form 990, Part IV, lir			ounts		
	organization and	swered fes on form 990, Part IV, III	(a) Donor advised funds	(h)	Funds	and other accounts	—
4	Total number at and of	l voor		(6)	1 unuo		-
1		f year					—
2		ntributions to (during year)					—
3		nts from (during year)					—
4	Aggregate value at end	,		l fundo			—
5	-		writing that the assets held in donor advised				_
~			exclusive legal control?			Ves 🛄 No	2
6			dvisors in writing that grant funds can be us				
			or donor advisor, or for any other purpose co		•	Yes No	_
Pa	impermissible private b	on Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	urt IV lir	 הם 7		<u> </u>
1		ation easements held by the organizati		u i i v, m	10 7.		—
•		and for public use (for example, recrea	· · · · · ·			portant land area ric structure	
2			fied conservation contribution in the form of	a cons	ervatior	a easement on the last	
-	day of the tax year.					eld at the End of the Tax Yea	.r
а	Total number of conse	rvation easements			2a		<u> </u>
b				···· ⊢	2b		-
č	•	,	ucture included in (a)	····· ⊢	2c		—
d					20		—
ŭ				2d			
3			leased, extinguished, or terminated by the o	····· 🖵		ring the tax	-
Ŭ	vear		eased, extinguished, or terminated by the e	igunizu			
4		—— re property subject to conservation east	sement is located				
5			riodic monitoring, inspection, handling of				
-		ment of the conservation easements in				Yes No	0
6			handling of violations, and enforcing conser				
•	•						
7	Amount of expenses in	ncurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easer	ments o	during the year	
	▶\$						
8	· · · ·	n easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)	(4)(B)(i)			
	and section 170(h)(4)(E	3)(ii)?				🗌 Yes 📃 Ne	D
9	In Part XIII, describe ho	ow the organization reports conservati	on easements in its revenue and expense st	atemen	nt and		
	balance sheet, and inc	lude, if applicable, the text of the footr	note to the organization's financial statemen	ts that (	describ	es the	
	organization's account	ing for conservation easements.					
Pa	t III Organizatio	ns Maintaining Collections of	f Art, Historical Treasures, or Oth	er Sin	nilar A	Assets.	
	Complete if the	organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elec	ted, as permitted under FASB ASC 95	i8, not to report in its revenue statement and	d baland	ce shee	et works	
	of art, historical treasu	res, or other similar assets held for pul	olic exhibition, education, or research in furt	herance	e of pub	blic	
	service, provide in Part	t XIII the text of the footnote to its final	ncial statements that describes these items.		-		
b			i8, to report in its revenue statement and ba	lance sl	heet wo	orks of	
	-		e exhibition, education, or research in furthe				
		mounts relating to these items:	. ,		•	·	
		-			▶ \$		
	(ii) Assets included in				► <u>\$</u>		_
2	.,		asures, or other similar assets for financial g				—
2				an, pro	, viue		
-		required to be reported under FASB A			•		
a L							—
b	Assets included in For	III 990, Part X			▶ \$		

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Sche	dule D (Form 990) 2019 CHARTER SCH	HOOL, INC.						52-215	7082	Pa	age <b>2</b>
	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, oi	r Othe	r Simil	ar Assets	s <sub>(contil</sub>	nued)	J
3	Using the organization's acquisition, accession									,	
	collection items (check all that apply):										
а	Public exhibition	c	d 🗌	Loan or exc	change progra	am					
b	Scholarly research	e	e 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizatio	n's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang	gements. Compl	lete if the	e organizatio	on answered "	'Yes" on	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fe						ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	<b>t V</b> Endowment Funds. Complete i								I		
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Thre	e years back	(e) Fou	r years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc		g, column (a	a)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	· · · · · · · · · · · · · · · · · · ·	%									
~	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held a	nd administer	ed for th	e organ	ization			
	by:								0-(1)	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	t VI Land, Buildings, and Equipm		owment f	unas.							
1 ui			0 Dart IV	/ lino 110 9	Soo Earm 000	Dort V	lino 10				
	Complete if the organization answere							at a d			
	Description of property	(a) Cost or o basis (investi		• •	t or other (other)	. ,	ccumula preciatio		( <b>d)</b> Boo	k valu	е
4.	Land		nong	54315		ue	picolail				
	Land										
	Buildings			11	.,759,947.		6 514	5,418.	5	,243,	529
	Leasehold improvements				.,444,894.			7,896.	5	<u>,243,</u> 436,	
	Equipment				.,209,842.			3,820.	1 2	<u>430,</u> 286,	
e	Other			21	.,205,042.		1,94.	,020.		, 200,	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) ..... 18, 966, 549.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

#### Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book 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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1 (1) Federal income taxes DUE TO COMMUNITY CAPITAL CORPORATION 346. (2)CAPITAL LEASE OBLIGATIONS 12,598,508. (3) DEFERRED COMPENSATION 279,940. (4) DEFERRED RENT 702,376. (5) ACCRUED POSTRETIREMENT BENEFIT 593,322. (6) (7) (8) (9) 14,174,492. ►

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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

	CARLOS ROSARIO INTERNATIONAL PUBLIC			
Sche	edule D (Form 990) 2019 CHARTER SCHOOL, INC.		52-2157	082 Page <b>4</b>
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	30,035,236.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	-190,350.		
b	Donated services and use of facilities 2b	8,808.		
с				
d				
е			2e	-181,542.
3	Subtract line <b>2e</b> from line <b>1</b>		3	30,216,778.
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	52,258.		
b	Other (Describe in Part XIII.) 4b			
с	Add lines <b>4a</b> and <b>4b</b>		4c	52,258.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	30,269,036.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Exp	penses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	30,926,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	8,808.		
b	Prior year adjustments 2b			
с	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	8,808.
3	Subtract line 2e from line 1		3	30,917,866.
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	52,258.		
b	Other (Describe in Part XIII.) 4b			
С	Add lines <b>4a</b> and <b>4b</b>		4c	52,258.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	30,970,124.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

(IRC) AND THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF

COLUMBIA. THE SCHOOL IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED

BUSINESS INCOME. THE SCHOOL HAD NET UNRELATED BUSINESS INCOME OF \$0 AND

\$167,984 FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, RESPECTIVELY.

GENERALLY, THE SCHOOL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY

THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2017.

SC	HEDULE E	Schools	I	OMB No.	1545-004	47		
(For	m 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.		20	19	)		
Departi	ment of the Treasury	Attach to Form 990 or Form 990-EZ.			Open to Public			
	Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection				
Name	e of the organization	CARLOS ROSARIO INTERNATIONAL PUBLIC	mployer ide	entificati	on nu	mber		
		CHARTER SCHOOL, INC.	52	-215708	2			
Pa	rtl							
					YES	NO		
1	Does the organizati	on have a racially nondiscriminatory policy toward students by statement in its charter, bylaws	з,					
	other governing ins	trument, or in a resolution of its governing body?		. 1	Х			
2	Does the organizati	on include a statement of its racially nondiscriminatory policy toward students in all its brochu	ires,					
	catalogues, and oth	ner written communications with the public dealing with student admissions, programs, and so	holarships?	2	X	<u> </u>		
3	Has the organizatio	n publicized its racially nondiscriminatory policy through newspaper or broadcast media durin	g the					
		n for students, or during the registration period if it has no solicitation program, in a way that n						
		o all parts of the general community it serves? If "Yes," please describe. If "No," please explain						
		bace, use Part II		3		X		
		IVEN THE NOTICE WHEN THEY COME TO REGISTER AND		-				
	IT IS ON OUR W	EBSITE.		-				
				-				
				-				
				-				
4	v	ion maintain the following?			v			
		the racial composition of the student body, faculty, and administrative staff?			X	──		
		ing that scholarships and other financial assistance are awarded on a racially nondiscriminator		<b>4b</b>	X	┼──		
с	-	gues, brochures, announcements, and other written communications to the public dealing with			x			
		ms, and scholarships?			X			
a		al used by the organization or on its behalf to solicit contributions?		. <u>4d</u>	А			
	ii you answered in	o" to any of the above, please explain. If you need more space, use Part II.						
				-				
				-				
				-				
5	Does the organizati	ion discriminate by race in any way with respect to:		-				
	0	privileges?		5a		x		
b	Admissions policies	5?		5b		x		
c	Employment of faci	ulty or administrative staff?		5c		x		
		er financial assistance?				x		
		s?				x		
						X		
g						X		
		ar activities?				x		
	If you answered "Ye	es" to any of the above, please explain. If you need more space, use Part II.						
				-				
6a	Does the organizati	on receive any financial aid or assistance from a governmental agency?		. 6a	х			
		n's right to such aid ever been revoked or suspended?				X		
		es" on either line 6a or line 6b, explain on Part II.						
7		on certify that it has complied with the applicable requirements of sections 4.01 through 4.05	of					
		975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		. 7	х			
LHA			hedule E (For		990-EZ	.) 2019		

CARLOS ROSARIO INTERNATIONAL PUBLIC Schedule E (Form 990 or 990-EZ) 2019 CHARTER SCHOOL, INC. 52-2157082 Page 2 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 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: THE SCHOOL RECEIVES A PER PUPIL STUDENT AND FACILITY ALLOTMENT BASED ON ENROLLMENT FROM THE DISTRICT OF COLUMBIA GOVERNMENT - THIS IS THE PRIMARY SOURCE OF FUNDING. THE SCHOOL MAY ALSO APPLY AND RECEIVE FUNDS IN THE FORM OF A GRANT(S) FROM THE DISTRICT OF COLUMBIA OFFICE OF STATE SUPERINTENDENT OF EDUCATION FOR SPECIFIC PURPOSE/PROGRAM. CONTRIBUTIONS RECEIVED FROM GOVERNMENT AGENCIES: DISTRICT OF COLUMBIA OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION DISTRICT OF COLUMBIA MAYOR'S OFFICE ON LATINO AFFAIRS THE SCHOOL MAY ALSO SEEK AND RECEIVE FUNDS IN THE FORMS OF GRANTS FROM THE FEDERAL GOVERNMENT, IN PARTICULAR THE US DEPARTMENT OF EDUCATION, WHICH MAY BE FUNDED DIRECTLY OR THROUGH THE DC OFFICE OF STATE SUPERINTENDENT OF EDUCATION.

SCHEDULE G	Suppleme	ntal Information Regardin	g Fund	Iraisi	ing or Gaming A	ctivities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" o organization entered more than \$				r 19, or if the	2019
Department of the Treasury		Attach to Form 9					Open to Public
nternal Revenue Service		to www.irs.gov/Form990 for ins		s and	the latest informati		Inspection
lame of the organizatior		ARIO INTERNATIONAL PUBLIC					identification number
	CHARTER SCI	1				52-215	
	complete this par	Complete if the organization ans t.	wered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990	EZ filers are not
<ol> <li>Indicate whether th</li> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ol>	e organization rais ions email solicitations tations licitations n have a written c ed in Form 990, P highest paid indiv	ed funds through any of the follow e X Solic f X Solic g X Spec or oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) pur	itation of itation of ial fundra ial (incluc	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X	
(i) Name and addres or entity (func	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i)	y) to (or retained by
PROGRESSITY INC	PO BOX	ONGOING DEVELOPMENT	Yes	No			
1095, WASHINGTON,	DC 20008	STRATEGY		х	0.	20,00	020,000
otal						20,00	020,000
						20 00	-zu uuu

AL	, AK	, AZ	, AR	, CA	, CO ,	CT,	, DE ,	,FL,	GA,	, HI,	,ID,	,IL,	, IN	, IA ,	,KS	, KY	LA	, ME ,	MD	, MA	,MI	, MN	, MS	MO
MT ,	, NE	, NV	, NH	,NJ	, NM ,	NY	, NC ,	, ND ,	ОН,	OK,	, OR ,	, PA	,RI	, SC ,	, SD ,	, TN ,	ТΧ	UT,	, VT	, VA	,WA	, wv	,WI,	WY
DC																								

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

Schedule G (Form 990 or 990-EZ) 2019 CHARTER SCHOOL, INC.

52-2157082 Page 2

Pa						
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
Œ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	3					
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
)irect E>	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	5			•	
Pa	11 rt I	Net income summary. Subtract line 10 from lin <b>Gaming.</b> Complete if the organization a		990 Part IV line 19 or		
		\$15,000 on Form 990-EZ, line 6a.				
evenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	~		<b>Yes</b> %	Yes%		
	6		No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization conduction conduction in the organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax	year?	Yes No
b	lf "`	Yes," explain:				

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 CHARTER SCHOOL, INC.	52-21570	82	Page 3
11			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	I The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name  Address			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	:		
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
â	Is the organization required under state law to make charitable distributions from the gaming proceeds to			<b>—</b>
	retain the state gaming license?		Yes	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е		
Da	organization's own exempt activities during the tax year <b>s s</b>		0	
Fa	<b>ITTIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	3 Part III, II	nes 9,	90, 100,
	Tob, Tob, To, and Trb, as applicable. Also provide any additional mormation. See instructions.			

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC
		<b>T</b> 110	

Schedule (	G (Form 990 or 990-EZ)	CHARTER SCHOOL,	INC.	52-2157082	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)			<u> </u>

SCHEDULE I (Form 990) Department of the Treasury	Go	Grants and Oth vernments, an lete if the organizatio	d Individua	<b>Is in the Uni</b> on Form 990, Pa	ted States		OMB No. 1545-0047 <b>2019</b> Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of the organization CARLOS ROSA	RIO INTERNATIONA	AL PUBLIC					Employer identification number
CHARTER SCH	1						52-2157082
Part I General Information on Grants							
<b>1</b> Does the organization maintain record							
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's Part II Grants and Other Assistance							N/ line Of fair and
					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more that		(c) IRC section	(d) Amount of		(f) Method of	(a) Description of	(h) Purpose of grant
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(if applicable)	cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	or assistance
2 Enter total number of section 501(c)(3	and government ar	 nanizations listed is the	l lino 1 tablo	I			
<ul> <li>2 Enter total number of section 501(c)(3</li> <li>3 Enter total number of other organizati</li> </ul>							
LHA For Paperwork Reduction Act Noti							Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) CHARTER SCHOOL, INC.

52-2157082

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	52	94,044.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE SCHOOL ASSIGNS A GRANT CODE FOR ALL GRANT AND MAINTAINS FINANCIAL AND

OTHER IDENTIFYING DATA TO SUPPORT ADMINISTERING AND MONITORING THE USE OF

GRANT FUNDS.

(Form 990)         For certain Officers, Dreators, Trustees, Key Employees, and Highest         Complete If the organization answered "Yes" on Form 990, Part IV, line 23.         Lottent to Form 990.         Lotten	SCHEDULE J	Compensat	ion Information	1	OMB No. 1	545-004	17
Decomplete if the organization answered "Yes" on Form 990, Part IV, line 23.   Decomplete if the organization answered "Yes" on Form 990, Part IV, line 24.   Charter Backbook, INC:   Take Information and gross-up payments   Interview Information regarding these Barns.   Part IV, Section A, line 1a. Complete Part III to provide any relevant information regarding these Barns.   Part IV, Section A, line 1a. Complete Part III to provide any relevant information regarding these Barns.   Part IV, Section A, line 1a. Complete Part III to provide any relevant information regarding these Barns.   Part IV, Section A, line 1a. Complete Part III to provide any relevant information regarding these Barns.   Part IV, Section A, line 1a. Complete Part III to provide any relevant information regarding these Barns.   Payments for busines use of personal used provide any of the torganization regarding these Barns.   Part IV, Section A, line 1a. complete Part III to provide any relevant information regarding these Barns.   Part IV, Section A, line 1a, oth the organization relevants any orelevant information r	(Form 990)	-			20	40	<u> </u>
Dependent of the sensitivity the sensitivity of the organization of the organization     CALOS RoBARD INFERMATIONAL FUELC     CHARTER SCHOOL, INC,     CALOS ROBARD INFERMATIONAL FUELC     CHARTER SCHOOL, INC,     CALOS ROBARD INFERMATIONAL FUELC     CHARTER SCHOOL, INC,     Second and the sensitivity of the organization provided any of the following the 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.     Part and for companions     Travel for companions     Part and for companions     Part and for companions     Part and for companions     Descretionary spending account     Part and the companication provide any relevant information regarding payment or     reinbursement or provision of all of the expanse descreted above if NN, complete Part III to espinion     Secretionary spending account     Part and for any of the following the organization token any information face     Indicate which, if any, of the following the organization used to establish the compensation of the organization to     establish compensation comultant     X Compensation committee     During the year, did any person lited on Form 900, Part VII, Section A, line 1a, with respect to the filing     organization or alleded organization:     Release assurement from, a supplemental anony adjied enformement plan if     Yee's on line 6a or 6b, describe in Part III.     Onry section 501(c(2), 501(c(2)), 501(c)), Part VII, Section A, line 1a, did the organization pay or accrue any compensation     contriget on the release of the intermine in the itermine procedule assurement     prevales assurement from supplemental anonputified enformem		Compens	ated Employees		ZU	IJ	)
Image of the organization         D G to wow,iff, gov/Form890, for instructions and the latest information.         Impection           Name of the organization         CRADER 80,802.000, TNC.         Employee (Identification number 52-2157082           Part II         Questions Regarding Compensation         52-2157082           Image of the organization provide 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 litens.         Image of the organization provide any relevant information regarding these litens.         Image of the organization provide any relevant information regarding these litens.         Image of the organization relevant information regarding these litens.         Image of the organization relevant information regarding these litens.         Image of the organization relevant information regarding these litens.           Image of the organization require substantiation provide any relevant information regarding payment or reimbursement or provision of all of the expanses described above? If 'No,' complete Part III to explain         Image of the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and offices, including the CEO/Executive Director, the establish the compensation or of the CEO/Executive Director, but explain in Part III.         Image of the organization regarding the items checked on line 1a?         Image of the organization committee           Image of the organization committee         Image of the following the organization use pay or study         Image of the complete Part III to explain and the payment or com	Department of the Treesury				Open to	Publi	ic
CHAPTER SCHOOL, TNC.       \$2-2157082         Part II       Questions Regarding Compensation       Image: Compensation provided any of the following to or for a person listed on Form 980, Part VII. Section A, line 1a, complete Part III to provide any relevant information regarding these items.       Image: Compensation Complete Part III to provide any relevant information regarding these items.       Image: Compensation Complete Part III to provide any relevant information residence for personal use infrastructure companions       Image: Compensation Compensation and gross up payments in the social club clus or initiation fees       Image: Compensation Compensation and gross up payments in the social club clus or initiation fees         Discretionary spending account       Image: Compensation Compensation and gross up payments in the social club clus or initiation fees       Image: Compensation Compensation and gross up payments in the social club clus or initiation fees         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, to back the applicable and the compensation or the capanization is CEO/Executive Director, but explain in Part III.       Image: Compensation committee       Image: Compensation analytic payment or establish the compensation analytic payment or establish or a releated organization is establish the applicable amounts and compensation committee       Image: Compensation analytic payment or the establish the compensation analytic payment or estable organization is CEO/Executive Director, but explain in Part III.       Image: Compensation analytic payment or the estabilish orelease analytexplain Part III.       Image: Com							
Part I       Questions Regarding Compensation         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 terms.       Image: Complete Part III to provide any relevant information regarding these terms.         Image: Image: Image: Complete Part III to provide any relevant information regarding these terms.       Image: Complete Part III to provide any relevant information regarding these terms.       Image: Complete Part III to provide any relevant information regarding these terms.         Image: Image: Image: Complete Part III to provide any relevant information regarding these terms.       Image: Complete Part III to explain       Image: Complete Part III to explain         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all directers, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       Image: Complete Part III to explain         2       Indicate which, if any, of the following the organization used to establish or comments or provision or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, tot explain In Part III.       Image: Complete Part III to explain       Image: Complete Part III to explain         3       Indicate which, if any, of the following the organization used to establish or commensation or committee       Image: Complete Part III to explain       Image: Complete Part III	Name of the organization	n CARLOS ROSARIO INTERNATIONAL P	PUBLIC	Employer ide	ntificatio	on nur	nber
1a       Check the appropriate box(as) 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.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Provide any relevant information regarding these items.       No         Trac indemnification and gross-up payments       Personal services (such as maid, charlier, chef)       Image: Second and		,		52-215	57082		
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 590, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.            First-lists or charter travel        Housing allowance or residence for personal use             First-lists or charter travel        Housing allowance or residence for personal use             First-lists or charter travel        Housing allowance or residence for personal use             First-lists or charter travel        Descretionary 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        Ib             2 Did the organization require buscharitation prior to reimbursing or allowing exponses incured by and directors,        Ib             2 Indicate which, if any, of the following the organization used to establish the compensation of the companization to        Ib             2 Indicate which, if any, of the following the organization         comparisation survey or study        Ivit memployment contract        Ivit memployment contract             2 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing       organization oral residen	Part I Question	s Regarding Compensation					
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Paryments for business use of personal residence         Tax indemnification and gross up payments       Personal services (such as maid, chardfrex, cher)         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 desorbed above? If 'No,' complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, part equire bases for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain In Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation committee       With expendent compensation committee       4         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization?       4a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Sectio						Yes	No
Image: Second	1a Check the appropriate the the Appropria	ate box(es) if the organization provided any of the	e following to or for a person listed on Form	990,			
Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Travel for company spending account         Image: Travel for company spending account       Travel for company spending account         Image: Travel for company spending account       Travel for company spending account         Image: Travel for the company spending account       Travel for company spending account         Image: Travel for the company spending account       Travel for main specific travel for the companization or the CEO/Executive Director, regarding the inspecific travel for methods used by a related organization to establish compensation and reside or form specific travel for the applicable amounts for each item in form         Image: Travel for the application form specific travel for the application for a related organization       Travelite account account and the application for ac	Part VII, Section A	line 1a. Complete Part III to provide any relevant	information regarding these items.				
Tax indemnification and gross-up payments       Health or social club dues or initiation fees       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)       If         b If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the compansation of the CEO/Executive Director, but explain in Part III.       X         Compensation committee       Written employment contract       X         X Independent compensation consultant       Compensation survey or study       X         A During the year, did any person listed on Form 930, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4 Participate in, or receive payment from, an equity-based compensation arrangement?       4a       X         4 Participate in, or receive payment from, an equity-based compensation arrangement?       4a       X         4 Participate in, or receive payment from, an equity-based compansitation areachitem in Part III.       5b       X<	First-class or	harter travel	Housing allowance or residence for persor	nal use			
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       2       -         IX       Compensation committee       Written employment contract       2       -         Indicate which, if any, of the following the organization suce to establish the compensation or thre CEO/Executive Director, but explain in Part III.       2       -         X       Compensation committee       Written employment contract       2       -         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         1       Yees' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5	Travel for con	panions	Payments for business use of personal res	sidence			
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain In Part III.       2         X       Compensation committee       Written employment contract         X       Compensation committee       Written employment contract         X       Independent compensation or availant       X         X       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         0       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the re	Tax indemnifi	ation and gross-up payments	Health or social club dues or initiation fees	6			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish compensation of the CEO/Executive Director, but explain in Part III.       2         ¥       Compensation committe       Written employment contract         X       Compensation committe       Written employment contract         X       Compensation survey or study       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(2) 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:       5a       X         A hyr related organization?       5b       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for	Discretionary	spending account	Personal services (such as maid, chauffeu	r, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish compensation of the CEO/Executive Director, but explain in Part III.       2         ¥       Compensation committe       Written employment contract         X       Compensation committe       Written employment contract         X       Compensation survey or study       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(2) 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:       5a       X         A hyr related organization?       5b       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for							
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         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.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4       4         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4       4         6       Participate in, or receive payment from, a supplemental nonqualified retrement plan?       4       4       X         7       Participate in, or receive payment from, a supplemental compensation pay or accrue any compensation contingent on the revenues of:       4       X         6       Tree organization?       4       X       5       X         7       Tree organization?       5       5       5       5       5	<b>b</b> If any of the boxes	on line 1a are checked, did the organization follo	w a written policy regarding payment or				
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Compensation commitee       Image: Compensation committee	reimbursement or	provision of all of the expenses described above?	P If "No," complete Part III to explain		. 1b		
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 committe       Image: Ceore and Ceor	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
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.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation survey or study         Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee         a Receive a severance payment or change-of-control payment?       Image: Compensation arrangement?         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       Image: Compensation committee         c Participate in, or receive payment from, an equity-based compensation arrangement?       Image: Compensation compensation commitme         If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation?         D Any related organization?       Image: Compensation pay or accrue any compensation contingent on the revenues of:       Image: Compensation pay or accrue any compensation contingent on the retarming or:         a The organization?       Image: Compensation pay or accrue any compensation contingent on the retarmings of:       Image: Compensation pay or accrue any compensation contingent on the retarmings of:         a The organization	trustees, and office	rs, including the CEO/Executive Director, regardi	ing the items checked on line 1a?		2		
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.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation survey or study       Compensation committee       Image: Compensation committee         Image: Compensation or a related organizations       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation:       Image: Compensation       Image: Compensation       Im							
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         X       Compensation committee       Written employment contract         X       Independent compensation consultant       X         Compensation or a related organization:       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 organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, an supplemental nonqualified retirement plan?       4c       X         f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         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:       6a       X <th>3 Indicate which, if a</th> <th>ny, of the following the organization used to estal</th> <th>blish the compensation of the organization's</th> <th></th> <th></th> <th></th> <th></th>	3 Indicate which, if a	ny, of the following the organization used to estal	blish the compensation of the organization's				
X       Compensation committee       Written employment contract         X       Independent compensation consultant       X         X       Form 990 of other organizations       X         Approval by the board or compensation committee       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 organization or a related organization:       4a       X         a Receive a severance payment or change of control payment?       4a       X       4b       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       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.       6       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       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:       5a       X         a The organization?       5a       X       5b       X         b Any related organization?       6a       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.	CEO/Executive Dir	ector. Check all that apply. Do not check any box	kes for methods used by a related organization	on to			
X       Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       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 organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       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.       4c       X         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:       5a       X         a       The organization?       5a       X       5b       X         b       Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X       6b       X         f" Yes" on line 6a or 6b, describe in Part III.       7       X       6b       X         f" Yes" on line 6a or 6b, describe in Part III.	establish compens	ation of the CEO/Executive Director, but explain i	in Part III.				
Image: Section System       Image: Section System       Approval by the board or compensation committee         Image: Section System       Image: Section System       Image: Section System         Image: Section System       Image: Section System       Image: Section System         Image: Section System       Image: Section System       Image: Section System         Image: Section System       Image: Section System       Image: Section System         Image: Section System       Image: Section System       Image: Section System         Image: Section System       Image: Section System       Image: Section System         Image: Section System       Image: Section System       Image: Section System         Image: Section System       Image: Section Section System       Image: Section Sect	X Compensatio	n committee	Written employment contract				
4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         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:       5a       X         a       The organization?       5a       X       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         f" Yes" on line 5a or 6b, describe in Part III.       7       X       6b       X         f" Yes" on line 5a or 6b, describe in Part III.       7       X       6b       X         f" Yes" on line 5a or 6b, describe in Part III.       7       X       6b       X       1         f" Yes" on line 5a	X Independent	compensation consultant	Compensation survey or study				
organization or a related organization:       4a       x         a Receive a severance payment or change-of-control payment?       4a       x         b 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.       4c       x         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:       5a       x         a The organization?       5a       x       x         if "Yes" on line 5a or 5b, describe in Part III.       5b       x         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:       5a       x         a The organization?       5a       x       x         if "Yes" on line 6a or 6b, describe in Part III.       6b       x         b Any related organization?       6a       x         if "Yes" on line 6a or 6b, describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pur	X Form 990 of o	ther organizations X	Approval by the board or compensation compensition compe	ommittee			
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b 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.       4c       X         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:       5a       X         a The organization?       5a       X       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5a       X         a The organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6a       X         b Any related on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on lines 5 and 6? If "Yes," describe in Part III       7       X <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>							
a Receive a severance payment or change-of-control payment?       4a       X         b 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         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5b       X         a The organization?       6a       X         b Any related organization?       6a       X         c 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:       6a       X         a The organization?       6a       X       X         b Any related organizatio	4 During the year, di	I any person listed on Form 990, Part VII, Sectior	n A, line 1a, with respect to the filing				
a hotoric divide planet of mage of control planet from, a supplemental nonqualified retirement plan?       Image of the planet of the planet from, and planet from planet from, and planet from, and planet from, and planet from planet from, and planet from planet from, and planet from, and planet from, and planet from, and planet from planet from, and the organization form planet from planet f	organization or a re	lated organization:					
a tablique in, or receive payment from, an equity-based compensation arrangement?       1       1         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5a       X         a The organization?       5b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X         6b       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       X       6b       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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 de							<u>x</u>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: 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.       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:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on form 990, Part VII.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>X</th> <th>┝───</th>						X	┝───
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: <ul> <li>a</li> <li>The organization?</li> <li>Any related organization?</li> <li>ff "Yes" on line 5a or 5b, describe in Part III.</li> <li>6</li> <li>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:                 <ul> <li>a</li> <li>The organization?</li> <li>ff "Yes" on line 6a or 6b, describe in Part III.</li> </ul> </li> </ul> <li>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:</li>					4c		X
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:       5       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         contingent on the net earnings of:       a       The organization?       6a       X         b       Any related organization?       6b       X       If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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 R	If "Yes" to any of li	nes 4a-c, list the persons and provide the applica	ble amounts for each item in Part III.				
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:       5       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         contingent on the net earnings of:       a       The organization?       6a       X         b       Any related organization?       6b       X       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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 organiz							
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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	•		-				
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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       9			organization pay or accrue any compensation	n			
b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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	•						
b       Any related organization?         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:         a       The organization?         b       Any related organization?         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 not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							<u> </u>
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:       6       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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       9					5b		Å
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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       9							
a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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       9			organization pay or accrue any compensation	n			
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 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       9							v
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 not described on lines 5 and 6? If "Yes," describe in Part III         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							<u> </u>
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>					6b		^
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 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       9							
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li></ul>					_	v	
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					7	Δ	
9     If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?     9							v
Regulations section 53.4958-6(c)?					8		^
		<b>.</b>					
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Schedule J (Form 990) 2019 CHARTER SCHOOL, INC.

52-2157082

Page **2** 

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) ALLISON KOKKOROS	(i)	192,267.	19,256.	73,748.	17,253.	17,865.	320,389.	68,886.	
MEMBER EX OFFICIO, CHIEF EXECUTIVE O	(ii)	٥.	0.	0.	0.	0.	٥.	0.	
(2) GERARDO A. LUNA	(i)	167,261.	11,891.	6,509.	11,386.	16,520.	213,567.	0.	
CHIEF FINANCIAL OFFICER	(ii)	٥.	0.	0.	0.	٥.	٥.	0.	
(3) CECILIA HOYER	(i)	165,553.	0.	189.	4,319.	6,844.	176,905.	0.	
CHIEF HUMAN RESOURCES OFFICER	(ii)	٥.	0.	0.	0.	0.	٥.	0.	
(4) HOLLYANN FRESO-MOORE	(i)	126,334.	6,300.	96.	8,322.	21,306.	162,358.	0.	
PRINCIPAL	(ii)	٥.	0.	0.	0.	0.	0.	0.	
(5) KAREN RIVAS	(i)	124,393.	6,127.	83.	8,093.	19,596.	158,292.	٥.	
PRINCIPAL	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(6) SAMUEL NGEKOUA	(i)	127,728.	3,750.	588.	8,085.	15,645.	155,796.	٥.	
DIR, NETWORK AND IT SERVICES	(ii)	Ο.	0.	0.	0.	Ο.	0.	0.	
(7) KRISTINE DUNNE	(i)	125,997.	12,252.	211.	8,093.	3,523.	150,076.	0.	
LEGAL COUNSEL	(ii)	Ο.	0.	0.	0.	Ο.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019

#### Part III Supplemental Information

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

PART I, LINE 4B:

ALLISON KOKKOROS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT

CHARTER SCHOOL, INC.

PLAN 457(F). DURING THE CALENDAR YEAR 2019, THE ORGANIZATION CONTRIBUTED

\$21,580 TO THE PLAN AND PAID OUT \$73,478. THE PLAN IS NO LONGER ACTIVE.

PART I, LINE 7:

PERFORMANCE BONUSES WERE CALCULATED BASED ON A PERCENTAGE OF BASE SALARY.

52-2157082

SCHEDULE L		Tra	insactior	ıs V	Vith	Inte	erested	P	ersons			0	MB No.	1545-00	47
(Form 990 or 990-EZ)	Complete if	the o	rganization ans 28b, or 28c, o							6, 27,	28a,		20	19	}
Department of the Treasury		<b>.</b> .					Form 990-EZ						pen T		olic
Internal Revenue Service Name of the organization	-		WWW.Irs.gov/Fo				tions and the	late	est information.	Em		r ident	spect		mak an
Name of the organization	CHARTER S			NAL 1	POBLI	C						7082	mcau		mber
Part I Excess E			1	01(c)(3	3). sect	ion 501	(c)(4), and sec	ctior	n 501(c)(29) orga						
									Form 990-EZ, Pa						
1			Relationship betw										(d)	Corre	ected?
(a) Name of disquali	fied person		person and or	rganiza	ation		(0	c) D	escription of tran	sactio	n		Y	es	No
													_		
													_		
													+-		
													-		
													+		
2 Enter the amount of	f tax incurred by	the o	rganization man	agers	or disc	qualified	d persons dur	ing 1	the year under						
3 Enter the amount of	f tax, if any, on I	ine 2, a	above, reimburs	ed by	the org	ganizat	ion				▶ \$				
Part II Loans to	and/or Fror	n Int	arastad Dara	sone											
						Dort \	/ line 38e or E	Form	n 990, Part IV, lin	o 26. /	or if th	o orga	nizatio	'n	
•	amount on For					, rait v		Om	1990, Faitiv, III	e 20, t	51 11 111	e orga	Inzalic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(a) Name of	(b) Relatio		(c) Purpose	(d) La	oan to or	(e	) Original	(1	i) Balance due	(g	) In	(h) Ap			Vritten
interested person	with organ	ization	of loan		m the ization?	princ	ipal amount			defa	ault?	by board or committee?		agree	ement?
				То	From					Yes	No	Yes	No	Yes	No
				<b> </b>											
				<u> </u>	<u> </u>										
Total Part III Grants o	r Assistance	Ren	efiting Inter	asta	d Por	sone	🕨 \$								
	f the organizatio		-												
(a) Name of interes			(b) Relationship				Amount of		(d) Type	of		(e	) Purp	ose o	f
(		'	interested pers	son an			assistance		assistan				assist		
			the organiza	ation											
		_													
		_									-+				
LLIA Fay Damamurante D.			a a a tha Inature		for For		ar 000 E7		0.4		I / E				0040

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 CHARTER SCHOOL, INC.

### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
JULIO HADDOCK	SPOUSE OF BOARD MEM	48,511.	PART-TIME E		x

### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JULIO HADDOCK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: PART-TIME EMPLOYEE

SCHEDULE O	Supplemental Information to Form 990 or		OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.	is on	<b>ZU 19</b>
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	CARLOS ROSARIO INTERNATIONAL PUBLIC		r identification number
	CHARTER SCHOOL, INC.	52-2	157082
FORM 990, PART I, L	INE 1, DESCRIPTION OF ORGANIZATION MISSION:		
TOMORROW'S DIVERSE	WORKFORCE FOR MORE THAN 50 YEARS. IN 1998, THE		
SCHOOL, WHICH IS LO	CATED IN WASHINGTON DC, BECAME THE FIRST ADULT		
EDUCATION CHARTER I	N THE COUNTRY, IT IS FULLY ACCREDITED BY THE MIDDLE		
STATES ASSOCIATION.	THE SCHOOL HAS HAD MORE THAN 80,000 GRADUATES OVER		
THE YEARS, MANY TOD	AY ARE OUR REGION'S TEACHERS, HEALTH PROFESSIONALS,		
LEADERS AND SMALL B	USINESS OWNERS. THE SCHOOL'S AWARD WINNING		
THREE-PRONGED MOLDE	L INCLUDES FOUNDATIONAL COURSES IN ENGLISH LANGUAGE,		
GED, DIGITAL TECHNO	LOGY AND ONLINE COMMUNICATION TOOLS, AND CITIZENSHIP		
FOR THE NATURALIZAT	ION TEST; CAREER CETIFICATION TRAINING IN HIGH		
GROWTH AND HIGH DEM	AND FIELDS, INCLUDING NURSING, CULINARY ARTS,		
BILINGUAL EDUCATION	AND CONSTRUCTION PRE-APPRENTICESHIP; AND		
COMPREHENSIVE SUPPO	RTIVE SERVICES IN AN ENVIRONMENT OF LOVE AND		
RESPECT.			
FORM 990, PART III,	LINE 3, CHANGES IN PROGRAM SERVICES:		
ON MARCH 19, 2020,	THE SCHOOL SHIFTED TO DISTANCE LEARNING AS A RESULT		
OF THE COVID-19 PAN	DEMIC AND SUPPORTED STUDENTS IN VARIOUS CAPACITY TO		
ENUSURE A SUCCESSFU	L COMPLETION OF THE 19 20 SCHOOL YEAR. PLANNING		
ENSUED TO PREPARE F	OR THE 2020-2021 SCHOOL YEAR IN A CONTINUED REMOTE		
OR HYBRID POSTURE A	S NECESSARY AND FEASIBLE GIVEN STUDENTS' NEEDS.		
PROPER HEALTH AND S.	AFETY PROTOCOLS WERE FOLLOWED AND STUDENTS WERE		
EQUIPPED WITH PROPE	R TECHNOLOGY AND SUPPORTS TO ENABLE DISTANCE		
LEARNING. THE SCHOO	L ENGAGED AND SUCCESSFULLY LEVERAGED ITS LEARNING		
MANAGEMENT SYSTEM A	LONG WITH MANY OTHER APPLICATIONS AND MODES OF		
COMMUNICATION. THE	SCHOOL AND THE SCHOOL COMMUNITY WAS COMMITTED TO		
LHA For Paperwork Red	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (For	n 990 or 990-EZ) (2019

Name of the organization CARLOS ROSARIO INTERNATIONAL PUBLIC	Employer identification number
CHARTER SCHOOL, INC.	52-2157082
SUPPORTING THE STUDENTS WITH VALUABLE RESOURCES SUCH AS EMPLOYMENT	
SERVICES, HEALTHCARE ACCESS, FOOD AND FINANCIAL RESOURCES. OVER	
\$30,000 WAS RAISED TO SUPPORT OVER 50 FAMILIES DURING THIS PERIOD.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
PRE-APPRENTICESHIP; AND COMPREHENSIVE SUPPORTIVE SERVICES IN AN	
ENVIRONMENT OF LOVE AND RESPECT. THE SCHOOL IS RANKED AS A TIER ONE	
HIGH PERFORMING SCHOOL BY THE D.C. PUBLIC CHARTER SCHOOL BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION HAS A THREE-TIER DATA COMPILATION AND REVIEW SYSTEM FOR	
THE FORM 990, WHICH INVOLVES THE CONTROLLER AND GENERAL COUNSEL AND	
CULMINATES WITH THE CHIEF FINANCIAL OFFICER BEFORE A DRAFT 990 IS PREPARED	
BY THE ACCOUNTING FIRM. THE ACCOUNTING FIRM PREPARES THE DRAFT FORM 990	
FOR REVIEW BY THE ORGANIZATION AND PROPOSED CHANGES ARE DOCUMENTED AS	
NECESSARY. THE DRAFT IS PRESENTED TO THE CHIEF EXECUTIVE OFFICER AND THE	
BOARD FOR FURTHER REVIEW. ALL CHANGES ARE COMPILED AND PRESENTED TO THE	
ACCOUNTING FIRM WHO ISSUES A FINAL DRAFT WHICH IS APPROVED BY THE CHIEF	
FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER PRIOR TO FILING THE FINAL	
RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICIES ARE DISTRIBUTED TO THE BOARD OF TRUSTEES	
AND EMPLOYEES ANNUALLY. EACH BOARD MEMBER AND KEY LEADERSHIP STAFF IS	
RESPONSIBLE FOR REVIEWING AND COMPLYING WITH THE POLICY. EACH MEMBER OF	
THE BOARD IS REQUIRED TO SIGN OFF THAT THEY ARE IN COMPLIANCE WITH THE	
POLICY AND MUST DISCLOSE TO THE CEO ANY ACTUAL OR POTENTIAL CONFLICTS OF	

INTEREST SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

Schedule O (Form 990 or 990-EZ) (2019)					
Name of the organization	CARLOS ROSARIO INTERNATIONAL PUBLIC	Employer identification number			
	CHARTER SCHOOL, INC.	52-2157082			
		<u>.</u>			

OFFICERS AND KEY LEADERSHIP STAFF ARE RESPONSIBLE FOR COMPLETING THE

CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR AND DISCLOSING ANY ACTUAL OR

POTENTIAL CONFLICTS TO THE CEO AS CONFLICTS ARISE.

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

THE SALARIES OF THE CHARTER SCHOOL'S CEO AND CFO ARE DETERMINED BY

REVIEWING SALARY DATA PRODUCED BY AN INDEPENDENT CONSULTANT. THIS INCLUDES

REVIEW OF SURVEY DATA FOR CHARTER SCHOOLS OF SIMILAR SIZE AND COMPLEXITY,

OTHER NOT FOR PROFITS AND OTHER COMPARABLE AGENCIES. THE EXECUTIVE

COMMITTEE PROPOSES THE COMPENSATIONS OF THE CEO AND CFO, WHICH ARE REVIEWED

AND APPROVED ANNUALLY BY THE BOARD.

SALARIES OF THE OTHER SENIOR LEADERS ARE DETERMINED AS PART OF A STUDY

CONDUCTED BY AN INDEPENDENT CONSULTANT. SALARIES ARE REVIEWED AND APPROVED

BY THE CEO. THERE ON ANNUAL SALARY INCREASES ARE PERFORMED ACROSS THE BOARD

FOR ALL EMPLOYEES, UPON WHICH THE SALARY LINE ITEM EXPENSE IS REVIEWED AND

APPROVED BY THE BOARD, AS PART OF THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, CO, DC, FL, KY, ME, MD, MA, MI, NV, NH, ND, OH, OK, OR, RI, SC, UT, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 18:

THE 990 AND 990 -T ARE AVAILABLE ON GUIDESTAR, THE CARLOS ROSARIO PUBLIC

CHARTER SCHOOL'S WEBSITE, WWW.CARLOSROSARIO.ORG VIA PUBLIC INFORMATION, THE

DC PUBLIC CHARTER SCHOOL BOARD'S WEBSITE HTTPS://DCPCSB.ORG VIA THE

TRANSPARENCY HUB AND ARE ALSO AVAILABLE UPON REQUEST.

Name of the organization	CARLOS ROSARIO INTERNATIONAL PUBLIC	Employer identification number
	CHARTER SCHOOL, INC.	52-2157082

CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL'S FINANCIAL STATEMENTS

CAN BE ACCESSED VIA THE SCHOOL'S WEBSITE UNDER PUBLIC INFORMATION VIA A

LINK TO DC PUBLIC CHARTER SCHOOL BOARD'S TRANSPARENCY HUB . THE SCHOOL'S

FINANCIAL STATEMENTS ARE ALSO ACCESSIBLE ON THE DC PUBLIC CHARTER SCHOOL

BOARD'S WEBSITE DIRECTLY. GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Open to Public Inspection	
Name of the organization	► Go to www.irs.gov/Form990 for instructions and the latest information. CARLOS ROSARIO INTERNATIONAL PUBLIC	Employer id	entification number
-	CHARTER SCHOOL, INC.	52-215	7082
		<u>.</u>	

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
COMMUNITY CAPITAL CORPORATION - 52-2332161	PROVIDES AND OPERATES						
1100 HARVARD STREET, NW	FACILITIES TO HOUSE						
WASHINGTON, DC 20009	NON-PROFIT ORGANIZATIONS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12B, II	N/A		х
COMMUNITY CAPITAL CORPORATION - SONIA	TO HOLD TITLE AND DEVELOP						
GUTIERREZ CAMPUS - 46-0612061, 1100 HARVARD	PROPERTY FOR EDUCATIONAL				COMMUNITY CAPITAL		
STREET, NW, WASHINGTON, DC 20009	USES	DISTRICT OF COLUMBIA	501(C)(2)		CORPORATION		х
	-						
	-						

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

Schedule R (Form 990) 2019

CHARTER SCHOOL, INC. Schedule R (Form 990) 2019

Part III Identification of Related Orgorganizations treated as a particular sector of the sector of	tt III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate	Code V-UBI	General o managin	Percentage
		country)		sections 512-514)		233613	Yes	No	K-1 (Form 1065)	Yes No	
	]										
							1				

	Identification of Related Organizations Taxable as a Corporation or Trust.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34	, because it had one or more related
1 art IV	organizations treated as a corporation or trust during the tax year.			

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	o)(13) olled
		country)		,				Yes	No

Page 2

52-2157082

Schedule R (Form 990) 2019 CHARTER SCHOOL, INC.

Part	<b>Transactions With Related Organizations.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
al	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b (	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		X
	_oans or loan guarantees to or for related organization(s)	1d	x	
e l	_oans or loan guarantees by related organization(s)	1e		X
fi	Dividends from related organization(s)	1f		X
g S	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
	ease of facilities, equipment, or other assets to related organization(s)	1j		X
k l	ease of facilities, equipment, or other assets from related organization(s)	1k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	x	
m l	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
0 3	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q		X
r (	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		Х
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

### 932163 09-10-19

Schedule R (Form 990) 2019 CHARTER SCHOOL, INC.

## 52-2157082 Page **4**

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(e) Are a partners 501(c) orgs Yes	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tion	n) ropor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes NC	(k) Percentage ownership

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form	990-Т	E	Exempt Organ					x Return	• ⊢	OMB No. 1545-0047	
			•	d proxy tax unde		•		20 2020		2010	
		For cal	endar year 2019 or other tax year						·	2019	
	ent of the Treasury Revenue Service		Do not enter SSN number	irs.gov/Form990T for ins s on this form as it may						Open to Public Inspection for 01(c)(3) Organizations Only	
A	Check box if address changed		Name of organization ( CARLOS ROSARIO IN		-	and see instruction	ons.)		D Employer identification number (Employees' trust, see instructions.)		
B Exe	mpt under section	Print	CHARTER SCHOOL, I	NC.						2-2157082	
X	501(c)(3)	no Turne	Number, street, and room	or suite no. If a P.O. box	, see in	structions.				ted business activity code structions.)	
4	408(e) 220(e)	Туре	1100 HARVARD STRE	ET, NW					Ì		
	408A 530(a) 529(a)		City or town, state or provi WASHINGTON, DC 2		foreigr	n postal code					
C Book	value of all assets d of year		F Group exemption number	er (See instructions.)							
atent	36,715,	977.	G Check organization type	▶ X 501(c) corp	oration	501(c)	trust	401(a)	) trust	Other trust	
H Ente	r the number of the c	organiza	tion's unrelated trades or bu	isinesses. 🕨	1	D	escribe th	ie only (or first) un	related		
trade	or business here 🕨	►				. If or	nly one, co	omplete Parts I-V.	If more t	than one,	
desc	ribe the first in the bl	ank spa	ce at the end of the previous	s sentence, complete Par	rts I and	l II, complete a S	chedule N	I for each addition	al trade o	or	
busir	ness, then complete f	Parts III	-V.								
			oration a subsidiary in an af		t-subsi	diary controlled g	roup?	► [	Yes	s 🗌 No	
If "Ye	es," enter the name a	nd ident	ifying number of the parent	corporation. 🕨							
J The			ERARDO A. LUNA				Telephon	ne number 🕨 2	02-797	-4700	
Part	I Unrelated	d Trac	le or Business Inco	ome		(A) Income		(B) Expenses	3	(C) Net	
<b>1a</b> G	ross receipts or sale	S									
b L	ess returns and allow	vances		<b>c</b> Balance ►	1c						
<b>2</b> C	ost of goods sold (S	chedule	A, line 7)		2						
<b>3</b> G	ross profit. Subtract	line 2 fr	om line 1c		3						
<b>4a</b> C	apital gain net incom	ie (attac	h Schedule D)		4a						
bΝ	et gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b						
c C	apital loss deduction	for trus	ts		4c						
5 Ir	ncome (loss) from a	partners	hip or an S corporation (att	ach statement)	5						
6 R	ent income (Schedul	e C)			6						
7 U	nrelated debt-finance	ed incor	ne (Schedule E)		7						
<b>8</b> Ir	terest, annuities, roy	alties, a	nd rents from a controlled or	rganization (Schedule F)	8						
			n 501(c)(7), (9), or (17) org	,	9						
			me (Schedule I)		10						
			J)		11		_				
	ther income (See ins		, ,		12						
	otal. Combine lines	3 throu	gh 12		13		0.				
Part			ot Taken Elsewhere be directly connected with	•			tions.)				
			rectors, and trustees (Sched						14		
									15		
									16		
			·····						17		
			ee instructions)						18		
			(CO)						19		
			562) 1 Schedule A and elsewhere						21b		
									210		
22			monestion plane						22		
			mpensation plans						23		
			hedule I)						25		
			nedule J)						26		
			edule)						27		
			14 through 27						28	0.	
29	Unrelated husiness to	axahle ir	ncome before net operating	loss deduction Subtract	line 28	from line 13			29	0.	
			oss arising in tax years begi							• •	
		-		-	-				30	0.	
			ncome. Subtract line 30 from						31	0.	
			work Reduction Act Notice,						· · · · ·	Form <b>990-T</b> (2019)	

Form 990-T (2019) CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Part		Total Unrelated Business Taxab	le Income							
32	Total of	unrelated business taxable income computed	from all unrelated trades or businesses (s	see instru	ictions)		32			0.
33	Amoun	ts paid for disallowed fringes	· · · · · · · · · · · · · · · · · · ·				33			
34	Charita	ble contributions (see instructions for limitation	ו rules)				34			0.
35		nrelated business taxable income before pre-20					35			
36		on for net operating loss arising in tax years be					36			
37		unrelated business taxable income before spe					37			
38		c deduction (Generally \$1,000, but see line 38 i					38		1,00	.00
39		ed business taxable income. Subtract line 38								
	enter th	e smaller of zero or line 37	~	· · · · · · · · · · · · · · · · · · ·			39			Ο.
Part	Part IV Tax Computation									
40	Organiz	zations Taxable as Corporations. Multiply line		40			٥.			
41		Taxable at Trust Rates. See instructions for ta								
			1041)			►	41			
42	Proxv t	ax. See instructions					42			
43		tive minimum tax (trusts only)					43			
44	Tax on	Noncompliant Facility Income. See instructio	ns				44			
45		Add lines 42, 43, and 44 to line 40 or 41, which					45			Ο.
Part		Tax and Payments					1			
 46 a	Foreign	tax credit (corporations attach Form 1118; tru	sts attach Form 1116)	46	a					
			,							
		business credit. Attach Form 3800			c					
		or prior year minimum tax (attach Form 8801 o								
		redits. Add lines 46a through 46d					466			
47		t line 46e from line 45					47			0.
48	Other ta	axes. Check if from: 🗌 Form 4255 📃	Form 8611 Form 8697 Form	n 8866 [	Other	(attach schedule)	48			
49		x. Add lines 47 and 48 (see instructions)					49			0.
50		et 965 tax liability paid from Form 965-A or For					50			0.
51 a		nts: A 2018 overpayment credited to 2019								
		stimated tax payments				36,000.				
		oosited with Form 8868			c					
d	Foreign	organizations: Tax paid or withheld at source (	see instructions)	51			1			
		withholding (see instructions)					1			
		or small employer health insurance premiums					1			
		redits, adjustments, and payments:					1			
•	F(	orm 4136 🛛 🗌 Ot	her Total	► 51	g					
52	Total p	ayments. Add lines 51a through 51g					52		36,00	)0.
53	Estimat	ed tax penalty (see instructions). Check if Form					53			
54		e. If line 52 is less than the total of lines 49, 50				•	54			
55	Overpa	yment. If line 52 is larger than the total of lines	\$ 49, 50, and 53, enter amount overpaid			►	55		36,00	)0.
56	Enter th	he amount of line 55 you want: Credited to 202	0 estimated tax 🕨		Re	efunded 🕨 🕨	56		36,00	)0.
Part	VI	Statements Regarding Certain /	Activities and Other Informa	ation	(see instru	ictions)				
57	At any t	ime during the 2019 calendar year, did the org	anization have an interest in or a signatur	re or othe	r authority				Yes	No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may h	ave to file					
	FinCEN	Form 114, Report of Foreign Bank and Financia	al Accounts. If "Yes," enter the name of th	ne foreign	country					
	here	▶								X
58	During	the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or	transfero	or to, a fore	ign trust?				X
	lf "Yes,'	see instructions for other forms the organizati	on may have to file.							
59		e amount of tax-exempt interest received or ac								
Sign		nder penalties of perjury, I declare that I have examined the standard threat, and complete. Declaration of preparer (other than the standard threat threat the standard threat threat the standard threat threat the standard threat t					dge an	a peliet, it is true,		
Here							ay the	IRS discuss this r	eturn with	
		Signature of officer	Date CHIEF FI	INANCI	AL OFFI			arer shown below	·	
					I		_	ons)? X Yes	6	No
		Print/Type preparer's name	Preparer's signature	Date			f   P	TIN		
Paid			1111-1:	05/00	( <u>)</u>	self- employed				
•	barer	WILLIAM E TURCO, CPA	White / Mac	05/06/	21			P00369217	25	
Use	Only	Firm's name RSM US LLP				Firm's EIN 🕨		42-07143	40	
			IAN BLVD, STE 500			Dhone no 3	01 7	06-3600		
000711	01 07 00	Firm's address 🕨 GAITHERSBURG, M	D 20070			Phone no. 3	0 I - Z	96-3600 Form <b>99</b>	0_T /~-	210
323111	01-27-20							rorm 33	v-i (20	71A)

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

Type of print	Name of exempt organization or other filer, see instru CARLOS ROSARIO INTERNATIONAL PUBLIC	ctions.		Taxpaye	ridentificati	ion number (TIN)	
print	CHARTER SCHOOL, INC.			52-2157082			
File by the due date f filing your return. Se	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.				
instruction		oreign addi	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file	e a separa	e application for each return)			0 1	
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
Form 9	Form 990-T (trust other than above) 06 Form 8870				12		
<ul> <li>GERARDO A. LUNA</li> <li>The books are in the care of ▶ <u>1100 HARVARD STREET, NW - WASHINGTON, DC 20009</u> Telephone No. ▶ <u>202-797-4700</u> Fax No. ▶</li> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for.</li> <li>1 I request an automatic 6-month extension of time untilMAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ calendar year or ▶, and ending JUN 30, 2020</li> <li>2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return</li> </ul>							
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	U	-	-	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.	
	alance due. Subtract line 3b from line 3a. Include your pa				<b>*</b>		
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
	If you are going to make an electronic funds withdrawal					79-EO for payment	

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

Form 8868 (Rev. 1-2020)

Form	990
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Department of the Treasury

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

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 8 **Open to Public** Inspection

Interna	ternal Revenue Service Do to www.irs.gov/Form990 for instructions and the latest information. Inspection									
A Fo	or the 2	2018 calendar year, or tax year beginning JUL 1, 2018 and endir	ng JUN	30, 2019						
B Ch ap	plicable: Address change	C Name of organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.	D	) Employer identi	×.	ber				
	Name change	Doing business as		52-2	2157082					
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) Room 1100 HARVARD STREET, NW	n/suite E	Telephone numb	97-4700	1				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	3	31,682,053.				
	Amende	WASHINGTON, DC 20005	н	I(a) Is this a group						
	Applica- tion	F Name and address of principal officer: ALLISON R. KOKKOROS	*	' for subordinate	es? 🔄	Yes X No				
	pending	SAME AS C ABOVE	H	(b) Are all subordinates	included?	Yes No				
I Ta	ax-exen	npt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or	527	If "No," attach						
JW	ebsite	WWW.CARLOSROSARIO.ORG		I(c) Group exempti	ion number 🕨					
		rganization: 🕱 Corporation 🔄 Trust 🦳 Association 🔄 Other 🕨 👘 🛛	L Year of f	formation: 1998	M State of leg	al domicile: DC				
Pa	rt I	Summary			1					
	1 B	riefly describe the organization's mission or most significant activities: THE CARLOS	S ROSARI	O SCHOOL HAS						
Ce	M	ORE THAN FORTY YEARS OF HISTORY SERVING WASHINGTON, D.C.'S DIVE	ERSE	31	N.					
Activities & Governance	2 0	heck this box 🕨 🔲 if the organization discontinued its operations or disposed o	of more that	an 25% of its net a	ssets.					
ver	3 N	lumber of voting members of the governing body (Part VI, line 1a)			3	10				
ဗီ	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)				9				
کە د		otal number of individuals employed in calendar year 2018 (Part V, line 2a)			5	373				
itie			nber of volunteers (estimate if necessary)							
Ę		otal unrelated business revenue from Part VIII, column (C), line 12			a	0.				
Ă		let unrelated business taxable income from Form 990-T, line 38			b	0.				
				Prior Year		ent Year				
	8 0	Contributions and grants (Part VIII, line 1h)		370,011		558,088.				
nue		Program service revenue (Part VIII, line 2g)		27,667,348	•	28,605,322.				
Revenue	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		171,847		317,247.				
ŭ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,244		-14,087.				
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,211,450	-	29,466,570.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		89,584		115,416.				
		Benefits paid to or for members (Part IX, column (A), line 4)				0.				
ŝ	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,030,684		18,713,617.				
Ise	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		27,690		25,938.				
Expenses	bТ	otal fundraising expenses (Part IX, column (D), line 25)	•							
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,233,960	-	10,857,751.				
. 1	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,381,918		29,712,722.				
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12		829,532		-246,152.				
or		,	Begi	nning of Current Yea		of Year				
Assets Balanc	20 7	Fotal assets (Part X, line 16)		37,937,569	-	38,492,549.				
ASS		Fotal liabilities (Part X, line 26)		16,900,290		17,440,241.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		21,037,279		21,052,308.				
Pa	irt II	Signature Block				and hall of this				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of officer				Date		
Here		GERARDO A. LUNA, O Type or print name and title	CHIEF FINANCIAL	OFFICER	_			
Paid	1 C C C C C C	t/Type preparer's name JIAM E TURCO, CPA		Preparer-ssionature	Date / / / / / / / / / / / / / / / / / / /	CHeck if self-employed	PTIN P00369217	
Preparer	Firn	's name 🕒 RSM US LLI	2			Firm's EIN 🕨	42-0714325	
Use Only	Firn	's address 💊 9801 WASH:	INGTONIAN BLVD,	STE 500				
			JRG, MD 20878			Phone no.301-2	96-3600	
May the II	RS d	scuss this return with the p	preparer shown abo	ve? (see instructions)			X Yes	No
inday and it							Form 990	(2019)

LHA For Paperwork Reduction Act Notice, see the separate instructions. 832001 12-31-18 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	CARLOS ROSARIO INTERNATIONAL PUBLIC	
		-2157082 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE CARLOS ROSARIO SCHOOL DELIVERS HIGH QUALITY EDUCATION, CAREER	
	TRAINING, AND SUPPORTIVE SERVICES THAT ENABLE ADULT IMMIGRANTS TO	
	REALIZE THEIR DREAMS WHILE STRENGTHENING OUR COMMUNITY AND ECONOMY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ū	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 measur	red by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$26,606,469. including grants of \$115,416. ) (Revenue \$	28,605,322.)
	MORE THAN FORTY YEARS OF HISTORY SERVING WASHINGTON, D.C.'S DIVERSE	
	IMMIGRANT POPULATION, NATIONALLY AND INTERNATIONALLY RECOGNIZED AS A	
	MODEL IN ADULT EDUCATION. THE SCHOOL OFFERS AN AWARD-WINNING HOLISTIC	
	MODEL OF ADULT EDUCATION FOR IMMIGRANTS INCLUDING CLASSES IN LANGUAGE,	
	LITERACY, GED, CITIZENSHIP AND WORKFORCE DEVELOPMENT AS WELL AS	
	COMPREHENSIVE SUPPORTIVE SERVICES. THE SCHOOL SERVES MORE THAN 2,500	
	STUDENTS AND IS RANKED AS A TIER 1, HIGH PERFORMING SCHOOL BY THE D.C.	
	PUBLIC CHARTER SCHOOL BOARD. THE SCHOOL CHARTER WAS RENEWED IN 2013 FOR	
	AN ADDITIONAL 15 YEARS AND IT IS FULLY ACCREDITED BY THE MIDDLE STATES	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d		
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 26,606,469.	000

	990 (2018) CHARTER SCHOOL, INC. 52-215708 <b>t IV</b> Checklist of Required Schedules	32	Р	age <b>3</b>
Fa			Vee	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	<i>If</i> "Yes," <i>complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	146	х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
120		12a	x	
b	Schedule D, Parts XI and XII	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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			
<i></i>	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	х	
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	•	<u> </u>
10		18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	10		<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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
			000	

832003 12-31-18

Form **990** (2018)

Form	1990 (2018) CHARTER SCHOOL, INC. 52-21570	32	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	х	
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		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
254		25a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	0.51		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01		34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
U		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	0		x
	If "Yes," complete Schedule R, Part V, line 2	36		
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?			1
De	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		╷└──
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners? 832004 12-31-18

RUSARIO	INTERNATIONAL	PORPIC	

Form	990 (2018) CHARTER SCHOOL, INC.		52-215708	2	Р	Page 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					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	<b>2</b> a	373			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	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 transa			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pi	rovided to the payor?	7a	Х	
b				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	NT / 7	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/A	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	N/A	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	a by the	N/A			
•	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		N/A	0-		
a h			N/A N/A	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90		
10	Initiation fees and capital contributions included on Part VIII, line 12N/A	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	- 14				
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	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				
с	Enter the amount of reserves on hand	13c				
14a	Did the experimetion receive on a support for indeer termine convices during the terror			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incom	1e?	16		x
	If "Yes," complete Form 4720, Schedule O.					
				_	000	10010

Form **990** (2018)

Form	1990 (2018) CHARTER SCHOOL, INC. 52-2157	82	Р	age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No" r		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		,	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	0		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 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	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ SEE SCHEDULE 0 Section 6104 requires an ergonization to make its Forma 1022 (1024 or 1024 A if applicable) 000, and 000 T (Section 501(c))?		0.001-1	ble
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3	is only)	availat	ule
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         X         Upon request         Other (explain in Schedule O)			
19	X       Own website       X       Upon request       Other (explain in Schedule O)         Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the organization made its governing documents.       Conflict of interest policy, and the organization made its governing documents.	d financ	ial	
19	statements available to the public during the tax year.		nai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

GERARDO	) A. L	UNA - 20	2-79	7 - 4700		-
1100 HA	ARVARD	STREET,	NW,	WASHINGTON	DC	20009

Form 990 (2		52-2157082	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the organization's	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."

CARLOS ROSARIO INTERNATIONAL PUBLIC

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	s both	ı an	compensation	compensation	amount of
	week		cer ar I	ndad I	lirecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		n ploye	t com	~			and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) PATRICIA SOSA	0.50				Ť	1 0	ш			
CHAIR		х		x				0.	0.	0.
(2) BRAHIM RAWI	0.20									
VICE-CHAIR		х		х				0.	0.	0.
(3) JAMES MOORE	0.20									
TREASURER		х		х				0.	0.	0.
(4) MARGARET YAO	0.20									
SECRETARY		Х		х				0.	0.	0.
(5) YESHIMEBET BELAY	0.20									
MEMBER		Х						0.	0.	0.
(6) FRANCISCO FERRUFINO	0.20									
MEMBER		Х						0.	0.	0.
(7) BO PHAM	0.20									
MEMBER		Х						0.	0.	0.
(8) VILMA ROSARIO	0.20									
MEMBER		Х						0.	0.	0.
(9) HECTOR J. TORRES	0.20									
MEMBER		Х						0.	0.	0.
(10) ALLISON R. KOKKOROS	45.00									
MEMBER EX OFFICIO, CEO	0.40	Х		х				196,951.	0.	50,323.
(11) SONIA GUTIERREZ	0.20									
MEMBER THRU 01/31/2019	30.20	Х						68,714.	105,529.	7,815.
(12) GERARDO A. LUNA	40.00									
CFO				x				178,051.	0.	24,376.
(13) GUSTAVO VITERI	40.00									
CHIEF TECHNOLOGY OFFICER						X		161,849.	0.	22,039.
(14) KRISTINE DUNNE MAHER	30.00									
GENERAL COUNSEL						x		132,675.	0.	10,709.
(15) JOHN RYAN MONROE	40.00									
CHIEF ACADEMIC OFFICER						X		125,624.	0.	14,918.
(16) HOLLY ANN FRESO-MOORE	40.00								_	
PRINCIPAL						X		125,234.	0.	21,928.
(17) KAREN W. RIVAS	40.00							105 050	_	00 504
PRINCIPAL						X		125,373.	0.	22,531.

Part VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)       (continued)       (continued)         Name and title       Average hours for veek       Image: Continued of the compensation officer and address transformer bank in organization organization       (D) (Populate compensation form headed organization       (P) restricted organization       (P) restricted organization <td< th=""><th>Form 990 (2018) CHARTER SCHO</th><th>OL, INC.</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>52-21</th><th>57082</th><th>2</th><th>P</th><th>age <b>8</b></th></td<>	Form 990 (2018) CHARTER SCHO	OL, INC.								52-21	57082	2	P	age <b>8</b>
Name and title       Average hours per veck list any hours for veck between at effects mater organization ine       Pepotable compensation from related organization (W2/1099-MISC)       Estimated anount of compensation from related organization (W2/1099-MISC)         Image: the set of the organization ine)       Image: the set of the set of of the	Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
hours for metated organizations below line)       and below below line)       and below below line)       and below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below below		Average hours per	box	not c , unle	Pos heck i ss per	itior more rson i	than o s both	n an	Reportable compensation	Reportable compensatio		an	timate	
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	•	I	fr org and	om th anizat d relat	e ion ed
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c       Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         d       Total (add lines 1b and 1c)       1,114,471.       105,529.       174,639.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       16         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         Name and business address       Description of services       Compensation         PROACTIVE SCHOOL       1       Compensation														
c       Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         d       Total (add lines 1b and 1c)       1,114,471.       105,529.       174,639.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       16         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         Name and business address       Description of services       Compensation         PROACTIVE SCHOOL       1       Compensation														
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
d Total (add lines 1b and 1c)       1,114,471.       105,529.       174,639.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       16         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed or line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Name and business address       Description of services       Compensation         PROACTIVE SCHOOL       Image: Schedule Schedule Schedule Schedule Schedule Schedule Schedule Schedule Schedule Schedu	1b Sub-total		1	<u> </u>			<u> </u>		1,114,471.	105,5	529.		174,	639.
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       16         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Name and business address       Description of services       Compensation         PROACTIVE SCHOOL       I       I       I										105 5			17/	
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       Description of services       Compensation         PROACTIVE SCHOOL       1       PROACTIVE SCHOOL       1	2 Total number of individuals (including but r							lo re	, ,				<u> </u>	
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       Description of services       Compensation         PROACTIVE SCHOOL       Image: School Scho													Yes	
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<b>v</b>				-	•	•		•					v
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       Description of services       Compensation         PROACTIVE SCHOOL       U       U       U	4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	tion	and	l oth	ner compensation from the	ne organization			v	Λ
rendered to the organization? If "Yes." complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation				•							·····	4	A	
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         PROACTIVE SCHOOL       Image: Compensation for the calendar year ending with or within the organization's tax year.       Image: Compensation for the calendar year ending with or within the organization's tax year.	rendered to the organization? If "Yes," cor											5		Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         PROACTIVE SCHOOL       Image: Compensation of services       Compensation		monostodina		ndo	at or	ontre	oto	ro th	at received more than <sup>¢</sup>	100 000 of comp	opost	ion fre		
Name and business address         Description of services         Compensation           PROACTIVE SCHOOL											ensat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		address								ervices	C			n
		20191							STUDENT INFORMATIO	N SERVICES			187,	950.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

	990 (2		SCHOOL, INC	•			52-215708	2 Page S
Par	t VII	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any line	in this Part VIII		<u></u>	
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Ū,G	с	Fundraising events		58,715.				
ìifts ar A	d	<b>B</b> · · · · · · · · ·	1d					
s, G mils	е	Government grants (contribut		326,339.				
ŝ		All other contributions, gifts, gran						
hei		similar amounts not included abo		173,034.				
Ö	g	Noncash contributions included in lines	1a-1f: \$					
and	h	Total. Add lines 1a-1f			558,088.			
				Business Code				
ø	2 a	PER PUPIL INSTRUCTIONA	L	900099	20,965,966.	20,965,966.		
, vic	b	PER PUPIL FACILITIES A	<u> </u>	900099	6,852,300.	6,852,300.		
Ser	c	CULINARY SALES		900099	446,957.	446,957.		
n n	d	STUDENT FEES & OTHER		900099	220,099.	220,099.		
Program Service Revenue	e	ADMIN. SUPPORT SERVICE	1	900099	120,000.	120,000.		
Pro	-	All other program service reve			, -	,		
	a				28,605,322.			
	3	Investment income (including			, , -			
	U	other similar amounts)			388,026.			388,026.
	4	Income from investment of tax			, -			
	5							
	5	Royalties	(i) Real	(ii) Personal				
	6 0	Gross rents		(II) Personal				
	6 a ⊾			<u> </u>				
	b	Less: rental expenses		<u> </u>				
	ر ام	Rental income or (loss)						
	d							
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,129,657.					
	D	Less: cost or other basis	2 200 426					
		and sales expenses						
		Gain or (loss)			70 770			70 770
		Net gain or (loss)		·	-70,779.			-70,779.
e	8 a	Gross income from fundraising	•					
ent		including \$ 58						
3eV		contributions reported on line	,					
Other Revenue		Part IV, line 18						
f		Less: direct expenses			4.4.005			44.005
Ū		Net income or (loss) from func		····· ►	-14,087.			-14,087
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gam	ning activities	····· •				
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sale	s of inventory	►				
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			29,466,570.	28,605,322.	0.	303,160.

	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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				
2		115,416.	115,416.		
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	552,016.		552,016.	
e		332,010.		552,010.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	14,893,225.	13,760,534.	1,074,686.	58,00
7	Other salaries and wages	14,000,220.	15,700,554.	1,074,000.	50,00
8	Pension plan accruals and contributions (include	695,427.	634,796.	57,208.	3,42
~	section 401(k) and 403(b) employer contributions)	1,448,948.	1,283,404.	154,971.	10,57
9	Other employee benefits	, ,	, ,	/	
10	Payroll taxes	1,124,001.	1,040,353.	79,400.	4,24
11	Fees for services (non-employees):				
	Management	00 177	100	00 077	
b	F	88,177.	100.	88,077.	20
С	Accounting	143,445.	63,844.	79,332.	26
d	, , , , , , , , , , , , , , , , , , ,	05,000			
е	, на стана стан	25,938.		54.046	25,93
f	Investment management fees	51,046.		51,046.	
g			000.017	1.50.004	
	column (A) amount, list line 11g expenses on Sch 0.)	440,421.	280,217.	160,204.	
12	Advertising and promotion	54,818.	25,154.	29,664.	
13	Office expenses	689,491.	626,859.	60,816.	1,81
14	Information technology	719,294.	615,996.	103,214.	8
15	Royalties				
16	Occupancy	5,323,620.	5,076,372.	240,204.	7,04
17	Travel	152,542.	107,802.	44,724.	1
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	185,881.	129,508.	54,025.	2,34
20	Interest	560.	560.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,589,387.	1,533,999.	53,256.	2,13
23	Insurance	110,160.	102,725.	7,223.	21
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	INCOME TAXES	63,122.		63,122.	
b	DIRECT STUDENT COST & S	647,137.	647,137.		
с	CHARTER SCHOOL BOARD AD	258,650.	258,650.		
d	FOOD & FOOD SERVICES	253,922.	253,529.		39
	All other expenses	86,078.	49,514.	33,217.	3,34
25	Total functional expenses. Add lines 1 through 24e	29,712,722.	26,606,469.	2,986,405.	119,84
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 The infollowing SOP 98-2 (ASC 958-720)				

Form 990 (2018) CHARTER SCHOOL, INC Part IX Statement of Functional Expenses CHARTER SCHOOL, INC. CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

		Check if Schedule O contains a response or not	e to any lir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,023.	1	22,355
	2	Savings and temporary cash investments			5,131,700.	2	9,230,257
	3	Pledges and grants receivable, net			32,890.	3	
	4	Accounts receivable, net			30,679.	4	156,640
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ted emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)	(9) voluntary			
ß		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			262,648.	9	477,992
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	33,914,439.			
	b	Less: accumulated depreciation	10b	14,040,546.	20,880,358.	10c	19,873,893
	11	Investments - publicly traded securities	<u> </u>		11,443,582.	11	8,280,836
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			151,689.	15	450,576
	16	Total assets. Add lines 1 through 15 (must equa			37,937,569.	16	38,492,549
	17	Accounts payable and accrued expenses			2,303,305.	17	2,481,095
	18	Grants payable				18	
	19	Deferred revenue			14,000.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
<u>ه</u>	22	Loans and other payables to current and former					
tie		key employees, highest compensated employee	s, and dis	qualified persons.			
Liabilities						22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D	-		14,582,985.	25	14,959,146
	26	Total liabilities. Add lines 17 through 25		Γ	16,900,290.	26	17,440,241
		Organizations that follow SFAS 117 (ASC 958	), check h	ere 🕨 🗴 and			
۵		complete lines 27 through 29, and lines 33 an					
Š	27	Unrestricted net assets			20,924,406.	27	20,927,640
alar	28	Temporarily restricted net assets			112,873.	28	124,668
ñ	29	Permanently restricted net assets		29			
ň		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund Balances		and complete lines 30 through 34.	- /				
ts	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ec				31	
₹	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			21,037,279.	33	21,052,308
	34	Total liabilities and net assets/fund balances			37,937,569.	34	38,492,549

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Form 990 (2018)

	CARLOS ROSARIO INTERNATIONAL PUBLIC				
Form	990 (2018) CHARTER SCHOOL, INC.	52-21570	82	Pa	<sub>ge</sub> 12
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	29	,466,	570.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	,712,	722.
3	Revenue less expenses. Subtract line 2 from line 1	3		-246,	152.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21	,037,	279.
5	Net unrealized gains (losses) on investments	5		261,	181.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	21	,052,	308.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
			_	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	<b>D</b> .			
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2018)

(Form 9 Department Internal Revo		Co	omplete if the organ 49⁄ ▶ / ▶ Go to www.irs.gov	rity Status an ization is a section 50 47(a)(1) nonexempt cha Attach to Form 990 or f //Form990 for instruction	l(c)(3) orga iritable tru Form 990-	anization ( Ist. EZ.	or a section		OMB No. 1545-0047
Name of	the organizati		ROSARIO INTERN	ATIONAL PUBLIC				Employer	r identification number
Dart	Boscon		R SCHOOL, INC.	A II					52-2157082
Part I				All organizations must co			e instruction:	3.	
The orga 1 2 X 3 4	A church, con A school des A hospital or	nvention of chi cribed in <b>sect</b> a cooperative search organiz	urches, or associatio ion 170(b)(1)(A)(ii). ( hospital service orga	For lines 1 through 12, c n of churches described Attach Schedule E (Form anization described in <b>s</b> njunction with a hospital	l in section n 990 or 99 ection 170	on <b>170(b)(</b> 1 90-EZ).) 0 <b>(b)(1)(A)(i</b> i	ii).	)(iii). Enter	the hospital's name,
5	An organizati	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6	An organizati <b>section 170(</b> A community An agricultur	on that norma b)(1)(A)(vi). (C trust describe al research org	Ily receives a substant omplete Part II.) ad in <b>section 170(b)(</b> ganization described	nental unit described in ntial part of its support fi (1)(A)(vi). (Complete Par in section 170(b)(1)(A)( ulture (see instructions).	rom a gove t II.) <b>ix)</b> operate	ernmental ed in conju	unit or from th unction with a	land-grant	college
	university:		, and conlege of agric				,	and demogra	
10	An organizati activities rela income and u	ted to its exen Inrelated busir	npt functions - subject	than 33 1/3% of its sup of to certain exceptions, (less section 511 tax) fro	and (2) no	more thar	n 33 1/3% of i	ts support	from gross investment
11				vely to test for public sa	foty Soo	coction 5(	$\Omega(a)(4)$		
12 a	An organizati more publicly lines 12a thro <b>Type I.</b> A s	on organized a r supported or ough 12d that upporting orga	and operated exclusi ganizations describe describes the type o anization operated, s	vely for the benefit of, to d in <b>section 509(a)(1)</b> of f supporting organization upervised, or controlled gularly appoint or elect a	o perform t or <b>section</b> on and com by its supp	he function <b>509(a)(2)</b> . plete lines ported org	ns of, or to ca See <b>section</b> 12e, 12f, and anization(s), t	5 <b>09(a)(3).</b> ( 12g. ypically by	Check the box in giving
		-	complete Part IV, Se		i majority c				apporting
b [	<b>Type II.</b> A s control or r organizatio	supporting org nanagement o n(s). <b>You mus</b>	anization supervised f the supporting orga <b>t complete Part IV,</b>	or controlled in connect anization vested in the sa Sections A and C.	ame perso	ns that co	ntrol or mana	ge the supp	ported
c 🗋		-		g organization operated				ly integrate	ed with,
d 🗌	Type III no that is not t requiremen	n-functionally functionally int t (see instruction	v integrated. A supplegrated. The organiz	). You must complete l porting organization oper cation generally must sat nplete Part IV, Sections written determination fro	ated in co isfy a distr <b>s A and D,</b>	nnection with the second secon	vith its suppo quirement and <b>V.</b>	l an attentiv	
• _		-		nally integrated supporti			19001, 1900	n, type n	
f Ent	ter the number	of supported o	organizations						
			about the supporte						·
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) is the organized (iv) (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
	organizatior			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Total									
								-	

CARLOS	ROSARTO	INTERNATIONAL	PUBLIC
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Schedule A (Form 990 or 990 EZ) 2018 CHARTER SCHOOL, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)
Section A Public Support

Jec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	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.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4		(-)			(-,	
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		``````````````````````````````````````				
	Gross receipts from related activities,		/				
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stor ction C. Computation of Publi	o here					
	•		-	- 1			
	Public support percentage for 2018 (I		•			14	<u>%</u>
	Public support percentage from 2017					15	<u>%</u>
16a	<b>33 1/3% support test - 2018.</b> If the d						. —
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2017.</b> If the c	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			=	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how th	ie
	organization meets the "facts-and-circ	umstances" test.	The organization o	ualifies as a publi	cly supported orga	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2018

Page 2

### Schedule A (Form 990 or 990-EZ) 2018 CHARTER SCHOOL, INC. 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	Alon A. Fublic Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	<b>(c)</b> 2016	(d) 2017	(e) 2018	(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- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	( <b>u</b> ) 2014		(0) 2010			
	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						
	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 assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) orga	nization,
	ction C. Computation of Publi						
	Public support percentage for 2018 (li			olumn (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and lin	e 17 is not
b	more than 33 1/3%, check this box an <b>33 1/3% support tests - 2017.</b> If the	-	•		• •		►
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organizati	on ►
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	his box and see ins	tructions	

# Schedule A (Form 990 or 990-EZ) 2018 CHARTER SCHOOL, INC.

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

Sche	dule A (Form 990 or 990-EZ) 2018 CHARTER SCHOOL, INC. 52-21	57082	Pa	age 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instanting).	structions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

trustees of each of the supported organizations? *Provide details in* **Part VI. b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2018

3a

3b

CARLOS ROSARIO INTERNATIONAL PUBL
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Schedule A (Form 990 or 990-EZ) 2018 CHARTER SCHOOL, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ting Organ	izations	i age	
1 Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	Nov. 20, 1970 (explain in I	Part VI.) See instructions.	
other Type III non-functionally integrated supporting organizations must	complete Sec	ctions A through E.	-	
Section 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			
Section 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):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in <b>Part VI</b> ):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions)	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	6			

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

Schedule A (Form 990 or 990-EZ) 2018

Page **7** 52-2157082

Sche	dule A (Form 990 or 990-EZ) 2018 CHARTER SCHOOL, INC.	52-2157082	Page 7		
Par	t V Type III Non-Functionally Integrated 509(				
Sect	on D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt 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				
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				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
с	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
с	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	e Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 CHARTER SCHOOL, INC.	52-2157082	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a o 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C,

# Schedule B

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

Internal Revenue Service

Name of the organization

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

# 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

# 2018

Employer identification number

CA	RLOS ROSARIO INTERNATIONAL PUBLIC	
СН	ARTER SCHOOL, INC.	52-2157082
Organization type (check of	one):	
Filers of:	Section:	

Form 990 or 990-EZ	X	501(c)( <sup>3</sup> ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2018)		Page <b>2</b>
Name of or		1	Employer identification number
	OSARIO INTERNATIONAL PUBLIC		50.0455000
CHARTER	SCHOOL, INC.		52-2157082
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	
1			Person X
		10.0	00. Noncash
		\$10,0	
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2			Person X Payroll
		\$ 16,0	
		*,	(Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.			
3			Person X
			Payroll
		\$5,0	00. Noncash
			(Complete Part II for noncash contributions.)
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4			
<del></del>			Person X Payroll
		\$ 5,0	00. Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	(D) Name, address, and ZIP + 4	(C) Total contributions	
	· · ·		
5			Person X
		\$ 50,0	Payroll     00.   Noncash
		\$50,0	(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6			Person
			Payroll
		\$5,0	—
			(Complete Part II for noncash contributions.)
			noncash contributions.)

Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2018)		Page 2
Name of o	-		Employer identification number
	OSARIO INTERNATIONAL PUBLIC		
CHARTER	SCHOOL, INC.		52-2157082
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	
7		\$10,	500.       Person       X         Fayroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
8		\$5,	Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
9		\$10,	Person       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
10		\$10,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
		\$46,	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
12			Person     X       163.     Noncash       (Complete Part II for noncash contributions.)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2018)		Page <b>2</b>
Name of or	-		Employer identification number
	OSARIO INTERNATIONAL PUBLIC		52-2157082
	SCHOOL, INC.		52-2157002
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	Type of contribution
		\$14,	000.       Person       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 Total con		IS Type of contribution
14		\$6,	000.       Person       X         Payroll       Payroll         Noncash       (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	IS Type of contribution
		\$10,	000.       Person       X         Payroll       Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	IS Type of contribution
		\$	Person       Payroll         Payroll       Payroll         Noncash       Payroll         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	rganization		Employer identification numb
	OSARIO INTERNATIONAL PUBLIC SCHOOL, INC.		52-2157082
art II	Noncash Property (see instructions). Use duplicate copies of P	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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 4				
Name of or	rganization			Employer identification number				
	OSARIO INTERNATIONAL PUBLIC							
	SCHOOL, INC.			52-2157082				
Part III	from any one contributor. Complete columns (a) t	through (e) and the following line en	try. For organizations					
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	naritable, etc., contributions of <b>\$1,000 or</b>	less for the year. (Enter this info. on	ce.) 🏴 🗣				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
ŀ		(a) Transfer of ait						
		(e) Transfer of gif	L .					
	Transferee's name, address, and	3 <b>ZI</b> P + 4	Relationship of tra	Insferor to transferee				
Γ								
		[						
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
ŀ	(e) Transfer of gift							
	Transferee's name, address, and	Relationship of tra	ansferor to transferee					
		[						
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
F		(e) Transfer of gif	it					
		(-,	-					
ļ	Transferee's name, address, and	1 <b>ZIP</b> + 4	Relationship of tra	insferor to transferee				
		[						
(a) No. from		(a) Lies of with						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
ľ		(e) Transfer of gif	t '					
		•						
ļ	Transferee's name, address, and	d <b>ZIP + 4</b>	Relationship of tra	Insferor to transferee				
		[						

	HEDULE D n 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
	ment of the Treasury I Revenue Service	►Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and the latest information.		Inspection
Nam	e of the organization	CARLOS ROSARIO INTERNATIONA CHARTER SCHOOL, INC.	L PUBLIC	Employe	r identification number 52-2157082
Pa	rt I Organizatio	ons Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts.	Complete if the
	organization an	nswered "Yes" on Form 990, Part IV, lin	ie 6.		·
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at end o	f year			
2	Aggregate value of co	ntributions to (during year)			
3		ants from (during year)			
4		d of year			
5	-		writing that the assets held in donor advised fur		
-			exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used		
			r donor advisor, or for any other purpose confer	0	
Pa	impermissible private l		ganization answered "Yes" on Form 990, Part IV		Yes No
1		ation easements held by the organizati		, 1110 7.	
•		land for public use (e.g., recreation or e		v important l	and area
	Protection of na	1 (0)	Preservation of a certified h	, ,	
	Preservation of o				
2			fied conservation contribution in the form of a co	onservation e	easement on the last
	day of the tax year.	<b>.</b>			at the End of the Tax Year
а	Total number of conse	ervation easements		2a	
b	Total acreage restricte	ed by conservation easements		2b	
с	Number of conservation	on easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation	on easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the National F	Register		2d	
3	Number of conservation	on easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization durin	g the tax
	year 🕨				
4		re property subject to conservation eas			
5	-		riodic monitoring, inspection, handling of		
•		ement of the conservation easements it			
6	Staff and volunteer ho	ours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on easement	is during the year
-		-			
7	Amount of expenses in \$	ncurred in monitoring, inspecting, nand	lling of violations, and enforcing conservation ea	isements du	ring the year
8		an assement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(E	\ <i>(</i> i)	
5	and section 170(h)(4)(E				Yes No
9			on easements in its revenue and expense stater		
•			tion's financial statements that describes the or		
	conservation easemer	-			Ū
Pa	rt III Organizatio	ons Maintaining Collections of	f Art, Historical Treasures, or Other S	Similar As	sets.
	Complete if the	organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elec	cted, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	nd balance s	heet works of art,
	historical treasures, or	other similar assets held for public ext	nibition, education, or research in furtherance of	public servic	ce, provide, in Part XIII,
	the text of the footnote	e to its financial statements that descri	bes these items.		
b	If the organization elec	cted, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and b	alance sheet	t works of art, historical
	treasures, or other sim	nilar assets held for public exhibition, e	ducation, or research in furtherance of public se	rvice, provide	e the following amounts
	relating to these items				
_	(ii) Assets included in				
2			asures, or other similar assets for financial gain,	provide	
	-	required to be reported under SFAS 1			
a b					
U U	Assets included in FOI	111 JJU, Fail A		. 💌 🛡	

LHA	For Paperwork Reduction Act Notice,	see the	Instructions	for Form	990.
832051	10-29-18				

	CARLOS ROSA	ARIO INTERNATIO	NAL PU.	BPIC							
	dule D (Form 990) 2018 CHARTER SCI					_		2-2157		Р	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Othe	r Similar As	ssets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the t	ollowing tha	t are a si	gnificant use c	of its co	llection	items	3
	(check all that apply):										
а	Public exhibition	c	1 L	Loan or exc	hange progra	ams					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	on's exer	npt purpose ir	n Part X	an.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran								ne 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							—		-	
	, , , , , , , , , , , , , , , , , , ,	ľ	5						Amoun	t	
c	Beginning balance						1c			-	
	Additions during the year										
	Distributions during the year										
-											
f	Ending balance Did the organization include an amount on F								Yes		No
	-						• • • • • • • • • • • • • • • • • • • •	🖵		-	
	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete						10				
		(a) Current year		Prior year	(c) Two vea		(d) Three years	book	(e) Four	vooro	book
10	Designing of year belongs	(a) Current year		mor year		IS DOLK	(u) mee years	DALK	(e) Four	years	Dack
Id L	Beginning of year balance										
D	Contributions										
с.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1o	g, column (a	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held ar	nd administe	red for th	ne organizatior	۱			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	<b>/···</b>								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	chedule R?					Зb		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a. S	ee Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or c			or other		ccumulated		( <b>d)</b> Boo	k valu	е
	,	basis (investr			(other)	l	preciation				
<b>1</b> a	Land										
	Buildings										
	Leasehold improvements			11	,259,921.				11	259	921.
	Equipment				,675,870.						870.
	Other				,978,648.		14,040,546				102.
							, ,				-

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) ..... 19,873,893.

Schedule D (Form 990) 2018

Sched	ule D (Form 990) 2018 CHARTER SCHOOL ,	INC.			52-2157082	Page <b>3</b>
Part						
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 9	90, Part X, line 12.		
(a) D	escription of security or category (including name of security)	(b) Book value			or end-of-year market	value
(1) Fir	nancial derivatives					
• •	osely-held equity interests					
( <b>3)</b> Ot						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total.	Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨					
	VIII Investments - Program Related.					
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 9	90, Part X, line 13.		
	(a) Description of investment	(b) Book value			or end-of-year market	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨					
Part						
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 9	90, Part X, line 15.		
	(a)	Description			(b) Book	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. Part	(Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	e 15.)			►	
	Complete if the organization answered "Yes"	on Form 990. Part IV	line 11e or 11f. See	Form 990, Part X I	ine 25.	
1.	(a) Description of liability		(b) Book value			
(1)						
(2)	DUE TO COMMUNITY CAPITAL CORPORATION		224,8	56.		

(2) DUE TO COMMUNITY CAPITAL CORPORATION	224,856.
(3) CAPITAL LEASE OBLIGATIONS	12,757,020.
(4) DEFERRED COMPENSATION	323,136.
(5) DEFERRED RENT	1,239,787.
(6) ACCRUED POSTRETIREMENT BENEFIT	414,347.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,959,146.

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

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC

	CARLOS ROSARIO INTERNATIONAL PUBLIC			
Sche	edule D (Form 990) 2018 CHARTER SCHOOL, INC.		52-215	7082 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	29,737,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	261,181.		
b	Donated services and use of facilities 2b	45,966.		
с	Recoveries of prior year grants 2c			
d				
е	Add lines <b>2a</b> through <b>2d</b>		2e	307,147.
3	Subtract line <b>2e</b> from line <b>1</b>		3	29,430,571.
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	51,046.		
b	Other (Describe in Part XIII.)	-15,047.		
с	Add lines <b>4a</b> and <b>4b</b>		4c	35,999.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	29,466,570.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With	n Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	29,722,689.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	45,966.	-	
b	Prior year adjustments 2b		-	
С	Other losses 2c			
d	Other (Describe in Part XIII.)	15,047.		
е	Add lines <b>2a</b> through <b>2d</b>		2e	61,013.
3	Subtract line <b>2e</b> from line <b>1</b>		3	29,661,676.
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	51,046.	-	
b	Other (Describe in Part XIII.)			
с	Add lines <b>4a</b> and <b>4b</b>		4c	51,046.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	29,712,722.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA, THE

SCHOOL IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS

INCOME. THE SCHOOL HAD NET UNRELATED BUSINESS INCOME OF \$167,984 AND

\$96,652 FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, RESPECTIVELY.

GENERALLY, THE SCHOOL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY

THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2016.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8B -15,047.

	CARLOS ROSARIO INTERNATIONAL PUBL	IC		
Schedule D (Form 990) 2018	CHARTER SCHOOL, INC.		52-2157082	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)			
PART XII, LINE 2D - OTHER A	ADJUSTMENTS:			
	ססססקים א סאסיי אידד אידי פס	15 047		
FUNDRAISING EVENT EXFENSES	REPORTED IN PART VIII, LINE 8B	15,047.		

	CHEDULE E Schools		MB No. 1545-0047				
Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.		20	18	8			
			Open to Public				
Image: Service     Go to www.irs.gov/Form990 for the latest information.     Insp							
ame of the organizati			entification number				
	CHARTER SCHOOL, INC. 52	-215708	32				
Part I			1.				
			YES	NO			
•	zation have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,						
	instrument, or in a resolution of its governing body?	1		X			
	zation include a statement of its racially nondiscriminatory policy toward students in all its brochures, other written communications with the public dealing with student admissions, programs, and scholarships?	2	x				
	ation publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	2					
	tion for students, or during the registration period if it has no solicitation program, in a way that makes						
	to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.						
	e space, use Part II	3		x			
	GIVEN THE NOTICE WHEN THEY COME TO REGISTER AND						
IT IS ON OUR	WEBSITE.						
		_					
		_					
Ũ	zation maintain the following?						
a Records indicati	ng the racial composition of the student body, faculty, and administrative staff?	. <b>4a</b>	Х				
	enting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	. <b>4b</b>	X				
c Copies of all cat	alogues, brochures, announcements, and other written communications to the public dealing with student						
-							
admissions, prog	grams, and scholarships?		x				
admissions, prog d Copies of all ma	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions?		x x				
admissions, prog d Copies of all ma	grams, and scholarships?						
admissions, prog d Copies of all ma	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions?						
admissions, prog d Copies of all ma	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions?						
admissions, prog d Copies of all ma	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions?						
admissions, prog d Copies of all main If you answered	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II.						
admissions, prog d Copies of all main lf you answered 	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II.	_ 4d _ _ _		X			
admissions, prog d Copies of all mai lf you answered Does the organiz a Students' rights	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges?	_ 4d _ _ _		X			
admissions, prog d Copies of all mai lf you answered Does the organia a Students' rights b Admissions polic	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges?	- 4d - 5a 5b					
admissions, prog d Copies of all mai lf you answered Does the organia a Students' rights b Admissions polic c Employment of f	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff?	4d 		x			
admissions, prog d Copies of all mai lf you answered Does the organiz a Students' rights b Admissions polic c Employment of f d Scholarships or	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance?	4d 		X X			
admissions, prog d Copies of all mai lf you answered Does the organiz a Students' rights b Admissions polic c Employment of f d Scholarships or	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance? cies?	4d 4d 5a 5b 5c 5d 5c		X X X			
admissions, prog d Copies of all mai If you answered Does the organia a Students' rights b Admissions polic c Employment of f d Scholarships or e Educational polic f Use of facilities?	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance? cies?	4d 		X X X X			
admissions, prog d Copies of all mai lf you answered Does the organia a Students' rights b Admissions polic c Employment of f d Scholarships or e Educational polic f Use of facilities? g Athletic program	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance? cies?	4d 4d 5a 5b 5c 5d 5c 5d 5f 5g		X X X X X X			
admissions, prog d Copies of all mai lf you answered Does the organia a Students' rights b Admissions polic c Employment of f d Scholarships or e Educational polic f Use of facilities? g Athletic program h Other extracurric	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance? cies?	4d 4d 5a 5b 5c 5d 5c 5d 5f 5g		X X X X X X X			
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admissions, prog d Copies of all mai lf you answered 	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance? cies?	4d 4d 5a 5b 5c 5d 5c 5d 5f 5g		X X X X X X X			
admissions, prog d Copies of all mai lf you answered 	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance? cies?	4d 4d 5a 5b 5c 5d 5c 5d 5f 5g		X X X X X X X			
admissions, prog d Copies of all mai lf you answered 	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance? cies? solicities? ular activities? "Yes" to any of the above, please explain. If you need more space, use Part II.	4d 4d 5a 5b 5c 5d 5c 5d 5g 5f 5g 5h	X	X X X X X X X			
admissions, prog d Copies of all mai lf you answered 	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. exation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance? cies? solicities? "Yes" to any of the above, please explain. If you need more space, use Part II. "Yes" to any of the above, please explain. If you need more space, use Part II.	4d 4d 5a 5b 5c 5d 5c 5d 5f 5g 5h 6a		X X X X X X			
admissions, prog d Copies of all mai lf you answered 5 Does the organiz a Students' rights b Admissions polic c Employment of f d Scholarships or e Educational polit f Use of facilities? g Athletic program h Other extracurrio lf you answered 5 Does the organiz b Has the organiz	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. exation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance? cies? series? ular activities? "Yes" to any of the above, please explain. If you need more space, use Part II. "Yes" to any of the above, please explain. If you need more space, use Part II.	4d 4d 5a 5b 5c 5d 5c 5d 5f 5g 5h 6a	X	X X X X X X X			
admissions, prog d Copies of all mai lf you answered 5 Does the organia a Students' rights b Admissions polic c Employment of f d Scholarships or e Educational polic f Use of facilities? g Athletic program h Other extracurric lf you answered 5 Does the organia b Has the organia lf you answered	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. ration discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance? cies? solut activities? "Yes" to any of the above, please explain. If you need more space, use Part II. "Yes" to any of the above, please explain. If you need more space, use Part II. "Yes" to any of the above, please explain. If you need more space, use Part II. "Yes" to any of the above, please explain. If you need more space, use Part II. "Yes" to any of the above, please explain. If you need more space, use Part II. "Yes" to such aid ever been revoked or suspended? "Yes" on either line 6a or line 6b, explain on Part II.	4d 4d 5a 5b 5c 5d 5c 5d 5f 5g 5h 6a	X	X X X X X X			
admissions, prog d Copies of all mai lf you answered 5 Does the organia a Students' rights b Admissions polic c Employment of f d Scholarships or e Educational polic f Use of facilities? g Athletic program h Other extracurric lf you answered 5 Does the organia b Has the organia f you answered 7 Does the organia	grams, and scholarships? terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. exation discriminate by race in any way with respect to: or privileges? cies? aculty or administrative staff? other financial assistance? cies? series? ular activities? "Yes" to any of the above, please explain. If you need more space, use Part II. "Yes" to any of the above, please explain. If you need more space, use Part II.	4d       5a       5b       5c       5d       5c       5d       5e       5f       5g       5h       6a       6b	X	X X X X X X			

Schedule E (Form 990 or 990-EZ) 2018 CHARTER SCHOOL, INC.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE SCHOOL RECEIVES A PER PUPIL STUDENT AND FACILITY ALLOTMENT BASED ON

ENROLLMENT TO DISTRICT OF COLUMBIA GOVERNMENT - THIS IS THE PRIMARY SOURCE

OF FUNDING. THE SCHOOL MAY ALSO APPLY AND RECEIVE FUNDS IN THE FORM OF A

GRANT(S) FROM THE DISTRICT OF COLUMBIA OFFICE OF STATE SUPERINTENDENT OF

EDUCATION FOR SPECIFIC PURPOSE/PROGRAM.

CONTRIBUTIONS RECEIVED FROM GOVERNMENT AGENCIES:

DISTRICT OF COLUMBIA OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

DISTRICT OF COLUMBIA MAYOR'S OFFICE ON LATINO AFFAIRS

52-2157082

Page 2

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the	2018						
Department of the Treasury		Attach to Form 99					Open to Public	
nternal Revenue Service		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati		Inspection	
Name of the organization		ARIO INTERNATIONAL PUBLIC					identification number	
<u> </u>	CHARTER SCI	1				52-215		
	omplete this part	Complete if the organization answ t.	vered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990	)-EZ filers are not	
a X Mail solicitati b X Internet and e c X Phone solicit d X In-person soli 2 a Did the organization key employees lister	ons email solicitations ations icitations n have a written c ed in Form 990, P	f Solicit	ation of ation of al fundra al (incluc professi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X		
compensated at lea	•	· /·						
(i) Name and address or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (	by) to (or retained by	
PROGRESSITY INC	PO BOX	ONGOING DEVELOPMENT	Yes	No				
1095, WASHINGTON,	DC 20008	STRATEGY		х	0.	22,0	0022,000	
Total		1	1			22,0	0022,000	

$\mathbf{AL}$	, AK	, AZ	, AR	CA	, CO ,	CT,	, DE	,FL	, GA	, HI ,	, ID	,IL,	, IN	,IA	,KS	, KY	, LA	, ME	, MD	, MA	,MI	, MN	, MS	, MO
мт	, NE	, NV	, NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	, SD	, TN	, TX	, UT	, VT	, VA	, WA	, WV	WI	, WY

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Schedule G (Form 990 or 990-EZ) 2018 CHARTER SCHOOL, INC.

52-2157082 Page **2** 

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
		of fundraising event contributions and gro			-	ts greater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			ACHIEVING THE		NONE	(add col. (a) through				
			DREAM LUNCHEON			col. (c))				
Ð			(event type)	(event type)	(total number)	(-//				
Revenue										
Seve	1	Gross receipts	59,675.			59,675.				
ш										
	2	Less: Contributions	58,715.			58,715.				
	3	Gross income (line 1 minus line 2)	960.			960.				
	4	Cash prizes								
	5	Noncash prizes								
ses										
ens	6	Rent/facility costs								
Direct Expenses										
ect	7	Food and beverages	8,198.			8,198.				
Dir										
	8	Entertainment								
	9	Other direct expenses	6,849.			6,849.				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	15,047.				
	11					-14,087.				
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.	Ι							
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue				billgo/progressive billgo						
Rev		-								
	1	Gross revenue								
	•	Qual anima								
es	2	Cash prizes								
Direct Expenses	~	Negersk svinge								
ц Д	3	Noncash prizes								
ščt I		Dept/feeility.coote								
Dire	4	Rent/facility costs								
	-	Other direct expenses								
	5	Other direct expenses								
	c	Voluntaar labar	Yes%	Yes%	Yes%					
	0	Volunteer labor	<b>No</b>	No No	No					
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•					
	'	Direct expense summary. Add lines 2 through			·····					
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•					
	0	Net gaming income summary. Subtract line r								
a	Ent	ter the state(s) in which the organization condu	icts daming activities:							
		he organization licensed to conduct gaming a				Yes No				
		No," explain:								
~										
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	vear?	Yes No				
		Yes," explain:			,					
		· ·								

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Sch	nedule G (Form 990 or 990-EZ) 2018 CHARTER SCHOOL, INC. 5	2-2157082	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	🗌 Yes	No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
	<ul> <li>If "Yes," enter the amount of gaming revenue received by the organization </li> <li>\$ and the amount of gaming revenue retained by the third party </li> <li>\$</li> <li>\$</li> <li>If "Yes," enter name and address of the third party:</li> </ul>		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
I	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 💲		
Pa	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lines 9	, 9b, 10b,
	··· · ·		

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC
	aattoot	TNG	

Schedule G	G (Form 990 or 990-EZ) CHARTER SCHOOL, INC.	52-2157082	Page 4
Part IV	G (Form 990 or 990-EZ) CHARTER SCHOOL, INC. Supplemental Information (continued)		
	(contantada)		

SCHEDULE I (Form 990)			rants and Oth					OMB No. 1545-0047
(Form 990)			vernments, an ete if the organization					2018
Department of the Treasury Internal Revenue Service		Comp	-	Attach to For				Open to Public Inspection
Name of the organizati	ON CARLOS ROSARI CHARTER SCHOO	O INTERNATIONA L INC.	L PUBLIC					Employer identification number 52-2157082
Part I General In	formation on Grants a	,						51 115,001
1 Does the organiz	ation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	
criteria used to a	ward the grants or assis	stance?						Yes X No
	IV the organization's pro							N/ Par Of far and
	d Other Assistance to hat received more than \$	-				anization answered "Y	es" on Form 990, Pari	TV, line 21, for any
1 (a) Name and ad	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	er of section 501(c)(3) a er of other organization			e line 1 table				·
	Reduction Act Notice							Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) CHARTER SCHOOL, INC.

52-2157082

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	62	115,416.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SC	HEDULE J	Compens	ation Information	I	OMB No. 1	545-004	47	
(Fo	rm 990)	_	rs, Trustees, Key Employees, and Highest		20	10		
-	-		ensated Employees		20	IQ	)	
Dene	transfelder Transferre		nswered "Yes" on Form 990, Part IV, line 23. ach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service		) for instructions and the latest information.		Inspection			
Nam	Name of the organization CARLOS ROSARIO INTERNATIONAL PUBLIC Employer identifi							
		CHARTER SCHOOL, INC.		52-215	57082			
Pa	rt I Question	s Regarding Compensation						
						Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any c	of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relev	vant information regarding these items.					
	First-class or c	harter travel	Housing allowance or residence for person	nal use				
	Travel for com	panions	Payments for business use of personal res	sidence				
	Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fees	\$				
	Discretionary :	pending account	Personal services (such as maid, chauffeu	r, chef)				
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or								
	reimbursement or p	rovision of all of the expenses described abo	ove? If "No," complete Part III to explain		_ 1b			
2	Did the organization	require substantiation prior to reimbursing o	or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, reg	arding the items checked on line 1a?		2			
3	Indicate which, if an	y, of the following the filing organization use	d to establish the compensation of the organization	ion's				
		,	boxes for methods used by a related organization	on to				
	·	tion of the CEO/Executive Director, but expl						
	X   Compensation committee       Written employment contract							
		ompensation consultant	X Compensation survey or study					
	X Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee				
_								
4		any person listed on Form 990, Part VII, Sec	ction A, line 1a, with respect to the filing					
	organization or a re	•				v		
a		e payment or change-of-control payment?				x x	├──	
b			lified retirement plan?			Δ	x	
С			nsation arrangement?		4c			
	If "Yes" to any of lir	es 4a-c, list the persons and provide the app	blicable amounts for each item in Part III.					
	Only costion Edd	)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5.0					
F			the organization pay or accrue any compensatio	n				
5	contingent on the r		the organization pay or accrue any compensatio	1				
9	0				5a		x	
					5a 5b		x	
		r 5b, describe in Part III.						
6			the organization pay or accrue any compensatio	n				
•	contingent on the r							
а					6a		x	
					6b		x	
		r 6b, describe in Part III.						
7		-	the organization provide any nonfixed payments					
					7	х		
8			led pursuant to a contract that was subject to th					
-		ption described in Regulations section 53.49			8		x	
9		d the organization also follow the rebuttable						
-		5			9			
LHA		eduction Act Notice, see the Instructions f		Schedul		n <b>990</b> )	) 2018	

Schedule J (Form 990) 2018 CHARTER SCHOOL, INC.

52-2157082

Page **2** 

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ALLISON R. KOKKOROS	(i)	179,209.	17,506.	236.	33,534.	17,875.	248,360.	0.
MEMBER EX OFFICIO, CEO	(ii)	٥.	0.	0.	0.	0.	0.	0.
(2) SONIA GUTIERREZ	(i)	46,125.	0.	22,589.	2,061.	90.	70,865.	0.
MEMBER THRU 01/31/2019	(ii)	104,195.	0.	1,334.	3,188.	3,365.	112,082.	0.
(3) GERARDO A. LUNA	(i)	159,085.	16,179.	2,787.	10,841.	14,593.	203,485.	0.
CFO	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(4) GUSTAVO VITERI	(i)	144,295.	0.	17,554.	10,172.	18,153.	190,174.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

Part III Supplemental Information

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

PART I, LINES 4A-B:

A SEVERANCE PAYMENT WAS MADE DURING 2018. DETAILS OF THE TRANSACTION ARE

CHARTER SCHOOL, INC.

AVAILABLE TO THE IRS UPON REQUEST.

ALLISON KOKKOROS PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN 457(F). DURING THE CALENDAR YEAR 2018, THERE WAS NO CONTRIBUTION TO

THE PLAN. THE ORGANIZATION ACCRUED \$21,580 DURING THE CALENDAR YEAR 2018

(\$18,887 FOR FYE 06/30/2018 AND THE \$2,693 FOR FYE 06/30/2019).

PART I, LINE 7:

PERFORMANCE BONUSES WERE CALCULATED BASED ON A PERCENTAGE OF BASE SALARY.

52-2157082

Page 3

SCHEDULE O	Supplemental Information to Form 990 or 990-	-EZ ⊢	OMB No. 1545-0047
(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.		2018
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization	CARLOS ROSARIO INTERNATIONAL PUBLIC	Employer id	entification number
	CHARTER SCHOOL, INC.	52-215	
FORM 990, PART I, L	INE 1, DESCRIPTION OF ORGANIZATION MISSION:		
IMMIGRANT POPULATIO	N AND IS NATIONALLY AND INTERNATIONALLY RECOGNIZED		
AS A MODEL IN ADULT	EDUCATION. THE SCHOOL OFFERS AN AWARD-WINNING		
HOLISTIC MODEL OF A	DULT EDUCATION FOR IMMIGRANTS INCLUDING CLASSES IN		
LANGUAGE, LITERACY,	GED, CITIZENSHIP AND WORKFORCE DEVELOPMENT AS WELL		
AS COMPREHENSIVE SU	PPORTIVE SERVICES. THE SCHOOL SERVES MORE THAN 2,500		
STUDENTS AND IS RAN	KED AS A TIER 1, HIGH PERFORMING SCHOOL BY THE D.C.		
PUBLIC CHARTER SCHO	OL BOARD. THE SCHOOL'S CHARTER WAS RENEWED IN 2013		
FOR AN ADDITIONAL 1	5 YEARS AND IT IS FULLY ACCREDITED BY THE MIDDLE		
STATES ASSOCIATION	OF AMERICA.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE ORGANIZATION HA	S A THREE-TIER DATA COMPILATION AND REVIEW SYSTEM FOR		
THE FORM 990, WHICH	INVOLVES THE CONTROLLER AND GENERAL COUNSEL AND		
CULMINATES WITH THE	CFO BEFORE A DRAFT 990 IS PREPARED BY THE ACCOUNTING		
FIRM. THE ACCOUNTI	NG FIRM PREPARES THE DRAFT FORM 990 FOR REVIEW BY THE		
ORGANIZATION AND PR	OPOSED CHANGES ARE DOCUMENTED AS NECESSARY. THE DRAFT		
IS PRESENTED TO THE	CEO AND THE BOARD FOR FURTHER REVIEW. ALL CHANGES ARE		
COMPILED AND PRESEN	TED TO THE ACCOUNTING FIRM WHO ISSUES A FINAL DRAFT		
WHICH IS APPROVED B	Y THE CFO PRIOR TO FILING THE FINAL RETURN.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
THE CONFLICT OF INT	EREST POLICY IS DISTRIBUTED TO THE BOARD OF TRUSTEES AND		
EMPLOYEES ANNUALLY.	EACH BOARD MEMBER AND EMPLOYEE IS RESPONSIBLE FOR		
REVIEWING AND COMPL	YING WITH THE POLICY. EACH MEMBER OF THE BOARD IS		

REQUIRED TO SIGN OFF THAT THEY ARE IN COMPLIANCE WITH THE POLICY AND MUST

Name of the organization	CARLOS ROSARIO INTERNATIONAL PUBLIC	Employer identification number
Name of the organization	CHARTER SCHOOL, INC.	52-2157082
DISCLOSE TO THE CEO	ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST SO THAT	
SAFEGUARDS CAN BE ES	TABLISHED TO PROTECT ALL PARTIES.	
OFFICERS AND KEY STA	AFF LEADERSHIP ARE RESPONSIBLE FOR COMPLETING THE	
CONFLICT OF INTEREST	DISCLOSURE FORM EACH YEAR AND DISCLOSING ANY ACTUAL OR	
POTENTIAL CONFLICTS	AS CONFLICTS ARISE.	
FORM 990, PART VI, S	SECTION B, LINE 15:	
THE SALARY OF THE C	O IS DETERMINED BY REVIEWING SALARY DATA PRODUCED BY AN	
INDEPENDENT CONSULTA	NT. THIS INCLUDES REVIEW OF SURVEY DATA FOR CHARTER	
SCHOOLS OF SIMILAR S	SIZE/COMPLEXITY, OTHER NOT FOR PROFITS AND OTHER	
COMPARABLE AGENCIES.	THE EXECUTIVE COMMITTEE PROPOSES THE COMPENSATION OF	
THE CEO WHICH IS REV	VIEWED AND APPROVED ANNUALLY BY THE BOARD.	
SALARIES OF THE OTHE	R OFFICERS WERE DETERMINED AS PART OF A STUDY CONDUCTED	
BY AND INDEPENDENT C	ONSULTANT, AND THEREON ANNUAL SALARY INCREASES WERE	
PERFORMED ACROSS THE	BOARD FOR ALL EMPLOYEES. SALARIES OF OTHER OFFICERS	
	CEO AND THE SALARY EXPENSE WAS APPROVED BY THE BOARD	
AS PART OF THE ANNU?	L BUDGET PROCESS.	
FORM 990 PART VT T	INE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
<b>, , , , , , , , , , , , , , , , ,</b>		
AK,CO,DC,FL,KY,ME,MI	),MA,MI,NV,NH,ND,OH,OK,OR,RI,SC,UT,WA,WV,WI	

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 AND 990-T ARE AVAILABLE UPON REQUEST, AND CAN BE FOUND ON

GUIDESTAR AND THE DC PUBLIC CHARTER SCHOOL BOARD'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

<u>Schedule O (Form 990 or 9</u> Name of the organization	CARLOS ROSARIO INTERNATIONAL PUBLIC	Page Employer identification number
lame of the organization	CHARTER SCHOOL, INC.	52-2157082
ARLOS ROSARIO PUBL	IC CHARTER SCHOOL'S FINANCIAL STATEMENTS CAN BE ACCESSED	
IA THE SCHOOL'S WE	BSITE UNDER PUBLIC INFORMATION VIA A LINK TO DC PUBLIC	
CHARTER SCHOOL BOAR	D'S TRANSPARENCY HUB . THE SCHOOL'S FINANCIAL	
TATEMENTS ARE ALSO	ACCESSIBLY ON THE DC PUBLIC CHARTER SCHOOL BOARD'S	
VEBSITE DIRECTLY.	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	
INANCIAL STATEMENT	S ARE ALSO AVAILABLE UPON REQUEST.	

SCHEDULE R (Form 990)	ficiated erganizatione and enrolated ratificiently				
Department of the Treasury Internal Revenue Service	Open to Publ Inspection				
Name of the organization	CARLOS ROSARIO INTERNATIONAL PUBLIC	Employer ide	entification number		
Ũ	CHARTER SCHOOL, INC.	52-2157	7082		

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state o foreign country)		(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
COMMUNITY CAPITAL CORPORATION - 52-2332161	PROVIDES AND OPERATES						
1100 HARVARD STREET, NW	FACILITIES TO HOUSE						
WASHINGTON, DC 20009	NON-PROFIT ORGANIZATIONS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12B, II	N/A		х
COMMUNITY CAPITAL CORPORATION - SONIA	TO HOLD TITLE AND DEVELOP						
GUTIERREZ CAMPUS - 46-0612061, 1100 HARVARD	PROPERTY FOR EDUCATIONAL				COMMUNITY CAPITAL		
STREET, NW, WASHINGTON, DC 20009	USES	DISTRICT OF COLUMBIA	501(C)(2)		CORPORATION		х
	-						
	-						

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

Schedule R (Form 990) 2018

CHARTER SCHOOL, INC. Schedule R (Form 990) 2018

Part III

-

Part III Identification of Related Orgonizations treated as a part	anizations Taxable a	<b>s a Partne</b> k year.	ership. Complete if	the organization answe	ered "Yes" on Forn	n 990, Part IV, line	34, be	ecause	e it had one or mor	e rela	ated	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo allocat	ortionate tions?	amount in box 20 of Schedule	mana partn	ging her?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										$\square$		

## Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	contr enti	
		country)						Yes	No

52-2157082	Page <b>2</b>

Schedule R (Form 990) 2018 CHARTER SCHOOL, INC.

Part	<ul> <li>V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.</li> </ul>			age e
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
	Gift, grant, or capital contribution to related organization(s)	1b		х
	Gift, grant, or capital contribution from related organization(s)	1c	x	
	Loans or loan guarantees to or for related organization(s)	1d	x	
е	Loans or loan guarantees by related organization(s)	1e		х
f	Dividends from related organization(s)	1f		х
	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	x	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	x	
	Reimbursement paid by related organization(s) for expenses	1q		Х
•				
r	Other transfer of cash or property to related organization(s)	1r		х
s	Other transfer of cash or property from related organization(s)	1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	-	-	

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2018 CHARTER SCHOOL, INC.

## 52-2157082 Page **4**

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(e) Are a partners 501(c) orgs Yes	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tion	n) ropor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes NC	(k) Percentage ownership

Schedule R (Form 990) 2018

# Schedule R (Form 990) 2018 CHARTER Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Form <b>990-T</b>	E	xempt Orgar						ax R	eturn		OMB	No. 1545-0687
	(and proxy tax under section 6033(e))								2018			
	For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019 Go to www.irs.gov/Form990T for instructions and the latest information.							·	2	U 10		
Department of the Treasury Internal Revenue Service		)o not enter SSN number	•						501(c)(3).	-	Open to 501(c)(3)	Public Inspection for Organizations Only
A Check box if address changed		Name of organization ( [ CARLOS ROSARIO IN				and see ii	nstructions.)			Emp	oyer iden loyees' tr uctions.)	tification number ust, see
B Exempt under section	B Exempt under section Print CHARTER SCHOOL, INC.									52-21	57082	
X 501(c)(3)		Number, street, and room		. If a P.O. box	k, see in	structions	6.				ated busi	ness activity code ns.)
408(e) 220(e) Type 1100 HARVARD STREET, NW												
408A       530(a)       City or town, state or province, country, and ZIP or foreign postal code         529(a)       WASHINGTON, DC       20009												
<b>C</b> Book value of all assets at end of year		F Group exemption numb					1					
II. Catas the sumber of the		G Check organization type					501(c) trust		401(a)			Other trust
H Enter the number of the c	-	on's unrelated trades or d	usinesses.	▶					(or first) un			20
trade or business here describe the first in the bl		at the end of the previou	e contonco	complete Da	rte I an		If only one,					ie,
business, then complete l		•	13 3611161166,	complete r al	115 1 411	i ii, comp					; 01	
I During the tax year, was			ffiliated gro	up or a paren	ıt-subsi	diarv cont	rolled aroup?		•	Y	es 🗌	No
If "Yes," enter the name a							· · · · · · · · · · · · · · · · · · ·					
J The books are in care of							Teleph	ione numb	oer 🕨 20	02-79	7-470	0
Part I Unrelated	d Trade	or Business Inc	ome			(A)	Income	(В	) Expenses	;		(C) Net
<b>1a</b> Gross receipts or sale	-											
<b>b</b> Less returns and allov	-			►	10							
		, line 7)			2							
3 Gross profit. Subtract					3							
		Schedule D) t II, line 17) (attach Form			4a 4b							
					40 40							
		, ip or an S corporation (at			5							
6 Rent income (Schedul					6							
•		e (Schedule E)			7							
		rents from a controlled o			8							
9 Investment income of	f a section	501(c)(7), (9), or (17) or	ganization (	Schedule G)	9							
10 Exploited exempt activ	vity incom	e (Schedule I)			10							
11 Advertising income (S	Schedule J	l)			11							
		; attach schedule)			12							
13 Total. Combine lines	3 through	Taken Elsewhere	• /0 ·		13		0.					
(Except for c	contribut	ions, deductions must	be directly	connected	with t	ne unrela	ated business	income.				
		ctors, and trustees (Sche								14		
										15		
										16		
		·····								17		
		instructions)								18		
<ul><li>19 Taxes and licenses</li><li>20 Charitable contribution</li></ul>	one (See i	nstructions for limitation	rulee)							19 20		
		2)								20		
		Schedule A and elsewhere								22b		
										23	1	
24 Contributions to defe	erred com	pensation plans								24		
										25		
		edule I)								26		
27 Excess readership co	osts (Sche	dule J)								27		
28 Other deductions (at	tach sche	dule)								28	ļ	
29 Total deductions. Ad	dd lines 1	4 through 28								29		0.
		ome before net operating								30		0.
•	•	ss arising in tax years beg			•	`	,			31		0.
32 Unrelated business ta		ome. Subtract line 31 from								32	<u> </u>	. U

	CARLOS ROSARIO INTERNATIONAL PUBLIC					
Form 990-1				52-21570	82	Page 2
Part I		1				
33	Total of unrelated business taxable income computed from all unrela	ted trades or businesses (see	instructions)		33	0.
34	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax years beginning befor			···	35	
36	Total of unrelated business taxable income before specific deduction			1	1	
	lines 33 and 34				36	1 000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for				37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36.	If line 37 is greater than line 3	6,		1	0
Dentil	enter the smaller of zero or line 36				38	0.
	V Tax Computation	24)				0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0			····· •	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation				40	
	Tax rate schedule or Schedule D (Form 1041)			201	40	·····
41	Proxy tax. See instructions				41	
42	Alternative minimum tax (trusts only)				42	
43 44	Tax on Noncompliant Facility Income. See instructions				44	0.
Part \				ð.		
	Foreign tax credit (corporations attach Form 1118; trusts attach Forr	m 1116)	45a			
45a b	Other credits (see instructions)		45b			
	General business credit. Attach Form 3800		45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d			
e	Total credits. Add lines 45a through 45d				45e	
46	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from: Form 4255 Form 8611	] Form 8697 [] Form 886	6 Other (	attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part				49	0.
	Payments: A 2017 overpayment credited to 2018	10 Kr. (200	50a			
	2018 estimated tax payments		50b	38,778.		
	Tax deposited with Form 8868		50c	9,224.		
	Foreign organizations: Tax paid or withheld at source (see instructio		50d			
	Backup withholding (see instructions)		50e			
	Credit for small employer health insurance premiums (attach Form 8		50f			
	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other		50g		100	
51	Total payments. Add lines 50a through 50g				51	48,002.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attac				52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter	r amount owed		►	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 5	52, enter amount overpaid		►	54	48,002.
55	Enter the amount of line 54 you want: Credited to 2019 estimated t			funded 🕨	55	48,002.
Part					ţ,	
56	At any time during the 2018 calendar year, did the organization have	e an interest in or a signature o	or other authorit	У		Yes No
	over a financial account (bank, securities, or other) in a foreign cour	-				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts.	f "Yes," enter the name of the f	foreign country			
	here					
57	During the tax year, did the organization receive a distribution from,	or was it the grantor of, or tra	ansferor to, a for	eign trust?		
	If "Yes," see instructions for other forms the organization may have					
58	Enter the amount of tax-exempt interest received or accrued during					
Sign	Under penalties of perjury, I declare that I have examined this return, includin correct, and complete. Declaration of preparer (other than taxpayer) is based	g accompanying schedules and stat on all information of which preparer	ements, and to the has any knowledge	best of my knowled a.	ige and belie	f, it is true,
Here						scuss this return with
	Signature of officer Date	CHIEF FINAL Title	NCIAL OFFIC		e preparer sh structions)?	own below (see
					and share the second second second	X Yes No
	Print/Type preparer's name Preparer's sign	Dat Dat	e (	Check i	f PTIN	
Paid		1.2 7/	have	self- employed	<b>D003</b>	69217
Prepa		F/1	11000			-0714325
Use (	Only Firm's name RSM US LLP 9801 WASHINGTONIAN BLVD, S	<u>ምፑ 500</u>		Firm's EIN 🕨	42-	0/14323
	Firm's address <b>GAITHERSBURG</b> , MD 20878	JTT 300		Phone no. 3	01-296-	3600
	IIIII S AUUICSS F GATTHERSBORG, MD 20070			1 CHUNE NO. 3	L 290	

823711	01-09-19

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Enter filer's identifying pumber

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

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

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

				Enterine	er's identifyl	ng number
Type or print						on number (EIN) or
	CHARTER SCHOOL, INC.		52-215	7082		
File by the due date for filing your	1100 HARVARD STREET NW	ee instruct	ions.	Social se	curity numb	er (SSN)
return. See instruction		ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
	GERARDO A. LUNA		-			
• The l	books are in the care of $\blacktriangleright$ 1100 HARVARD STREET, $\Box$	NW - WAS	HINGTON, DC 20009			
	phone No. ► 202-797-4700		Fax No. 🕨			
	organization does not have an office or place of business	s in the Uni				
	s is for a Group Return, enter the organization's four digit					
box 🕨			ch a list with the names and EINs of			
F						
<b>1</b> Ir	equest an automatic 6-month extension of time until	MAY 1	5, 2020 , to file	e the exen	not organizat	ion return for
	e organization named above. The extension is for the org				1 5	
	calendar year or					
		. an	d ending <u>JUN</u> 30, 2019			
•	• ) • • • • • • • • • • • • • •	,				
<b>2</b> If	the tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	'n	
	Change in accounting period					
L						
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720.	. or 6069. e	enter the tentative tax. less			
	ny nonrefundable credits. See instructions.	, , , ,	,	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	). enter anv	refundable credits and			
	stimated tax payments made. Include any prior year overp			3b	\$	Ο.
	alance due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	Ο.
	: If you are going to make an electronic funds withdrawal			153-EO an	d Form 8879	9-EO for payment

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

Form 8868 (Rev. 1-2019)

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

				Enter file	er's identif	ying number	
Type or print	Name of exempt organization or other filer, see instr CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.	Employer identification number (EIN) o					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, 1100 HARVARD STREET, NW	Social se	ecurity num				
instructions.	City, town or post office, state, and ZIP code. For a WASHINGTON, DC 20009	foreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (f	ile a separat	e application for each return)			0 7	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	)-T (trust other than above)	06	Form 8870				
<ul> <li>If the of</li> <li>If this</li> <li>box </li> <li>I re</li> <li>the</li> <li>I</li> </ul>	none No. ▶       202-797-4700         organization does not have an office or place of busines         is for a Group Return, enter the organization's four digit         . If it is for part of the group, check this box ▶         quest an automatic 6-month extension of time until         organization named above. The extension is for the organization is for the organization named above. The extension is for the organization calendar year or         X       tax year beginning JUL 1, 2018         me tax year entered in line 1 is for less than 12 months, Change in accounting period	t Group Exe and atta MAY 1 ganization's , an	mption Number (GEN) ch a list with the names and EINs of 5, 2020, to f return for: d endingJUN_30, 2019	. If this is fo of all memb	r the whole ers the ext npt organiz	e group, check this ension is for.	
b If the <u>est</u> c Bal	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 / nonrefundable credits. See instructions. nis application is for Forms 990-PF, 990-T, 4720, or 606 imated tax payments made. Include any prior year over lance due. Subtract line 3b from line 3a. Include your p ng EFTPS (Electronic Federal Tax Payment System). Se	9, enter any payment all payment with	refundable credits and owed as a credit. n this form, if required, by	3a 3b 3c	\$ \$ \$	48,002. 38,778. 9,224.	

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

	IRS e-file Signature Authorization	e a	OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization	. 10	0010
		, 20 19	2018
Department of the Treasury	Do not send to the IRS. Keep for your records.		
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.	Employer	identification number
Name of exempt organization			
CARLOS ROSARIO INTE		52-21	157082
CHARTER SCHOOL, INC			
Name and title of officer GERARDO A. LUNA			
CHIEF FINANCIAL OFF	Return and Return Information (Whole Dollars Only)		
on line <b>1a</b> , <b>2a</b> , <b>3a</b> , <b>4a</b> , or <b>5</b> whichever is applicable, b than one line in Part I. <b>1a</b> Form 990 check here <b>2a</b> Form 990-EZ check h		e line below 1b 2b	29,466,570.
3a Form 1120-POL chec		4h	
4a Form 990-PF check h		5b	
5a Form 8868 check her	b Balance Due (Form 8868, line 3c)		
Part II Declara	tion and Signature Authorization of Officer		
processing of the electro	Institution to debit the entry to this account. To revoke a paymon, indicate or the analysis of the payment (settlement) date. I also authorize the financial nic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic re electronic funds withdrawal.		
Officer's PIN: check on	box only		
X I authorize RS	M US LLP	to enter r	my PIN 20009
A l'authorize	ERO firm name	-	Enter five numbers, b do not enter all zeros
is being filed w enter my PIN o As an officer o indicated with program, I will	e on the organization's tax year 2018 electronically filed return. If I have indicated within the intervention of the astate agency(ies) regulating charities as part of the IRS Fed/State program, I also aunt the return's disclosure consent screen. If the organization, I will enter my PIN as my signature on the organization's tax year 2018 in this return that a copy of the return is being filed with a state agency(ies) regulating charities as the my PIN on the return's disclosure consent screen.	electronica arities as pa	ally filed return. If I have
Officer's signature 🕨 📈	ende a Jun Date ► _7/2	2/2020	
	ation and Authentication		
	your six-digit electronic filing identification		
number (EFIN) followed	by your five-digit self-selected PIN. 27/021920814 Do not enter all zero		
I certify that the above n confirm that I am submin <i>e-file</i> Providers for Busir		er) morna	
ERO's signature 🕨	ille/m Date ►	+11/0	2020
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	o So	

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-1878
	For calendar year 2017, or fiscal year beginning JUL 1 , 2017, and ending JUN 30	2018	2017
Department of the Treasury	Do not send to the IRS. Keep for your records.		2017
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.	Employer	identification number
CARLOS ROSARIO	) INTERNATIONAL PUBLIC		
CHARTER SCHOOL	, INC.	52-2	157082
Name and title of officer GERARDO LUNA CHIEF FINANCIA Part   Type of F	AL OFFICER Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5a	n for which you are using this Form 8879-EO and enter the applicable amount, if any, fro a, below, and the amount on that line for the return being filed with this form was blank, t ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	hen leave li	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	28,211,450.
2a Form 990-EZ check he	re <b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here	<b>b</b> Balance Due (Form 8868, line 3c)		
Part II Declarat	on and Signature Authorization of Officer		
(a) an acknowledgement of the date of any refund. If and debit) entry to the financial return, and the financial ins 1-888-353-4537 no later that processing of the electronic payment. I have selected a	er, transmitter, or electronic return originator (ERO) to send the organization's return to t i receipt or reason for rejection of the transmission, <b>(b)</b> the reason for any delay in proce- oplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an e institution account indicated in the tax preparation software for payment of the organiza titution to debit the entry to this account. To revoke a payment, I must contact the U.S. in 2 business days prior to the payment (settlement) date. I also authorize the financial in c payment of taxes to receive confidential information necessary to answer inquiries and personal identification number (PIN) as my signature for the organization's electronic ret lectronic funds withdrawal.	ssing the re lectronic fu tion's feder Treasury Fir istitutions ir resolve issuers	itum or refund, and (c) nds withdrawal (direct al taxes owed on this nancial Agent at nvolved in the ues related to the
X Lauthorize RU	SINO AND COMPANY, CHARTERED	to enter m	PIN 57082
	ERO firm name		Enter five numbers, but do not enter all zeros
is being filed with	on the organization's tax year 2017 electronically filed return. If I have indicated within th a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth the return's disclosure consent screen.		
indicated within t	ne organization, I will enter my PIN as my signature on the organization's tax year 2017 end this return that a copy of the return is being filed with a state agency(ies) regulating chari ter my PIN on the return's disclosure consent screen.		•
Officer's signature	ade an Date ►	5/15	/2019
Part III Certificat	tion and Authentication		
	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 52534999999 Do not enter all zeros		
	eric entry is my PIN, which is my signature on the 2017 electronically filed return for the g this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF s Returns.		
ERO's signature	uceal Mally CPA Date > 2	1217	
	ERO Must Retain This Form- See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions. 723051 10-11-17 Form 8879-EO (2017)

Form <b>990</b> Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)				OMB No. 1545-0047			
Forr	n J	<b>J</b> U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			<sup>s)</sup> 2017	
		of the Treasury	Do not enter social security numbers on this form as it	-	•	Open to Public	
-		nue Service	► Go to www.irs.gov/Form990 for instructions and the ar year, or tax year beginning JUL 1, 2017 and endin		JN 30, 2018	Inspection	
_							
	heck if pplicab	la.	organization OS ROSARIO INTERNATIONAL PUBLIC		D Employer identifie	ation number	
	Addre		TER SCHOOL, INC.				
	_chang Name		usiness as		52-2	L57082	
	Final return	1100	HARVARD STREET, NW	n, ourto		797-4700	
	termin			G Gross receipts \$	28,804,178.		
	Amended WASHINGTON, DC 20009			H(a) Is this a group re			
	Applic distance	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: ALLISON KOKKOROS		for subordinates		
	pendi		AS C ABOVE		H(b) Are all subordinates in		
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)	
_			CARLOSROSARIO.ORG		H(c) Group exemption		
			X Corporation Trust Association Other ►	L Year o	f formation: 1998 N	I State of legal domicile: DC	
Pa	art I	Summary					
Ð	1	Briefly describ	e the organization's mission or most significant activities: THE CAR	RLOS	ROSARIO SCH	100L	
anc.			S HIGH QUALITY EDUCATION, CAREER TRAD				
Governance			x  Image: Interpretation of the organization discontinued its operations or disposed of the organization discontinued its operations.	of more t	1 1		
Ň	3		ing members of the governing body (Part VI, line 1a)			11	
	4		ependent voting members of the governing body (Part VI, line 1b)			9	
ies			of individuals employed in calendar year 2017 (Part V, line 2a)			373	
Activities &			of volunteers (estimate if necessary)		_	<u>96</u> 0.	
Ac			d business revenue from Part VIII, column (C), line 12			95,653.	
		Net unrelated	business taxable income from Form 990-T, line 34	<u> </u>	Prior Year	Current Year	
	8	Contributions	and grants (Part VIII, line 1h)		246,698.	370,011.	
Revenue	9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		25,384,234.	27,667,348.	
sver		0	come (Part VIII, column (A), lines 3, 4, and 7d)	· ·	60,925.	171,847.	
Å			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	2,244.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,691,857.	28,211,450.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		107,788.	89,584.	
			to or for members (Part IX, column (A), line 4)		0.	0.	
Ş	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		L5,497,618.	17,030,684.	
nse	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	27,690.	
Expense	b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	_			
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		9,867,895.	10,233,960.	
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,473,301.	27,381,918.	
	19	Revenue less	expenses. Subtract line 18 from line 12		218,556.	829,532.	
Net Assets or -und Balances					inning of Current Year	End of Year	
sset	20	Total assets (F			<u>39,626,813.</u>	37,937,569.	
et A. nd F	21		(Part X, line 26)		<u>19,301,812.</u>	<u>16,900,290.</u>	
	22 art II		fund balances. Subtract line 21 from line 20		20,325,001.	21,037,279.	
		-	DICCK I declare that I have examined this return, including accompanying schedules and s	ototomor	to and to the best of me	knowledge and helief it is	
	-		Declaration of preparer (other than officer) is based on all information of which p			NIUWIEUYE AIIU DEIIEI, IL IS	

<u>,</u>								
Sign	Signature of officer	Date						
Here	GERARDO LUNA, CHIEF FINANCIAL OFFICER							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date	Check PTIN						
Paid	PATRICIA A. O'MALLEY, CPA	self-employed <b>P00285909</b>						
Preparer	Firm's name FUBINO AND COMPANY, CHARTERED	Firm's EIN <b>52-1186096</b>						
Use Only	Firm's address 5903 ROCKLEDGE DRIVE, SUITE 1200							
	BETHESDA, MD 20817-1818	Phone no. 301-564-3636						
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No						
732001 11-2	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	CARLOS ROSARIO INTERNATIONAL PUBLIC
	<u>1990 (2017)</u> CHARTER SCHOOL, INC. 52-2157082 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE CARLOS ROSARIO SCHOOL DELIVERS HIGH QUALITY EDUCATION, CAREER
	TRAINING, AND SUPPORTIVE SERVICES THAT ENABLE ADULT IMMIGRANTS TO
	REALIZE THEIR DREAMS WHILE STRENGTHENING OUR COMMUNITY AND ECONOMY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 24,266,099. including grants of \$ 89,584.) (Revenue \$ 27,667,348.) MORE THAN FORTY YEARS OF HISTORY SERVING WASHINGTON, D.C.'S DIVERSE
	IMMIGRANT POPULATION, NATIONALLY AND INTERNATIONALLY RECOGNIZED AS A
	MODEL IN ADULT EDUCATION. THE SCHOOL OFFERS AN AWARD-WINNING HOLISTIC
	MODEL OF ADULT EDUCATION FOR IMMIGRANTS INCLUDING CLASSES IN LANGUAGE,
	LITERACY, GED, CITIZENSHIP AND WORKFORCE DEVELOPMENT AS WELL AS
	COMPREHENSIVE SUPPORTIVE SERVICES. THE SCHOOL SERVES MORE THAN 2,500
	STUDENTS AND IS RANKED AS A TIER 1, HIGH PERFORMING SCHOOL BY THE D.C.
	PUBLIC CHARTER SCHOOL BOARD. THE SCHOOL CHARTER WAS RENEWED IN 2013 FOR
	AN ADDITIONAL 15 YEARS AND IT IS FULLY ACCREDITED BY THE MIDDLE STATES
	ASSOCIATION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►     24,266,099.

52-2157082 Page 3
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	990 (2017) CHARTER SCHOOL, INC. 52-2157	082	P	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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 temporarily restricted endowments, permanent	L_		
10	endowments, or 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,			
u		11a	х	
Ь	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	114		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C		11c		x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			- 23
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	л	
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G. Part III	19		X

Form 990 (2017)

Form	<u>990 (2017)</u> CHARTER SCHOOL, INC. 52-215	7082	Р	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		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			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"	00		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	21		
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): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes." complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		X
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		X
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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		-		(0017)

Form **990** (2017)

CHARTER SCHOOL, INC.

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CARLOS	ROSARIO	INTERNATIONAL	PUBLIC
CHARTER	SCHOOL,	INC.	

Pa	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	34			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	373			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	ts (FBAR).			
5a	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 transa			5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•				
	to file Form 8282?	1		7c		X
d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		:?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
				9b		
10	Section 501(c)(7) organizations. Enter:		l			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	440	l			
a L	Gross income from members or shareholders	<u>11a</u>				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	}	12a		
				IZa		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
13				13a		
а	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			154		
b						
U.	organization is licensed to issue qualified health plans	13b				
r	Enter the amount of reserves on hand	13c				
	Did the construction of the construction of the formation		· · · · · · · · · · · · · · · · · · ·	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul			14b		

Form 990 (2017)

#### Page **6**

 

 Form 990 (2017)
 CHARTER SCHOOL, INC.
 52-2157082
 Page

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

500	tion A. doverning body and Management				
		.   11		Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year1	11	-		
	If there are material differences in voting rights among members of the governing body, or if the governing				
b	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		-		
2	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the dire				
-			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	nolders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Code.)			
				Yes	No V
	Did the organization have local chapters, branches, or affiliates?		10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapter		104		
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?	foro filing the form?	10b 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			21	
12a			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co		12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."				
	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				37
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizati	on's	104		
Sec	exempt status with respect to such arrangements?		16b	l	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion 501(c)(3)s only) a	vailahl		
	for public inspection. Indicate how you made these available. Check all that apply.		anabh	-	
	Own website       Another's website       X       Upon request       Other (explain in S	Schedule ()			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	,	financ	ial	
	statements available to the public during the tax year.				

20	State the name, ac	ddress, and tele	phone number of th	e person who posses	sses the organization	's books and records: 🌗
	GERARDO LU	UNA, CHI	EF FINANCI	AL OFFICER	- 202-797-	4700
	1100 HARV2	ARD ST.,	NW, SUITE	300, WASH	INGTON, DC	20009

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC	
CHARTER	SCHOOL .	INC.		

Form 990 (		CHARTER					52
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensat
	Employees, and	d Independe	ent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	s both	ı an	compensation	compensation	amount of
	week		cer ar I	nd a d I	lirecto	r/trus <sup>:</sup>	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		96	suadu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		vold	t con	~			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALLISON KOKKOROS	45.00	-	-	0	×	<u> </u>	ш			
CHIEF EXECUTIVE OFFICER	0.40	х		x				179,974.	Ο.	61,270.
(2) BO PHAM	0.20									
BOARD MEMBER		х						0.	Ο.	0.
(3) BRAHIM RAWI	0.20									
VICE-CHAIR		Х		Х				0.	0.	0.
(4) HECTOR J. TORRES	0.20									
BOARD MEMBER		Х						0.	0.	0.
(5) JAMES MOORE	0.20									
TREASURER		Х		Х				0.	0.	0.
(6) MARGARET YAO	0.20									
SECRETARY		Х		Х				0.	0.	0.
(7) NYDIA PEEL, ESQ.	0.00									
BOARD MEMBER		Х						0.	0.	0.
(8) PATRICIA SOSA	0.50									
CHAIR		Х		х				0.	0.	0.
(9) SONIA GUTIERREZ	15.00									
CR SENIOR ADVISER/CCC PRESIDENT	17.20	Х						140,124.	75,941.	45,378.
(10) TEODROS KAVALERI	0.00									
BOARD MEMBER		Х						0.	0.	0.
(11) FRANCISCO FERRUFINO	0.20									
BOARD MEMBER		Х						0.	0.	0.
(12) GERARDO LUNA	40.00									
CHIEF FINANCIAL OFFICER	4.00			Х				152,382.	0.	21,084.
(13) GUSTAVO VITERI	40.00									
CHIEF TECHNOLOGY OFFICER						X		137,329.	0.	19,122.
(14) JOHN RYAN MONROE	40.00									
CHIEF ACADEMIC OFFICER						X		148,899.	0.	15,108.
(15) KAREN RIVAS	40.00									
PRINCIPAL						X		119,115.	0.	22,130.
(16) KRISTINE DUNNE	30.00									
GENERAL COUNSEL						X		118,990.	0.	8,438.
(17) HOLLYANN FRESO	40.00								_	
PRINCIPAL						X		120,652.	0.	<u>17,390.</u>

732007 11-28-17

CARLOS	ROSARIO I	ΓNΊ	ER	NA	TI	ON	AI	J PUBLIC					
	SCHOOL,								52-2	<u>157(</u>	)82	P	age <b>8</b>
Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos heck i ss per	more rson i	) than c s both pr/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	am	(F) timate ount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		orga and	oensa om th anizat I relat nizati	e ion ed
		-											
		-											
		-											
								1,117,465.	75.0		209		20
	t VII, Section A	·····	·····		·····			0.1,117,465.	75,9 <sup>4</sup> 75,9 <sup>4</sup>	0. 41.	209		0.
2 Total number of individuals (including bu compensation from the organization		iose	liste	ed ac	ove	e) wn	o re	eceived more than \$100,	UUU of reportable	3			11
<b>3</b> Did the organization list any <b>former</b> offic				-	•			•				Yes	No
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete Schedule J fc</i></li> <li>For any individual listed on line 1a, is the and related organizations greater than \$</li> </ul>	e sum of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3	x	X
5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes." of	or accrue comper	nsati	on fi	rom	any	unre	late	ed organization or individ	dual for services		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest	compensated in	dono	ndo	nt co	ontra	actor	e th	ast received more than 4	100 000 of com	noneat	ion fro	m	
the organization. Report compensation (A)											(C		
Name and busine	ess address							Description of s		Co	ompen		n
11419 PURPLE BEACH DRIV	E, RESTON	Ι,	VA	2	01	91		SYSTEM			151	.,8	08.
2 Total number of independent contractor	s (including but n	ot lir	nited	d to f			ted	above) who received me	ore than				
\$100,000 of compensation from the org	anization 🕨				1	L							

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

orm	990 (	(2017) CHART	ER SCHOO		ATTOWAL POP		52-215	7082 Page
Par	t VII		ue		=			
		Check if Schedule O conta	ains a response (	or note to any line	(A) (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
and Other Similar Amounts	b c d e	<ul> <li>Federated campaigns</li> <li>Membership dues</li> <li>Fundraising events</li> <li>Related organizations</li> <li>Government grants (contributions, gifts, grant</li> </ul>	1b           1c           1d           ons)         1e           s, and         1	53,160. 135,784. 181,067.				
d Ott	g	similar amounts not included abov Noncash contributions included in lines 1						
g e	h	Total. Add lines 1a-1f		►	370,011.			
Revenue	2 a b			Business Code 900099 900099	20,215,075. 6,704,728.	20,215,075. 6,704,728.		
	С	CULINARY SALES		900099 900099	453,943.	453,943. 173,602.		
Be	d e	ADMIN. SUPPORT SERVICES		900099	173,602. 120,000.	120,000.		
	f	All other program service rever	nue					
	g	g Total. Add lines 2a-2f		►	27,667,348.			
	3 4	Investment income (including of other similar amounts)	-exempt bond p	roceeds	179,615.			179,61
	5 6 a	Royaltiesa Gross rents	(i) Real	(ii) Personal				
	b c	Less: rental expenses						
	d	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·					
		a Gross amount from sales of assets other than inventory	(i) Securities 582,404.	(ii) Other				
		Less: cost or other basis     and sales expenses     Coin or (loco)	590,172. -7,768.					
		c Gain or (loss) d Net gain or (loss)		►	-7,768.			-7,76
Other Revenue		a Gross income from fundraising including \$53, contributions reported on line Part IV, line 18 Less: direct expenses	<u>160.</u> of 1c). See <b>a</b>					
5		Net income or (loss) from fund		►	2,244.			2,24
	9 a	a Gross income from gaming act Part IV, line 19 Less: direct expenses	tivities. See					
	с 10 а	<ul> <li>Net income or (loss) from gami</li> <li>Gross sales of inventory, less r and allowances</li> </ul>	ing activities returns a	····· •				
		<ul> <li>Less: cost of goods sold</li> <li>Net income or (loss) from sales</li> </ul>						
F		Miscellaneous Revenue	9	Business Code				
	11 a b c d	·						
		<ul> <li>Total. Add lines 11a-11d</li> <li>Total revenue. See instructions.</li> </ul>		🕨	28,211,450.	27,667,348.	0	. 174,09

# CARLOS ROSARIO INTERNATIONAL PUBLIC Form 990 (2017) CHARTER SCHOOL, INC. Part IX Statement of Functional Expenses

52-2157082 Page 10

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp		-	nplete column (A).	
	Check if Schedule O contains a respor	ise or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	89,584.	89,584.		
2	individuals. See Part IV, line 22	05,504.	05,504.		
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				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	569,934.		569,934.	
6	Compensation not included above, to disqualified	505,554.		505,5541	
0	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	13,243,184.	12,196,877.	1,046,307.	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	666,496.	607,500.	58,996.	
9	Other employee benefits	1,492,412.		119,188.	
10	Payroll taxes	1,058,658.	935,836.	122,822.	
11	Fees for services (non-employees):		,000,0000		
	Management				
	Legal	30,798.		30,798.	
	Accounting	153,868.	70,873.	82,995.	
	Lobbying		,		
	Professional fundraising services. See Part IV, line 17	27,690.			27,690.
f	Investment management fees	30,427.		30,427.	
	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	216,078.	124,686.	91,392.	
12	Advertising and promotion				
13	Office expenses	691,940.	607,821.	78,564.	5,555.
14	Information technology	573,802.	464,421.	109,283.	98.
15	Royalties				
16	Occupancy	5,225,415.	4,818,785.	406,630.	
17	Travel	193,177.	168,325.	24,852.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	115,867.		31,600.	70.
20	Interest	327.	323.	4.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,606,816.	1,520,139.	86,677.	
23	Insurance	151,423.	133,898.	17,525.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT STUDENT COSTS	810,528.	696,257.	113,864.	407.
b	DC CHARTER SCHOOL FEE	248,394.	221,053.	27,341.	
c	STUDENT ACTIVITIES	118,455.	118,406.		49.
d	DUES & MEMBERSHIP FEES	66,645.	33,894.	32,751.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	27,381,918.	24,266,099.	3,081,950.	33,869.
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)				
					000

#### 732011 11-28-17

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,946.	1	4,023.
	2	Savings and temporary cash investments	13,425,617.	2	5,131,700.
	3	Pledges and grants receivable, net	17,000.	3	32,890.
	4	Accounts receivable, net	8,043.	4	30,679.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ś		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	152,580.	9	262,648.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 34,653,292.			
	b	Less: accumulated depreciation 10b 13,772,934.	22,364,044.	10c	20,880,358.
	11	Investments - publicly traded securities	296,150.	11	11,443,582.
	12	Investments - other securities. See Part IV, line 11	3,147,826.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	213,607.	15	151,689.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	39,626,813.	16	37,937,569.
	17	Accounts payable and accrued expenses	4,238,377.	17	2,303,305.
	18	Grants payable		18	
	19	Deferred revenue	0.	19	14,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ş	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
-iat		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	15,063,435.	25	14,582,985.
	26	Schedule D Total liabilities. Add lines 17 through 25	19,301,812.	25 26	16,900,290.
	20	Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	19,501,012.	20	10,500,250.
		complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets	20,258,255.	27	20,924,406.
lan	28	Temporarily restricted net assets	66,746.	28	112,873.
Ba	29	Permanently restricted net assets		29	,
pun		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ē		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťΑ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	20,325,001.	33	21,037,279.
	34	Total liabilities and net assets/fund balances	39,626,813.	34	37,937,569.
					Form <b>990</b> (2017)

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Form 990 (2017)
Part X Balance Sheet

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC
	CCHOOL	TNC	

	CARLOS ROSARIO INTERNATIONAL PUBLIC									
Form	m 990 (2017) CHARTER SCHOOL, INC. 52-215									
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	28,21	1,4	50.					
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,383							
3	Revenue less expenses. Subtract line 2 from line 1	3			32.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,32							
5	Net unrealized gains (losses) on investments	5	-11'	7,2	54.					
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B))	10	21,03	7,2	<u>79.</u>					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				X					
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.								
2a			2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,								
	consolidated basis, or both:									
	Separate basis Consolidated basis X 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									
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			37					
	Act and OMB Circular A-133?		3a		X X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi									
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<b>3</b> b	000						

Form **990** (2017)

SCHEDULE A	Dublic Ch	arity Status an		lia Cu	innort		OMB No. 1545-0047		
(Form 990 or 990-EZ)		Public Charity Status and Public Support complete if the organization is a section 501(c)(3) organization or a section							
		947(a)(1) nonexempt cha			or a section		2017		
Department of the Treasury		Attach to Form 990 or F	orm 990-	EZ.			Open to Public		
Internal Revenue Service		ov/Form990 for instruction			nformation.		Inspection		
Name of the organization			AL PUI	BLIC		• •	identification number		
Dout L December	CHARTER SCHOO	L, INC.					2-2157082		
	for Public Charity Status				ee instructions				
Ē.	private foundation because it is								
	vention of churches, or associat				1)(A)(i).				
	cribed in section 170(b)(1)(A)(ii)								
	a cooperative hospital service or	-			-		Alex Incom Market and a		
	earch organization operated in c	conjunction with a nospital	described	in sectio	A)(1)(d)(1)(A	(III). Enter	the hospital's name,		
city, and state	e: on operated for the benefit of a c		l or operat		vorpmontol u	nit dooorib			
	b)(1)(A)(iv). (Complete Part II.)	college of university owned	i or operat	eu by a gu		III describe			
	te, or local government or govern	amontal unit described in	coction 1	70(6)(1)(4)	60				
	on that normally receives a subs					o gonoral i	oublic described in		
-	b)(1)(A)(vi). (Complete Part II.)		onna gove	Sminontai		ie general j			
·	trust described in section 170(	b)(1)(A)(vi), (Complete Par	ни)						
	al research organization describe			ed in conii	inction with a	land-grant	college		
	or a non-land-grant college of agr			-		-	-		
university:					,	ine eenege			
	on that normally receives: (1) mo	re than 33 1/3% of its sup	oort from o	contributio	ns. membersł	nip fees, ar	nd aross receipts from		
	ted to its exempt functions - subj								
	nrelated business taxable incom								
	509(a)(2). (Complete Part III.)	· · · · ·			, ,				
11 An organizati	on organized and operated exclu	sively to test for public sa	fety. See	section 5	09(a)(4).				
12 An organizatio	on organized and operated exclu	isively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
more publicly	supported organizations describ	ped in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box in		
lines 12a thro	ugh 12d that describes the type	of supporting organization	n and com	plete lines	12e, 12f, and	12g.			
a 📃 Type I. A su	upporting organization operated,	supervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving		
the support	ed organization(s) the power to	regularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting		
organizatio	n. You must complete Part IV, S	Sections A and B.							
b Type II. A s	upporting organization supervise	ed or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing		
	nanagement of the supporting or	-	ame perso	ns that co	ntrol or manag	ge the supp	ported		
	n(s). You must complete Part IV								
	ctionally integrated. A support					ly integrate	ed with,		
	ed organization(s) (see instruction	· ·			-				
	n-functionally integrated. A su					•			
	unctionally integrated. The organ	• •	•		•	an attentiv	veness		
	t (see instructions). You must c	•							
	box if the organization received				Type I, Type	II, Type III			
•	integrated, or Type III non-funct								
	of supported organizations ng information about the suppor	tod organization(a)							
(i) Name of suppo		(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of	monetary	(vi) Amount of other		
organization		(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see ir	structions)	support (see instructions)		
Total									

Schedule A (Form 990 or 990-EZ) 2017 CHARTER SCHOOL, INC.

52-2157082 Page 2

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.)

Se	ction A. Public Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3							
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
Ű	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. ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(a) 2015	(d) 2016	(a) 2017	(f) Total
	Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(u) 2010	(e) 2017	(1) 10tai
-							
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 instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
0.0	organization, check this box and sto	o here					
	ction C. Computation of Public					1 1	
	Public support percentage for 2017 (		•			14	%
	Public support percentage from 2016					15	%
<b>16</b> a	<b>33 1/3% support test - 2017.</b> If the o				14 is 33 1/3% or n	nore, check thi	
	stop here. The organization qualifies	. ,	•				
k	<b>33 1/3% support test - 2016.</b> If the						
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 1	0% or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop</b>	here. Explain in Pa	art VI how the c	organization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	d organization		
k	0 10% -facts-and-circumstances test	- 2016. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 1	5 is 10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI hov	v the
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	nization	
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17	b, check this box a	and see instruc	tions ►

Schedule A (Form 990 or 990-EZ) 2017

Part II

Schedule A (Form 990 or 990-EZ) 2017 CHARTER SCHOOL, INC.

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

52-2157082 Page 3

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(u) 2010		(0) 2010			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) org	anization,
	check this box and stop here	-			-	-	
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2017 (li	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
-	ction D. Computation of Inves					• •	-
17	Investment income percentage for 20	)17 (line 10c. colur	nn (f) divided by lir	e 13. column (f))		17	%
	Investment income percentage from 2					18	%
	<b>33 1/3% support tests - 2017.</b> If the					· · · ·	
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2016. If the						►
~	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organizatio						
				,			

Schedule A (Form 990 or 990-EZ) 2017 CHARTER SCHOOL, INC.

52-2157082 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2017 CHARTER SCHOOL, INC. Part IV Supporting Organizations (continued) 52-2157082 Page 5

1 4	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> <b>Part VI.</b> tion B. Type I Supporting Organizations	11c		i
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	0		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in $(0)$ did the error production of the relationship have a	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	5		i
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	ructions	L	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

52-2157082 P	aqe <b>6</b>
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#### Schedule A (Form 990 or 990-EZ) 2017 CHARTER SCHOOL, Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Sche Par	dule A (Form 990 or 990-EZ) 2017 CHARTER SCHOOL t V Type III Non-Functionally Integrated 509(		a la alta a a	2-2157082 Page 7
		allo Supporting Orga	nizations (continued)	Current Veer
	on D - Distributions			Current Year
1 2	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	a purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	os of supported organizations		
4	Amounts paid to acquire exempt-use assets	s of supported organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
U	(provide details in <b>Part VI</b> ). See instructions.	ie organization is responsive		
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
10		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

	/=			INTERNATIONAL	L PUBLIC 52-2157082 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8	nation. Prov 2, 3b, 3c, 4b, 4 nes 2 and 3; P	ide the explana 1c, 5a, 6, 9a, 9b art IV, Section I	tions required by Part II, li b, 9c, 11a, 11b, and 11c; F E, lines 1c, 2a, 2b, 3a, and	ine 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C, d 3b; Part V, line 1; Part V, Section B, line 1e; Part V, e this part for any additional information.
	(See instructions.)				

Schedule	Β
(Form 990, 990-E	Z,

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

<u>2017</u>

Employer identification number

Name of the	organization
-------------	--------------

Organization type (check one):

CARLOS ROSARIO IN	TERNATIONAL PUBLIC
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CHARTER SCHOOL, INC.

52-2157082

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 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  $e_{xclusively}$  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  $e_{xclusively}$  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  $\dots$   $\blacktriangleright$  \$\_\_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

52-2157082

CHART.	ER SCHOOL, INC.	52	-2137082
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VERIZON 1300 I ST NW SUITE 500 WASHINGTON, DC 20005	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CONSULAR SECTION OF THE EMBASSY OF MEXICO 1250 23RD ST., NW STE 002 WASHINGTON, DC 20037	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	RAZA DEVELOPMENT FUND 1 E WASHINGTON STREET, STE 2250 PHOENIX, AZ 85004	\$ <u> </u>	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
4_	FIRST FINANCIAL GROUP BENEFITS 7101 WISCONSIN AVE, SUITE 1200 BETHESDA, MD 20814-4884	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DC EXECUTIVE OFFICE OF THE MAYOR OFFICE ON LATINO AFFAIRS 2000 14TH STREET, NW, 2ND FLOOR WASHINGTON, DC 20009	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DC OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION 1050 FIRST STREET, NE 3RD FLOOR WASHINGTON, DC 20002	\$ <u>119,784.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

52-2157082

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MARCIA STERNFELD 2800 BATTERY PLACE, NW	\$ <u>25,000.</u>	Person X Payroll Noncash
	WASHINGTON, DC 20037		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	UNIDOS US		Person X Payroll
	<u>1126 16TH STREET, NW #600</u> WASHINGTON, DC 20037	\$ <u>17,500.</u>	Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SHARE FUND 2500 VIRGINIA AVE NW APT 1104 S WASHINGTON, DC 20037	\$ <u> </u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	METROPOLITAN MEMORIAL UNITED METHODIST CHURCH 3401 NEBRASKA AVE NW WASHINGTON, DC 20016-2759	\$9,265.	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
	PNC BANK 800 17TH STRRET, NW WASHINGTON, DC 20006	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	UBS-DONOR ADVISED FUND 165 TOWNSHIP LINE ROAD, STE 1200 JENKINTOWN, PA 19046-3594	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

ame of orga ARLOS	(Form 990, 990-EZ, or 990-PF) (2017) inization ROSARIO INTERNATIONAL PUBLIC R SCHOOL, INC.		Pa Employer identification number 52–2157082
Part II	Noncash Property (see instructions). Use duplicate copies of Pa		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2017)		Page <b>4</b>					
Name of org	anization		Employer identification number					
CARLOS	S ROSARIO INTERNATIONAL	PUBLIC						
CHARTE	ER SCHOOL, INC.		52-2157082					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the followi	section 501(c)(7), (8), or (10) that total more than \$1,000 for 1g line entry. For organizations 5 for the very (Enter the info anna) \$					
	Use duplicate copies of Part III if addition	al space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.		[						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

90	HEDULE D	Supplement	al Financial Statements	:		OMB No. 1545-0047		
	(Form 990) Complete if the organization answered "Yes" on Form 990.					2017		
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12k Attach to Form 990.	<b>)</b> .		Open to Public		
	ment of the Treasury I Revenue Service		90 for instructions and the latest informa	ation.		Inspection		
Nam	e of the organizati	on CARLOS ROSARIO INTI	ERNATIONAL PUBLIC	E		identification number		
		CHARTER SCHOOL, INC				2-2157082		
Par		-	d Funds or Other Similar Funds o	or Acco	ounts.	Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(1-) [				
	<b>-</b>		(a) Donor advised funds	( <b>d</b> )	Funds and	d other accounts		
1		nd of year						
<ul> <li>2 Aggregate value of contributions to (during year)</li> <li>3 Aggregate value of grants from (during year)</li> </ul>								
3 4								
5		t end of year	writing that the assets held in donor advise	d funds				
Ũ	-		exclusive legal control?			Yes No		
6			dvisors in writing that grant funds can be u					
	•		r donor advisor, or for any other purpose c					
	impermissible priva					Yes No		
Par	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line	e 7.			
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).					
	Preservation	of land for public use (e.g., recreation or e	ducation)	prically imp	portant la	nd area		
	Protection o	f natural habitat	Preservation of a certi	fied histor	ric structu	lre		
		of open space						
2	•	• •	ied conservation contribution in the form o	f a conse				
	day of the tax year					at the End of the Tax Year		
a					2a			
b	•		voture included in (a)	·····	2b			
c d			ucture included in (a) after 7/25/06, and not on a historic structur		2c			
u					2d			
3			eased, extinguished, or terminated by the			the tax		
	year ►			- 3		,		
4	Number of states	where property subject to conservation eas	sement is located					
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, handling of					
	violations, and enf	orcement of the conservation easements it	holds?			Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation e	asements	during the year		
	►							
7		es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easem	nents duri	ng the year		
•		vetion accompant reported on line 2(d) above	a action the requirements of eastion 170/b					
8			e satisfy the requirements of section 170(h			Yes No		
9			on easements in its revenue and expense s		and bala			
Ŭ		•	tion's financial statements that describes the					
	conservation ease	ments.		-		-		
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Sim	ilar Ass	sets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.					
<b>1</b> a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and ba	alance sh	eet works of art,		
	historical treasures	s, or other similar assets held for public exh	nibition, education, or research in furtherand	ce of pub	lic service	e, provide, in Part XIII,		
		note to its financial statements that descri						
b	-		C 958), to report in its revenue statement a					
			ducation, or research in furtherance of publ	lic service	e, provide	the following amounts		
	relating to these ite				•			
					► ⇒ <u> </u>			
2	.,		asures, or other similar assets for financial		• •			
2		ints required to be reported under SFAS 1		gain, prov	NUC			
а	-				▶ \$			
					\$ \$			

LHA	For Paperwork	Reduction Ac	ct Notice, s	see the	Instructions	for Form	990.
<u> </u>	i ei i apei nein	neudenen / le					

Schedule D (Form 990) 2017

732051 10-09-17

	CARLOS	ROSARIO IN	FERNATI	ONAI	L PUBLI	C					
_		SCHOOL, IN							57082		
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Tre	asures, o	r Othe	r Simila	r Asset	s <sub>(contin</sub>	ued)	
3	Using the organization's acquisition, access	on, and other record	s, check any	of the f	ollowing that	are a sig	gnificant u	use of its o	collection	item	s
	(check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е	Othe	r							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how they fu	rther th	e organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of					er similar	assets	_	_	_	_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	nizatio	n answered '	'Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod							_	_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:								
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								<b>_</b>		
	Did the organization include an amount on F						ity?	L	Yes		
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	<b>TV</b> Endowment Funds. Complete								() [		
		(a) Current year	<b>(b)</b> Prior y	ear	(c) Two year	rs dack	(d) Three y	years back	(e) Four	years	S DACK
	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance		<i></i>	( )	<u> </u>						
2	Provide the estimated percentage of the cur	-		umn (a)	) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c sho	-		مر اما مر				-4:			
3a	Are there endowment funds not in the posse	ession of the organiza	ition that are	neid an	id administer	ed for th	e organiza	ation	Г	V	Na
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
h	(ii) related organizations								3a(ii)		
-									3b		
4 Par	Describe in Part XIII the intended uses of the to the total tender of the total tender total tender total tender total tender total tender total tender tend		wment iunus	•							
	Complete if the organization answere		Dart IV line	112 9	000 Eorm	Part X	line 10				
								ad			10
	Description of property	(a) Cost or o basis (investr		basis (	or other (other)	• •	ccumulate preciation		(d) Booł	vail	70
10	Land			Buolo	(oution)		proolation				
	Land										
	Buildings Leasehold improvements		11	25	9,922.	5	522,7	76.	5,737	7 1	46
					7,203.		840,7				98.
	Equipment Other				6,167.		409,4		4,386		
	I. Add lines 1a through 1e. (Column (d) must e		-						0,880		
Total		<u>qual FUIII 990, Part</u>	<u>, column (B)</u>	. <u>III le 1</u> (	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>			D (Form		
								22	,		,

732052 10-09-17

Schedule D (Form 990) 2017 CHARTER SCHOOL ,	INC.		52	-2157082 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" on Form 9	990, Part IV, line 1			
(a) Description of security or category (including name of security) (b) E	Book value	(c) Method of va	aluation: Cost or end	d-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" on Form 9				
(a) Description of investment (b) E	Book value	(c) Method of va	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" on Form 9		1d. See Form 990, I	Part X, line 15.	
(a) Descriptio	on			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)			🕨	
Part X Other Liabilities.				
Complete if the organization answered "Yes" on Form 9	90, Part IV, line 1	1e or 11f. See Form	990, Part X, line 25	
1. (a) Description of liability	(	<b>b)</b> Book value		
(1) Federal income taxes				
(2) CAPITAL LEASE OBLIGATION	1	2,905,843.		
(3) DEFERRED RENT		1,677,142.		
(4)		,,		
(5)				
(6)				
(7)				
(8)				
(9)		4,582,985.		

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

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC

	edule D (Form 990) 2017 CHARTER SCHOOL, INC.		2157082 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	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	28,082,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 16,403	<u>,</u>	
С	Recoveries of prior year grants 2c	_	
d	Other (Describe in Part XIII.) 2d 2,556		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-98,295.
3	Subtract line <b>2e</b> from line <b>1</b>	3	28,181,023.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
b	Other (Describe in Part XIII.) 4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c	30,427.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,211,450.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	27,370,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а		<u>_</u>	
b		-	
С	Other losses 2c	_	
d			40.050
е	·····	2e	18,959.
3	Subtract line <b>2e</b> from line <b>1</b>	3	27,351,491.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а		<u>.</u>	
b	Other (Describe in Part XIII.) 4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c	30,427.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	27,381,918.
_	rt XIII Supplemental Information.		,,.

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

PART X, LINE 2:

UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND
THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA, THE
SCHOOL IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS
INCOME. NO PROVISION FOR INCOME TAXES IS REQUIRED FOR EITHER 2018 OR
2017. HOWEVER, TAX YEARS ENDED JUNE 30, 2015 THROUGH 2017 REMAIN OPEN TO
EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE SCHOOL IS SUBJECT,
AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF
LIMITATIONS.

#### THE SCHOOL HAS A PROCESS IN PLACE TO ENSURE THE MAINTENANCE OF ITS

#### EXEMPT-STATUS; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO

CARLOS ROSARIO INTERNATIONAL PUBLIC         Schedule D (Form 990) 2017       CHARTER SCHOOL, INC.         Part XIII       Supplemental Information (continued)
DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS
NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED
TAX POSITIONS. THE SCHOOL HAS DETERMINED THAT THERE ARE NO MATERIAL
UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE
FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS EXPENSES

SCI	HEDULE E	Schools	L	OMB No.	1545-004	17
(For	m 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990,		20	17	
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.				
	nent of the Treasury Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Inspect		IC
Name	of the organization		Employer id	-		mber
	5	CHARTER SCHOOL, INC.		-2157		
Pa	tl					
					YES	NO
1	Does the organizat	ion have a racially nondiscriminatory policy toward students by statement in its charter, bylav	ws,			
	other governing ins	trument, or in a resolution of its governing body?		. 1		X
2		ion include a statement of its racially nondiscriminatory policy toward students in all its broch				
		ner written communications with the public dealing with student admissions, programs, and		2	Х	
3		n publicized its racially nondiscriminatory policy through newspaper or broadcast media dur				
		n for students, or during the registration period if it has no solicitation program, in a way that				
	If you need more sp	o all parts of the general community it serves? If "Yes," please describe. If "No," please expla	10.	3		x
		Dace, use Part II ARE GIVEN THE NOTICE WHEN THEY COME TO REGISTER	AND	. 5		
		DUR WEBSITE.		-		
				-		
				-		
				-		
4	Does the organizat	ion maintain the following?		_		
а	Records indicating	the racial composition of the student body, faculty, and administrative staff?		. 4a	Х	
b	Records document	ing that scholarships and other financial assistance are awarded on a racially nondiscriminat	ory basis?	4b	Х	
с	Copies of all catalo	gues, brochures, announcements, and other written communications to the public dealing w	ith student			
		ms, and scholarships?			X	
d		ial used by the organization or on its behalf to solicit contributions?		<b>4d</b>	Х	
	If you answered "N	o" to any of the above, please explain. If you need more space, use Part II.				
				-		
				-		
				-		
5	Does the organizat	ion discriminate by race in any way with respect to:		-		
	e e	privileges?		5a		х
		5?				X
с	Employment of fac	ulty or administrative staff?		5c		Х
		ner financial assistance?				X
		s?				X
						X
						X
h		ar activities?		. <u>5h</u>		X
	If you answered "Y	es" to any of the above, please explain. If you need more space, use Part II.				
				-		
				-		
				-		
<b>C</b> -				-	x	
		ion receive any financial aid or assistance from a governmental agency?			^	x
u		n's right to such aid ever been revoked or suspended? es" on either line 6a or line 6b, explain on Part II.				- 23
7		ion certify that it has complied with the applicable requirements of sections 4.01 through 4.0	5 of			
'		975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	х	
LHA			Schedule E (Foi			) 2017

CARLOS ROSARIO INTERNATIONAL PUBLIC Schedule E (Form 990 or 990-EZ) 2017 CHARTER SCHOOL, INC.	52-2157082 Page 2					
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and						
Also provide any other additional information.						
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:						
THE SCHOOL RECEIVES A PER PUPIL STUDENT AND FACILITY ALLOT	MENT BASED ON					
ENROLLMENT FROM THE DISTRICT OF COLUMBIA PUBLIC CHARTER SC	HOOL BOARD -					
THIS IS THE PRIMARY SOURCE OF FUNDING. THE SCHOOL MAY ALS	O APPLY AND					
RECEIVE FUNDS IN THE FORM OF A GRANT(S) FROM THE DISTRICT	OF COLUMBIA					

OFFICE OF STATE SUPERINTENDENT OF EDUCATION FOR SPECIFIC PURPOSE/PROGRAM.

SCHEDULE E, LINE 6 EXPLANATION OF GOVERNMENT FINANCIAL AID

CONTRIBUTIONS RECEIVED FROM GOVERNMENT AGENCIES:

DISTRICT OF COLUMBIA CHARTER PUBLIC SCHOOL BOARD

DISTRICT OF COLUMBIA OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

DISTRICT OF COLUMBIA MAYOR'S OFFICE ON LATINO AFFAIRS

SCHEDULE G	Suppleme	ntal Inform	ation Regarding	Fund	raiei	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	e organization organization e	answered "Yes" on ntered more than \$15	Form 9 5,000 c	990, P on For	Part IV, line 17, 18, o rm 990-EZ, line 6a.		2017
Department of the Treasury Internal Revenue Service			Attach to Form 990 ww.irs.gov/Form990					Open to Public Inspection
Name of the organization	CARLOS		INTERNATIO				Employer	identification number
	CHARTER	SCHOOL	, INC.				52-21	57082
Part I Fundraisin required to co	ng Activities complete this par	<ul> <li>Complete if the transformation of transformationo</li></ul>	ne organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990	-EZ filers are not
c X Phone solicita d X In-person solic 2 a Did the organization	ns mail solicitations tions itations have a written o t in Form 990, F ighest paid indi	s or oral agreeme Part VII) or entity viduals or entiti	e Solicitat f Solicitat g X Special nt with any individual y in connection with pr	tion of tion of fundra (incluc	non-g gover iising o ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X	
(i) Name and address or entity (fundra	of individual		i) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i	by) to (or retained by)
REYNA SHARP - 3100				Yes	No			
CONNECTICUT AVE., NW	#122,	SEE PART IV			Х	64,456.	6,69	90. 57,766.
PROGRESSITY INC P	O BOX							
11095, WASHINGTON, D	C 20008	SEE PART IV			X	0.	21,00	00. 0.
Total						64,456.	27,69	57,766.
3 List all states in which or licensing.	n the organization	on is registered	or licensed to solicit o	ontrib	utions	or has been notified	it is exempt fron	n registration

Particulation and provided the second provided the second provided method is 15,000         of fundating seven contributions and group of the second provided method is 15,000         of fundating seven contributions and group of the second provided method is 15,000         a Group of the second provided method precence precence provided method provided method provide			e G (Form 990 or 990 EZ) 2017 CHARTER	SCHOOL, INC	•	52-	2157082 Page 2					
get       (a) Event #2       (c) Other events (c) Other (c) Other events (c) Other (c) Other	<b>Part II</b> Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000											
THE DREAM LU       (user type)       (ustal number)       col. (c)         (went type)       (ustal number)       col. (c)       col. (c)         (a cross receipts       57,960.       57,960.       53,160.         3 Gross income (ine 1 minus line 2)       4,800.       4,800.       4,800.         4 Cash prizes			5 5	(a) Event #1		(c) Other events						
generative       (event type)       (votal number)       col. (e)         1       Gross receipts       57,960.       57,960.         2       Less: Contributions       53,160.       53,160.         3       Gross income (ine 1 minus line 2)       4,800.       4,800.         4       Cash prizes						NONE						
2       Less: Contributions       53,160.       53,160.         3       Gross income (line 1 minus line 2)       4,800.       4,800.         4       Cash prizes						(total number)	col. <b>(c)</b> )					
2       Less: Contributions       53,160.       53,160.         3       Gross income (line 1 minus line 2)       4,800.       4,800.         4       Cash prizes	sevenue	1	Gross receipts	57,960.			57,960.					
4       Cash prizes	-		Less: Contributions	53,160.			53,160.					
5       Noncash prizes		3	Gross income (line 1 minus line 2)	4,800.			4,800.					
s       Rent/facility costs       1,383.         g       Food and beverages       1,173.         g       Other direct expenses       1,173.         g       Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than         S15,000 on Form 990EZ, line 6a.       (a) Bingo         g       (b) Pull tabs/instant       (c) Other gaming (cd) col. (a) through col. (c))         g       I Gross revenue       1       Gross revenue         g       I Gross revenue       1       Gross revenue       1         g       Cash prizes       1       1       1         g       Other direct expenses       1       1       1         g       Other direct e		4	Cash prizes									
8       Entertainment       1,173.       1,173.         9       Other direct expenses ummary. Add lines 4 through 9 in column (d)       2,556.         11       Net income summary. Subtract line 10 from line 3, column (d)       2,244.         Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than       2,244.         St5,000 on Form 990 EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         2       Cash prizes       (a) Column (c)       (b) Pull tabs/instant       (c) Other gaming       (c) Pull tabs/instant         2       Cash prizes       (b) No       No       No       No       (c) Pull ta	S	5	Noncash prizes									
8       Entertainment       1,173.       1,173.         9       Other direct expenses ummary. Add lines 4 through 9 in column (d)       2,556.         11       Net income summary. Subtract line 10 from line 3, column (d)       2,244.         Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than       2,244.         St5,000 on Form 990 EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         2       Cash prizes       (a) Column (c)       (b) Pull tabs/instant       (c) Other gaming       (c) Pull tabs/instant         2       Cash prizes       (b) No       No       No       No       (c) Pull ta	xpense	6	Rent/facility costs									
8       Entertainment       1,173.       1,173.         9       Other direct expenses ummary. Add lines 4 through 9 in column (d)       2,556.         11       Net income summary. Subtract line 10 from line 3, column (d)       2,244.         Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than       2,244.         St5,000 on Form 990 EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         2       Cash prizes       (a) Column (c)       (b) Pull tabs/instant       (c) Other gaming       (c) Pull tabs/instant         2       Cash prizes       (b) No       No       No       No       (c) Pull ta	lirect E:	7	Food and beverages	1,383.			1,383.					
9 Other direct expenses       1,173.       1,173.         10 Direct expense summary. Add lines 4 through 9 in column (d)       2,556.         11 Net income summary. Subtract line 10 from line 3, column (d)       2,244.         Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         9       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         9       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         9       Cash prizes       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         9       A Rent/facility costs       (a) No       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         9       Other direct expenses       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         9       Enter the state(s) in which the organization conducts gaming activities:       (c) Total gaming income summary. Subtract line 7 from line 1, column (d)       (c) Pain <td></td> <td>8</td> <td>Entertainment</td> <td></td> <td></td> <td></td> <td></td>		8	Entertainment									
11       Net income summary. Subtract line 10 from line 3, column (d)       >       2, 244.         Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         2       Cash prizes       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         3       Noncash prizes       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         4       Rent/facility costs       (a) Bingo       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         5       Other direct expenses       (b) Pull tabs/instant       (c) Other gaming       (d) Total gaming (add col. (e)         6       Volunteer labor       No       No       No       No       (d) Total gaming		9										
Part III       Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.						🕨	2,556.					
\$15,000 on Form 990-EZ, line 6a.       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Total gaming (add col. (a) through col. (c))         1       Gross revenue	Pa	11 art	Net income summary. Subtract line 10 from I	ine 3, column (d)			2,244.					
Image: Control of the organization is gaming licenses revoked, suspended, or terminated during the tax year?       (a) Eingo       (b) Dimer gaming       (c) (a) through col. (c))         Image: Control of the organization is gaming licenses revoked, suspended, or terminated during the tax year?       (b) Dimer gaming       (c) (c) Dimer gaming       (c) (c) Dimer gaming       (c) (c) (c)         Image: Control of the organization is gaming licenses revoked, suspended, or terminated during the tax year?       (c) Dimer gaming       (c) (c) (c)         Image: Control of the organization is gaming licenses revoked, suspended, or terminated during the tax year?       (c) The tax year?       (c) The tax year?												
Image: revenue       image: revenue       co. (a) through co. (b)         2       Cash prizes       image: revenue       image: revenue         3       Noncash prizes       image: revenue       image: revenue         4       Rent/facility costs       image: revenue       image: revenue         5       Other direct expenses       image: revenue       image: revenue         6       Volunteer labor       image: revenue       image: revenue         7       Direct expense summary. Add lines 2 through 5 in column (d)       image: revenue         8       Net gaming income summary. Subtract line 7 from line 1, column (d)       image: revenue         9       Enter the state(s) in which the organization conducts gaming activities:       image: revenue         a ls the organization licensed to conduct gaming activities in each of these states?       image: revenue       image: revenue         10a       Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       image: revenue       image: revenue         10a       Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       image: revenue       image: revenue				(a) Bingo		(c) Other gaming						
2 Cash prizes   3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   6 Volunteer labor   7 Direct expense summary. Add lines 2 through 5 in column (d)   8 Net gaming income summary. Subtract line 7 from line 1, column (d)   9 Enter the state(s) in which the organization conducts gaming activities:   a is the organization licensed to conduct gaming activities in each of these states?   Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?   Yes   No	enue				bingo/progressive bingo		col. (a) through col. (c))					
2       Cash prizes	Rev		0									
3       Noncash prizes		1	Gross revenue									
4 Rent/facility costs   5 Other direct expenses   6 Volunteer labor   7 Direct expense summary. Add lines 2 through 5 in column (d)   8 Net gaming income summary. Subtract line 7 from line 1, column (d)   9 Enter the state(s) in which the organization conducts gaming activities:   a Is the organization licensed to conduct gaming activities in each of these states?   Ves   10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?   Yes   No  b If "Yes," explain:	ses	2	Cash prizes									
<sup>6</sup> <sup>7</sup> Other direct expenses	Expen	3	Noncash prizes									
6       Volunteer labor       Image: Sector	Direct	4	Rent/facility costs									
6       Volunteer labor       No       No         7       Direct expense summary. Add lines 2 through 5 in column (d)       Image: Column (d)         8       Net gaming income summary. Subtract line 7 from line 1, column (d)       Image: Column (d)         9       Enter the state(s) in which the organization conducts gaming activities:       Image: Column (d)         a       Is the organization licensed to conduct gaming activities in each of these states?       Image: Column (d)         b       If "No," explain:       Image: Column (d)       Image: Column (d)         10a       Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       Image: Column (d)         b       If "Yes," explain:       Image: Column (d)       Image: Column (d)		5	Other direct expenses									
7 Direct expense summary. Add lines 2 through 5 in column (d)       •         8 Net gaming income summary. Subtract line 7 from line 1, column (d)       •         9 Enter the state(s) in which the organization conducts gaming activities:       •         a Is the organization licensed to conduct gaming activities in each of these states?       •         b If "No," explain:       •         10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       •         b If "Yes," explain:       •		6	Volunteer labor									
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:		7		n 5 in column (d)		. <u> </u>						
9 Enter the state(s) in which the organization conducts gaming activities:         a Is the organization licensed to conduct gaming activities in each of these states?         b If "No," explain:             10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?             b If "Yes," explain:		8	Net gaming income summary. Subtract line 7									
a Is the organization licensed to conduct gaming activities in each of these states?       Yes         b If "No," explain:												
b       If "No," explain:         10a       Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?         b       If "Yes," explain:												
<b>b</b> If "Yes," explain:												
732082 09-13-17 Schedule G (Form 990 or 990-F7) 2017				evoked, suspended, or te	rminated during the tax	year?	Yes No					
732082 09-13-17 Schedule G (Form 990 or 990-F7) 2017												
	7320	82 00	-13-17			Schedule G (Fo	rm 990 or 990-F7) 2017					

CARLOS ROSARIO INTERNATION	AL PUBLIC	
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Sch	redule G (Form 990 or 990-EZ) 2017 CHARTER SCHOOL, INC. 52-2	157	082	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
	Indicate the percentage of gaming activity conducted in:	I		
	a The organization's facility	<u>13a</u>		%
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
14	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year <b>s</b> <b>Int IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II, lir		0h 10l	15h
	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lir 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	165 9, 3	90, 10	5, 150,
50	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	•		
(I	) NAME OF FUNDRAISER: REYNA SHARP			
<u>(I</u>	) ADDRESS OF FUNDRAISER:			
<u>31</u>	00 CONNECTICUT AVE., NW #122, WASHINGTON, DC 20008			
۲A	RT I, LINE 2B (II), ACTIVITY			
- 13				

REYNA SHARP-PROVIDE SERVICES AS IT PERTAINS TO THE SCHOOL'S SCHOLARSHIP FUNDRAISING CAMPAIGN PROGRESSITY, INC.-CREATION OF AN INTEGRATED, TRANSFORMATIVE,

DEVELOPMENT PLAN AND ONGOING DEVELOPMENT STRATEGY AND ADVISING SERVICES

SCHEDULE I (Form 990)		201	OMB No. 1545-0047						
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 for		nation.		Open to P Inspect	
Name of the organizat		SARIO INTI CHOOL, INC	ERNATIONAL					Employer identification 52-215	
Part I General I	nformation on Grants a	-	-						
•	zation maintain records t		•		• • • •	•			X No
2 Describe in Part	award the grants or assis IV the organization's pro	ocedures for monitor	oring the use of grant	funds in the United	l States.				
Part II Grants an	nd Other Assistance to hat received more than \$	Domestic Organiz	ations and Domestic	<b>Governments.</b> C	Complete if the org	anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any	
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gra or assistance	ant
3 Enter total numb	per of section 501(c)(3) a per of other organizations	s listed in the line 1	table	e line 1 table			•	▶	
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 99	<del>3</del> 0) (2017)

Schedule I (Form 990) (2017)

CHARTER SCHOOL, INC.

52-2157082

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	47	89,584.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE J	CHEDULE J Compensation Information							
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	17	,				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20						
Department of the Treasury		Open to		ic				
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		ection					
Name of the organiz				nber				
		15708	2					
Part I Quest	ions Regarding Compensation							
			Yes	No				
	ropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	n A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	or charter travel							
	companions Payments for business use of personal residence							
	Inification and gross-up payments							
	ary spending account Personal services (such as, maid, chauffeur, chef)							
<b>b</b> If any of the be	ves an line to are shocked, did the exception follow a written policy recording normant or							
	xes on line 1a are checked, did the organization follow a written policy regarding payment or or provision of all of the expenses described above? If "No," complete Part III to explain	16						
	ation require substantiation prior to reimbursing or allowing expenses incurred by all directors,	<u>1b</u>						
•	fficers, including the CEO/Executive Director, regarding the items checked on line 1a?	2						
trustees, and o								
3 Indicate which.	if any, of the following the filing organization used to establish the compensation of the organization's							
-	Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	pensation of the CEO/Executive Director, but explain in Part III.							
	ation committee <b>X</b> Written employment contract							
	ent compensation consultant $X$ Compensation survey or study							
	of other organizations $X$ Approval by the board or compensation committee							
4 During the year	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
organization or	a related organization:							
a Receive a seve	rance payment or change-of-control payment?			Х				
<b>b</b> Participate in, o	pr receive payment from, a supplemental nonqualified retirement plan?		Х					
	or receive payment from, an equity-based compensation arrangement?			Х				
	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
Only section 5	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5 For persons list	ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
contingent on t	the revenues of:							
a The organization	on?	. 5a		X				
<b>b</b> Any related org	anization?	5b		X				
If "Yes" on line	5a or 5b, describe in Part III.							
	ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
•	he net earnings of:							
	n?			X				
	anization?	6b		X				
	6a or 6b, describe in Part III.							
	ted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	on lines 5 and 6? If "Yes," describe in Part III	7	X					
	unts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		x				
initial contract	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							
9 If "Yes" on line	8, did the organization also follow the rebuttable presumption procedure described in ction 53.4958-6(c)?	9						

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Schedule J (Form 990) 2017

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

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

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

	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ALLISON KOKKOROS (i	162,979.	16,995.	0.	45,649.	15,621.	241,244.	0.
CHIEF EXECUTIVE OFFICER (ii	•	0.	0.	0.	0.	0.	0.
(2) SONIA GUTIERREZ (i	68,690.	2,685.	68,749.	39,787.	681.	180,592.	32,895.
CR SENIOR ADVISER/CCC PRESIDENT		2,856.	0.	4,185.	725.	80,851.	0.
(3) GERARDO LUNA (i	4.4.5.4.4.4	15,161.	0.	9,267.	11,817.	173,466.	0.
CHIEF FINANCIAL OFFICER	•	0.	0.	0.	0.	0.	0.
(4) GUSTAVO VITERI (i		5,496.	0.	8,713.	10,409.	156,451.	0.
CHIEF TECHNOLOGY OFFICER	•	0.	0.	0.	0.	0.	0.
(5) JOHN RYAN MONROE (i		12,170.	0.	8,936.	6,172.	164,007.	0.
CHIEF ACADEMIC OFFICER (ii	•	0.	0.	0.	0.	0.	0.
(i							
(i							
(i							
(i							
(ii							
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Page 2

52-2157082

CHARTER SCHOOL, INC.

#### Part III Supplemental Information

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

\_\_\_\_\_

#### PART I, LINE 4B:

SONIA GUTIERREZ AND ALLISON KOKKOROS ARE ACTIVE PARTICIPANTS IN AN IRC

SECTION 457(F) DEFERRED COMPENSATION PLAN. CONTRIBUTIONS ARE PART OF A

MULTI-YEAR BENEFIT. CONTRIBUTIONS WERE MADE BY THE ORGANIZATION AS FOLLOWS:

\$35,899 WAS CONTRIBUTED FOR SONIA GUTIERREZ. THIS WAS THE FINAL PAYMENT OF

THE MULTI-YEAR BENEFIT THAT VESTED IN CALENDAR YEAR 2017. \$32,895 WAS

REPORTED IN THE PRIOR YEAR AND THE TOTAL VESTED AMOUNT OF \$68,794 WAS PAID

IN CALENDAR YEAR 2017.

ALLISON KOKKOROS - \$16,007 - THIS AMOUNT IS PART OF A MULTI-YEAR BENEFIT

THAT WILL VEST IN CALENDAR YEAR 2019.

PART I, LINE 7:

THE CHIEF EXECUTIVE OFFICER'S BONUSES ARE DETERMINED AND APPROVED BY THE

BOARD. ALL OTHER BONUSES ARE AT THE DISCRETION OF THE CEO.

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. CARLOS ROSARIO INTERNATIONAL PUBLIC Employer identification number 52-2157082

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES THAT ENABLE ADULT IMMIGRANTS TO REALIZE THEIR DREAMS WHILE

INC.

STRENGTHENING OUR COMMUNITY AND ECONOMY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CHARTER SCHOOL,

CARLOS ROSARIO NOW OFFERS TWO NEW CAREER TRAINING PROGRAMS. THE SMALL

BUSINESS AND ENTREPRENEURSHIP PROGRAM, WHICH SUPPORTS STUDENTS IN

STARTING AND GROWING THEIR OWN BUSINESSES, AND THE BILINGUAL

PARAEDUCATOR APPRENTICESHIP PROGRAM AIMED AT PREPARING STUDENTS TO

BECOME CERTIFIED PARAEDUCATORS.

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

DATA FOR THE FORM 990 IS COMPILED BY THE CONTROLLER AND REVIEWED BY THE CFO AND LEGAL COUNSEL. THE ACCOUNTING FIRM RECEIVES THE COMPILED DATA AND PREPARES AN INITIAL DRAFT RETURN FOR REVIEW BY THE CFO, LEGAL COUNSEL AND CONTROLLER WHO MAKE CHANGES AS NECESSARY. THE DRAFT RETURN IS PRESENTED TO THE CEO AND BOARD MEMBERS FOR THEIR REVIEW. CHANGES ARE MADE AS NECESSARY PRIOR TO FILING OF FINAL RETURN.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD OF TRUSTEES ONCE A YEAR, WHO SIGN OFF THAT THEY ARE IN COMPLIANCE WITH THE POLICY. THE POLICY IS DISTRIBUTED ANNUALLY TO THE EMPLOYEES AS PART OF THE EMPLOYEE HANDBOOK.

OFFICERS AND TRUSTEES ARE TO DISCLOSE TO THE CHIEF EXECUTIVE OFFICER ANY

Schedule O (Form 990 or 9	990-EZ) (2017)	Page <b>2</b>
Name of the organization	CARLOS ROSARIO INTERNATIONAL PUBLIC	Employer identification number
	CHARTER SCHOOL, INC.	52-2157082

ACTUAL OR POTENTIAL CONFLICTS OF INTEREST IMMEDIATELY SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

KEY STAFF LEADERSHIP IS ALSO RESPONSIBLE FOR COMPLETING THE CONFLICT OF

INTEREST DISCLOSURE FORM EACH YEAR.

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

THE SALARY OF THE CEO IS DETERMINED BY REVIEWING SALARY DATA PRODUCED BY AN INDEPENDENT CONSULTANT. THIS INCLUDES REVIEW OF SURVEY DATA FOR CHARTER SCHOOLS OF SIMILAR SIZE/COMPLEXITY, OTHER NOT FOR PROFITS AND OTHER COMPARABLE AGENCIES. THE EXECUTIVE COMMITTEE ESTABLISHES THE COMPENSATION OF THE CEO WHICH IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD.

SALARIES OF THE OTHER OFFICERS WERE DETERMINED AS PART OF A STUDY CONDUCTED BY AN INDEPENDENT CONSULTANT, AND THEREON ANNUAL SALARY INCREASES WERE PERFORMED ACROSS THE BOARD FOR ALL EMPLOYEES. SALARIES OF OTHER OFFICERS WERE APPROVED BY THE CEO AND THE SALARY EXPENSE WAS APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS AVAILABLE ON GUIDESTAR. OTHER INFORMATION IS AVAILABLE BY REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2017)         Page 2										
Name of the organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.	Employer identification number 52-2157082									
THE FINANCE COMMITTEE OVERSEES BOTH THE AUDIT AND SELECTIO	N OF THE									
AUDIT FIRM. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEA	R.									
FORM 990, PART VI, SECTION A, LINE 1A										

COMPOSITION OF THE COMMITTEE: CHAIR, VICE CHAIR, TREASURER AND

SECRETARY. THE COMMITTEE PERFORMS OVERSIGHT OF THE MANAGEMENT OF THE

BUSINESS AFFAIRS OF THE SCHOOL. THE BOARD MAY DELEGATE ADDITIONAL

DUTIES IN WRITING FROM TIME TO TIME. THE COMMITTEE REPORTS

PERIODICALLY TO THE BOARD AND PERFORMS FUNCTIONS AS DIRECTED BY THE

BOARD.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Comp	Related Organizations lete if the organization answered " Atta	ŀ	OMB No. 154 201 Open to F Inspect	<b>7</b> Public					
Internal Revenue Service Name of the organizati	ion CARLOS ROSARIC CHARTER SCHOOL	) INTERNATIONAL PUB	Go to www.irs.gov/Form990 for instructions and the latest information. NTERNATIONAL PUBLIC INC •							
Part I Identificati	on of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 3	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) Total inco	(e) End-of-year a	assets Dire	<b>(f)</b> ect controllin entity	g		
		-								
Identificati	on of Related Tax-Exempt Organiza	ntions. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, b	ecause it had one o	or more related tax	exempt			
Part II         Identification of related tax-Exempt organizations during the tax year.           (a)         Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controllir entity	ig <sub>con</sub>	g) 512(b)(13) trolled tity? No		
COMMUNITY CAPITAL CORPORATION - 52-2332161 1100 HARVARD STREET, NW WASHINGTON, DC 20009		PROVIDES AND OPERATES FACILITIES TO HOUSE NON-PROFIT ORGANIZATIONS	DISTRICT OF COLUMBIA	501(C)(3)	12, II N	J/A	165	x		
COMMUNITY CAPITAL CORPORATION - SONIA GUTIERREZ CAMPUS - 46-0612061, 1100 HARVARD STREET, NW, WASHINGTON, DC 20009		TO HOLD TITLE AND DEVELOP PROPERTY FOR EDUCATIONAL USES	DISTRICT OF COLUMBIA	501(C)(2)	c	COMMUNITY CAPI CORPORATION	TAL X			
		-								

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

#### Schedule R (Form 990) 2017 CHARTER SCHOOL, INC.

52-2157082 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ng ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo		
											_		
										$\left  \right $	<u> </u>		
										+			
	1		1	1		1		L	1	<u> </u>			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contr enti	i) :tion ɔ)(13) rolled ity?
		country)		or tructy		400010		Yes	No

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Schedule R (Form 990) 2017

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
S	Other transfer of cash or property from related organization(s)	1s		Х

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) COMMUNITY CAPITAL CORPORATION	к	5,294,430.	FMV
(2) COMMUNITY CAPITAL CORPORATION	Q	135,803.	FMV
(3) COMMUNITY CAPITAL CORPORATION	Р	2,084,284.	FMV
(4) COMMUNITY CAPITAL CORPORATION	L	120,000.	FMV
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2017 CHARTER SCHOOL, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	10		(f)	(g)	/	n)	(i)	(j)	(k)					
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant incomo	(e Are partners 501(c orgs	all	(I) Share of	(9) Share of		• <b>7</b>	UI Code V-UBI	(J) General c						
of entity	Frimary activity	(state or foreign	(related, unrelated,	501(c	s sec. ;)(3)	total	end-of-year	tion	ropor- nate	amount in box 20	managin	ownership					
or onacy		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs		income	assets		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?						
			Sections 512-514)	Yes	No			Yes	No	(FUITI 1003)	Yes NO						
				$ \downarrow \downarrow$								ļ					
				+													
												1					
				+					<u> </u>			<u> </u>					

Schedule R (Form 990) 2017

chedule	R (Form	990) 2017	

#### CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Schedule R (Form 990) 2017 CRAR Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2017)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

				Enter file	er's identify	ving number	
Type or print	Name of exempt organization or other filer, see instr CARLOS ROSARIO INTERNATION CHARTER SCHOOL, INC.	Employe	Employer identification number (EIN) or $52 - 2157082$				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, 1100 HARVARD STREET, NW	see instruct	tions.	Social se	curity numl	per (SSN)	
instructions.	City, town or post office, state, and ZIP code. For a WASHINGTON, DC 20009	foreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)	<u></u>			
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	)-T (trust other than above)	06	Form 8870 FINANCIAL OFFICER			12	
<ul> <li>If the of</li> <li>If this is</li> <li>box  </li> </ul>	none No. ► 202-797-4700 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until	t Group Exe	mption Number (GEN) I	f this is fo all memb	r the whole ers the exte	group, check this ension is for.	
►[ ►[	the organization named above. The extension is for the calendar year or TUL 1, 2017 TUL 1, 2017TUL 1,	, an	d ending <u>JUN 30, 2018</u>	Final retur	 n		
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	0, or 6069, e	enter the tentative tax, less any				
nor	nonrefundable credits. See instructions. <b>3a</b>						
b lfth	nis application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	/ refundable credits and				
est	imated tax payments made. Include any prior year over	payment all	owed as a credit.	3b	\$	0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required,				
by	using EFTPS (Electronic Federal Tax Payment System)	. See instruc	ctions.	3c	\$	0.	
instructio	If you are going to make an electronic funds withdrawa ns. <b>For Privacy Act and Paperwork Reduction Act Notice</b>			153-EO an		'9-EO for payment 8868 (Rev. 1-2017)	

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

#### FOR THE YEAR ENDING

JUNE 30, 2018

#### PREPARED FOR:

CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC. 1100 HARVARD STREET, NW WASHINGTON, DC 20009

#### PREPARED BY:

RUBINO AND COMPANY, CHARTERED 6903 ROCKLEDGE DRIVE, SUITE 1200 BETHESDA, MD 20817-1818

#### AMOUNT DUE OR REFUND:

NO AMOUNT IS DUE.

#### MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

#### RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2019

#### SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

## 2018 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

#### FOR THE YEAR ENDING

JUNE 30, 2019

#### PREPARED FOR:

CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC. 1100 HARVARD STREET, NW WASHINGTON, DC 20009

#### PREPARED BY:

RUBINO AND COMPANY, CHARTERED 6903 ROCKLEDGE DRIVE, SUITE 1200 BETHESDA, MD 20817-1818

#### AMOUNT OF TAX:

TOTAL ESTIMATED TAX	\$ 20,320
LESS CREDIT FROM PRIOR YEAR	\$ 0
LESS AMT ALREADY PAID ON 2018 ESTIMATE	\$ 0
BALANCE DUE	\$ 20,320

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	DUE DATE
NO 1	\$ 0	)
NO 2	\$ 0	
NO 3	\$ 0	)
NO 4	\$ 20,320	JUNE 17, 2019

#### MAKE CHECK PAYABLE TO:

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).

#### MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

	CARLOS ROSARIO INT CHARTER SCHOOL, IN	c.		-	52-215	7082	2
Form	<b>990-W</b> Income	e fo	r Tax-Exem	ed Business ot Organizati	ons		OMB No. 1545-0976
•	Go to www.	irs.gov	/F990W for instruction	Private Foundations) ons and the latest info	rmation.	T	2018
Intern	tment of the Treasury al Revenue Service Keep for yo	our rec	ords. Do not send to	the Internal Revenue	Service.		
1	Unrelated business taxable income expected in the tax	/ear				1	
2	Tax on the amount on line 1. See instructions for tax of	computa	tion			2	
3	Alternative minimum tax for trusts. See instructions					3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instructions					5	
6	Subtract line 5 from line 4					6	
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels. See instructions					9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the	-					
h	estimated tax payments. Private foundations, see instru Enter the tax shown on the 2017 return. See instruction			<u>10a</u>			
U	zero or the tax year was for less than 12 months, skip t						
				10b	20,297.		
C	2018 Estimated Tax. Enter the smaller of line 10a or lin	ne 10b.	If the organization is requ	ired to skip line 10b, ente	r the amount		
	from line 10a on line 10c			ADJUST		10c	20,320.
			(a)	(b)	(c)		(d)
11	Installment due dates. See instructions	11					06/17/19
12	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment mathed, the adjusted accounts						
	installment method, the adjusted seasonal installment method, or is a "large organization."	12					20,320.
13	2017 Overpayment. See instructions	13					
14	Payment due (Subtract line 13 from line 12)	14					20,320.
1 11 ^	For Department Poduction Act Nation and instruction						Form <b>990-W</b> (2019)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

Form	990-T	E	Exempt Organi	ization Bus	sine	ss Income T	ax Retu	Irn	OMB	No. 1545-0687
				I proxy tax und					0	047
		For ca	lendar year 2017 or other tax year b					018 .	Ľ	017
	tment of the Treasury al Revenue Service		► Go to www.irs • Do not enter SSN numbers			ns and the latest inform de public if your organiza		)(3).	Open to F 501(c)(3) (	Public Inspection for Organizations Only
Α	Check box if address changed		Name of organization ( CARLOS ROSAR					Emp	oyer ident loyees' tru uctions.)	ification number Ist, see
B E	kempt under section	Print	CHARTER SCHOO	DL, INC.						57082
X	] 501( <b>c</b> )( <b>3</b> )	or	Number, street, and room o	r suite no. If a P.O. bo	x, see in	structions.			lated busir	ness activity codes s.)
	]408(e) []220(e)	Type	1100 HARVARD							,
	408A 530(a) 529(a)		City or town, state or provin WASHINGTON, 1	DC 20009				812	930	
C Bo	ok value of all assets and of vear		F Group exemption number G Check organization type	(See instructions.)						
	37,937,5	69.	G Check organization type	<b>X</b> 501(c) cor	poration	501(c) trust		01(a) trust		Other trust
			ary unrelated business activity					rs		
			oration a subsidiary in an affi		nt-subsi	diary controlled group?		► Ye	es 🛛	No
			tifying number of the parent of							
			GERARDO LUNA, de or Business Inco		ANC				797-	
				ne	-	(A) Income	(B) Expe	enses		(C) Net
	Gross receipts or sale									
b	Less returns and allow			c Balance Þ	1c					
2			A, line 7)		2					
3			rom line 1c		3					
			h Schedule D)		4a					
b			art II, line 17) (attach Form 4		4b					
C F			sts		4c 5					
5			ips and S corporations (attac		5 6					
6	Rent income (Schedu		na (Cabadula E)		7					
7			ne (Schedule E)		8					
8 9			and rents from controlled organs $FO(x)$ (0) or (17) organs							
			on 501(c)(7), (9), or (17) orga me (Schedule I)		10					
10 11					11					
12	Advertising income (See income	etruction	ns; attach schedule) <b>STA</b>	ΤΕΜΈΝΤ 1	12	96,653.				96,653.
13			gh 12		13	96,653.				96,653.
	rt II Deductio	ns No	ot Taken Elsewhere	(See instructions fo						50,0000
			utions, deductions must b				income.)			
14	Compensation of off	icers. di	rectors, and trustees (Schedu	le K)				14		
15										
16										
17										
18										
19										
20			e instructions for limitation ru							
21			562)							
22	Less depreciation cla	aimed or	n Schedule A and elsewhere o	n return		22a		22b		
23	Depletion							23		
24	Contributions to defe	erred co	mpensation plans					24		
25	Employee benefit pro	•								
26	Excess exempt expe	nses (So	chedule I)					26		
27	Excess readership co	osts (Sc	hedule J)					27	L	
28	Other deductions (at	ttach sch	nedule)					28		
29	Total deductions. A	dd lines	14 through 28					29	ļ	0.
30			ncome before net operating lo							96,653.
31	Net operating loss de	eduction	(limited to the amount on lin	e 30)				31		00 000
32			ncome before specific deduct							96,653.
33			y \$1,000, but see line 33 instr							1,000.
34			income. Subtract line 33 fro		-					95,653.

Form 990-T			52-21	57082	Page <b>2</b>
Part I	I Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here 🕨 🛄 See instructions an	nd:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	r):			
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000) \$				
C	Income tax on the amount on line 34		🕨	► 35c	20,297.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount				
	Tax rate schedule or Schedule D (Form 1041)			► <u>36</u>	
37	Proxy tax. See instructions		🕨	37	
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income. See instructions				
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	20,297.
Part I					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		_	
	Other credits (see instructions)	41b		_	
	General business credit. Attach Form 3800			_	
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 41a through 41d				20 207
42	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88		]	42	20,297.
43					20 207
44	Total tax. Add lines 42 and 43			44	20,297.
	Payments: A 2016 overpayment credited to 2017	45a	20 207	_	
	2017 estimated tax payments	45b	20,297	·	
	Tax deposited with Form 8868	45c		_	
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		-	
	Backup withholding (see instructions) Credit for small employer health insurance premiums (Attach Form 8941)	45e 45f		-	
		401		-	
g		45g			
46	Total payments. Add lines 45a through 45g	40 <u>y</u>		46	20,297.
40	Estimated tax penalty (see instructions). Check if Form 2220 is attached			40	20,257.
47	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			► 48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49	0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax			► 50	
Part V		on (see	e instructions)		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	i may hav	ve to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f	-			
	here 🕨	-	-		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ransferor	to, a foreign trust?		X
	If YES, see instructions for other forms the organization may have to file.				
53	Enter the amount of tax-exempt interest received or accrued during the tax year 🏼 🗲 \$				
Cian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare			vledge and belief,	it is true,
Sign Here	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare CHIEFF		NCIAL	May the IRS disc	cuss this return with
TIELE	Cigneture of officer	ł		the preparer sho	
	Signature of officer Date Title				X   Yes     No
		ate	Check	if PTIN	
Paid	PATRICIA A.		self- employe		205000
Prepa					<u>285909</u> 1186096
Use C	nly Firm's name ► RUBINO AND COMPANY, CHARTERED 6903 ROCKLEDGE DRIVE, SUITE 12	00	Firm's EIN	► <u>5</u> 2-	1100030
	Firm's address ► BETHESDA, MD 20817-1818	00	Phone no	301-56	4-3636
			1 110110 110.	<u> </u>	<u>- 5050</u>

#### CARLOS ROSARIO INTERNATIONAL PUBLIC 990-T (2017) CHARTER SCHOOT. TNC

52 - 2157082

3

Form 990-T (2017) CHARTER S	CHOOL, INC.	52	I	Page 🕄	
Schedule A - Cost of Goods	s Sold. Enter method of ir	nventory valuation  N/A			
1 Inventory at beginning of year		6 Inventory at end of year	6		
2 Purchases		7 Cost of goods sold. Subtract line 6			
3 Cost of labor	3	from line 5. Enter here and in Part I,			
4a Additional section 263A costs		line 2	7		
(attach schedule)	4a	8 Do the rules of section 263A (with respect to		Yes	No
<b>b</b> Other costs (attach schedule)	4b	property produced or acquired for resale) ap	ply to		
5 Total. Add lines 1 through 4b	5	the organization?			
Schedule C - Rent Income ( (see instructions)	From Real Property a	and Personal Property Leased With Re	al Property)		
1. Description of property					
(1)					
(2)					
(3)					
(4)					
	2. Rent received or accrued				
		3(a) Deduct	tions directly connected with	the income in	1

(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for pe	nd personal property (if the percentages ersonal property exceeds 50% or if t is based on profit or income)	ge	<b>3(a)</b> Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	►		Ο.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	ot-Financed	Income (see i	instructions)			
			2. Gross income from		3. Deductions directly connection to debt-finance	
1. Description of debt-fi	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						
(2)						
(3)						
(4)						
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals					0.	0.
Total dividends-received deductions in						0.

Form **990-T** (2017)

Form 990-T (2017) CHARTE	R SCH	100L, I	NC.		AL PUBI				52-21	5708	<b>2</b> Page <b>4</b>	
Schedule F - Interest, A	nnuitie	es, Royalt	ies, and				-	ations	see ins	struction	s)	
				Exempt	Controlled O	rganizati	ons					
1. Name of controlled organizati	on	2. Emp identific numb	ation		related income e instructions) 4. T pa		ments made in		<b>5.</b> Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)												
_(2)												
(3)												
(4)												
Nonexempt Controlled Organiz												
7. Taxable Income		unrelated incom see instructions		<b>9</b> . Total	of specified payr made	nents	10. Part of colu in the controll gros		nization's		ductions directly connected i income in column 10	
(1)												
(2)												
(3)												
(4)												
							Enter here and on page 1, Part I, Enter here			ld columns 6 and 11. ere and on page 1, Part I, line 8, column (B).		
Totals									0.		0.	
Schedule G - Investme	nt Inco	ma of a S	ootion	501/0/7	7) (0) or (		anization		0.		0.	
(see instr				501(0)(7	r), (9), 0r (	17) 010	Janization					
	1. Description of income				2. Amount of	income	3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule)			5. Total deductions and set-asides		
(1)							(attach scher	Jule)			(col. 3 plus col. 4)	
(2)												
(3)												
(4)					Entry hour and						Fata have and as a set of	
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).	
Totals				<b>&gt;</b>		0.					0.	
Schedule I - Exploited I (see instru	-	t Activity	Income	, Other	Than Adv	vertisin	g Income					
1. Description of exploited activity	unrelated incor	Gross d business ne from business	<b>3.</b> Exp directly co with pro of unre business	onnected duction elated	4. Net incon from unrelated business (co minus colum gain, comput through	l trade or lumn 2 n 3). If a e cols. 5	<b>5.</b> Gross inc from activity is not unrela business ince	that ted	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)					unougn	7.						
(1)												
(2)												
(3)												
(4)	page	ere and on 1, Part I, , col. (A).	Enter here page 1, line 10,	Part I,							Enter here and on page 1, Part II, line 26.	
Tatala		0.	inie iu, i	сон. (в). О •							0 •	
Totals ► Schedule J - Advertisir	na Inco		struction								0.	
Part I Income From F	•	•			<u>eolidated</u>	Bacic						
	Periodic				Solidated	Dasis						
1. Name of periodical		2. Gross advertising income		<ol> <li>Direct rtising costs</li> </ol>	or (loss) (c col. 3). If a g	ising gain ol. 2 minus ain, comput arough 7.	e 5. Circula income		6. Reade cost		<ol> <li>Excess readership costs (column 6 minus column 5, but not more than column 4).</li> </ol>	
(1)												
(2)												
(3)												
(4)												
1.7												

0.

►

0.

Totals (carry to Part II, line (5))

Form 990-T (2017) CHARTER SCHOOL, INC. 52-21570

 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in
 52-2157082

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	<b>3.</b> Direct advertising costs			7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)							
(2)							
(3)							
(4)							
Totals from Part I	0.	0.					0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	Ο.	0.					0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see ir	struction	s)		•
<b>1.</b> Name			2. Title		3. Percent of time devoted to business		pensation attributable nrelated business
(1)						%	
(2)						%	
(3)						%	
(4)						%	
Total. Enter here and on page 1, Part II, li	ine 14						0.

Form **990-T** (2017)

Page 5

1606
Form <b>4020</b>
Department of the Treasury
Internal Revenue Service

#### **Alternative Minimum Tax - Corporations**

OMB No. 1545-0123

Attach to the corporation's tax return.

Depa	rtment of the Treasury	► Attach to the corporation's t				2017
_	al Revenue Service	► Go to www.irs.gov/Form4626 for instructions	and the	latest information.		
Nam		SARIO INTERNATIONAL PUBLIC CHOOL, INC.				Employer identification number 52-2157082
						52-215/062
		ctions to find out if the corporation is a small corporation exempt				
	from the alternative	minimum tax (AMT) under section 55(e).				
1	Taxable income or (I	loss) before net operating loss deduction			1	95,653.
2	Adjustments and pr				-	5570551
	Depreciation of post				2a	
		fied pollution control facilities			2b	
		ng exploration and development costs			2c	
Ì		lation expenditures (personal holding companies only)			2d	
		S			2e	
f	Long-term contracts				2f	
	•	, pital construction funds			2g	
		iction (Blue Cross, Blue Shield, and similar type organizations only)			2h	
;		vities (personal service corporations only)			2i	
		losely held corporations and personal service corporations only)			2j	
, ו					2k	
i					21	
		income from specified private activity bonds			2m	
		ists			2n	
		nd preferences			20	
3		native minimum taxable income (AMTI). Combine lines 1 through 20			3	95,653.
4		rnings (ACE) adjustment:			-	
-		the ACE worksheet in the instructions	4a	95,653.		
		line 4a. If line 3 exceeds line 4a, enter the difference as a				
-	negative amount. Se		4b	0.		
(	0	5% (0.75). Enter the result as a positive amount	4c			
		any, of the corporation's total increases in AMTI from prior				
		ts over its total reductions in AMTI from prior year ACE				
		structions. Note: You must enter an amount on line 4d				
	(even if line 4b is po	sitive)	4d			
(	ACE adjustment.		·			
	• If line 4b is zero	or more, enter the amount from line 4c	٦			
	<ul> <li>If line 4b is less t</li> </ul>	than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount	>		4e	0.
5	Combine lines 3 and	4e. If zero or less, stop here; the corporation does not owe any AMT	)		5	95,653.
6	Alternative tax net o	perating loss deduction. See instructions			6	
7		m taxable income. Subtract line 6 from line 5. If the corporation held a				
	interest in a REMIC,	see instructions			7	95,653.
8	Exemption phase-or	ut (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on	line 8c):			
á		rom line 7. If completing this line for a member of a controlled				
	group, see instructio	ons. If zero or less, enter -O-	8a	0.	,	
l	Multiply line 8a by 2	5% (0.25)		0.	<u>,</u>	
(	Exemption. Subtract	line 8b from \$40,000. If completing this line for a member of a contro	lled			
	0 17	ons. If zero or less, enter -O-			8c	40,000.
9	Subtract line 8c fron	n line 7. If zero or less, enter -0-			9	55,653.
10	Multiply line 9 by 20	% (0.20)			10	11,131.
11	Alternative minimum	n tax foreign tax credit (AMTFTC). See instructions			11	
12	Tentative minimum t	tax. Subtract line 11 from line 10 STMT 2	BLE	ENDED RATE	12	5,611.
13	Regular tax liability t	pefore applying all credits except the foreign tax credit			13	20,297.
14	Alternative minimur	<b>m tax</b> . Subtract line 13 from line 12. If zero or less, enter -0 Enter her	e and on			
		e J, line 3, or the appropriate line of the corporation's income tax return	1		14	0.
JWA	For Paperwork Red	uction Act Notice, see separate instructions.				Form <b>4626</b> (2017)

Adjusted	Current	Earnings	(ACE)	Worksheet

		See ACE Worksheet Inst	ructions.	I	
		F 4000			05 652
1	Pre-adjustment AMTI. Enter the amount from line 3 of	Form 4626			95,653.
2	ACE depreciation adjustment:		00		
	AMT depreciation		2a		
D	ACE depreciation:				
	(1) Post-1993 property	2b(1)			
	(2) Post-1989, pre-1994 property	2b(2)			
	(3) Pre-1990 MACRS property	2b(3)			
	(4) Pre-1990 original ACRS property	2b(4)	_		
	(5) Property described in sections				
		2b(5)	_		
	(6) Other property	2b(6)			
	(7) Total ACE depreciation. Add lines 2b(1) through		[2b(7)]		
	ACE depreciation adjustment. Subtract line 2b(7) from			2c	
3	Inclusion in ACE of items included in earnings and pro	. ,	1 1		
a	Tax-exempt interest income				
	All other distributions from life insurance contracts (in				
d	Inside buildup of undistributed income in life insurance	e contracts	3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(	iii) through (ix)			
	for a partial list)				
f	Total increase to ACE from inclusion in ACE of items in	cluded in E&P. Add lines 3a thro	ugh 3e	3f	
4	Disallowance of items not deductible from E&P:				
a	Certain dividends received		4a		
	Dividends paid on certain preferred stock of public utilities that an				
	affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 20	114, 128 Stat. 4043)	4b		
C	Dividends paid to an ESOP that are deductible under se	ection 404(k)	4c		
d	Nonpatronage dividends that are paid and deductible u	nder section			
	1382(c)		4d		
е	Other items (see Regulations sections 1.56(g)-1(d)(3)				
	partial list)		4e		
f	Total increase to ACE because of disallowance of items			4f	
5	Other adjustments based on rules for figuring E&P:		•		
a	Intangible drilling costs		5a		
	Installment sales		<b>F</b> .		
f	Total other E&P adjustments. Combine lines 5a throug			5f	
6	B. H. (1. 1. (1.1.)				
7	Acquisition expenses of life insurance companies for q				
8	D. L.C.				
9	Basis adjustments in determining gain or loss from sal				
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 41				
10		-			95,653.
	Form 4626				55,055.

#### 52-2157082

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
TAXABLE TRANSPORTATION FR	96,653.	
TOTAL TO FORM 990-T, PAGE	1, LINE 12	96,653.

TI	ENTATIVE MINIMUM TAX (TMT)	PRORATION	STATEMENT 2
TENTATIVE MIMIMUM TAX FO	OR THE ENTIRE YEAR	11,131.	
	=		
TMT IN EFFECT BEFORE 01,	/01/2018	11,131.	
TMT IN EFFECT AFTER 12/3	31/2017	0.	
	= DAYS		
	OF DAYS IN 2017 184 OF DAYS IN 2018 181	5,611. 0.	
TMT PRORATED			5,611.

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	-	OMB No. 1545-1878
	For calendar year 2016, or fiscal year beginning JUL 1 , 2016, and ending JUN 30	2017	0040
Department of the Treasury	Do not send to the IRS. Keep for your records.	·····	2016
Internal Revenue Service	Information about Form 8879-EO and its instructions is at www.irs.gov/formation	887900	
Name of exempt organization			ntification number
CARLOS ROSARIO	) INTERNATIONAL PUBLIC		
CHARTER SCHOOL	, INC.	52-215	57082
Name and title of officer			
GERARDO LUNA			
CHIEF FINANCIA	LOFFICER		
Part I Type of F	Return and Return Information (Whole Dollars Only)		
	n for which you are using this Form 8879-EO and enter the applicable amount, if any, frait, below, and the amount on that line for the return being filed with this form was blank, nk (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable		
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII), column (A), line 1(1)		05 CO1 057
2a Form 990-EZ check her	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) b Total revenue, if any (Form 990, FZ, line 0)	1b	25,691,857.
3a Form 1120-POL check I	b Total revenue, if any (Form 990-EZ, line 9) b Total tax (Form 1120-PO) line 22)	20	
4a Form 990-PF check her	b Total tax (Form 1120-POL, line 22)		
5a Form 8868 check here	<b>b</b> Balance Due (Form 8868, line 3c)	46	
Part II Declaration	on and Signature Authorization of Officer declare that I am an officer of the above organization and that I have examined a copy panying schedules and statements and to the best of the time that I have examined a copy		
debit) entry to the financial in return, and the financial insti- 1-888-353-4537 no later than processing of the electronic payment. I have selected a p organization's consent to ele		lectronic funds tion's federal ta Treasury Financi stitutions invol	withdrawal (direct axes owed on this cial Agent at ved in the
Officer's PIN: check one bo			
<b>X</b> authorize <b>RUB</b>	INO AND COMPANY, CHARTERED	to enter my PIN	57082
	ERO firm name	·	Enter five numbers, but do not enter all zeros
enter my PIN on th As an officer of the indicated within thi	the organization's tax year 2016 electronically filed return. If I have indicated within this state agency(ies) regulating charities as part of the IRS Fed/State program, I also author e return's disclosure consent screen. organization, I will enter my PIN as my signature on the organization's tax year 2016 ele s return that a copy of the return is being filed with a state agency(ies) regulating charities my PIN on the refuming disclosure accessed agency (ies) regulating charities	orize the aforen	copy of the return nentioned ERO to
program, I will ente	r my PIN on the return's disclosure consent screen.	es as part of th	e Ino red/State
Officer's signature	le aller 3/15/	7018	
	n and Authentication		
ERO's EFIN/PIN. Enter your	six-digit electronic filing identification		
number (EFIN) followed by yo			
I certify that the above numeri confirm that I am submitting ti e-file Providers for Business F	do not enter all zeros c entry is my PIN, which is my signature on the 2016 electronically filed return for the o nis return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) t eturns.	rganization indi Information for .	cated above. I Authorized IRS
	<u>ucea de Malley CPA</u> Date ► 3/1	6/18	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form To the IRS Unless Requested To Do Se	0	
LHA For Paperwork Reduct	on Act Notice, see instructions.		
823051 09-26-16	an carro area, see hisu ucuons.	Forn	m 8879-EO (2016)

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	F	OMB No. 1545-1878
	For calendar year 2016, or fiscal year beginning $\_JUL1$ , 2016, and ending $\_JUN30$ , 20	17	2016
Department of the Treasury	Do not send to the IRS. Keep for your records.		2010
Internal Revenue Service	▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879		
Name of exempt organization		mployer ide	entification number
	D INTERNATIONAL PUBLIC		
CHARTER SCHOOL	I, INC.	52-21	57082
Check the box for the return on line <b>1a</b> , <b>2a</b> , <b>3a</b> , <b>4a</b> , or <b>5a</b> whichever is applicable, bla	AL OFFICER Return and Return Information (Whole Dollars Only) m for which you are using this Form 8879-EO and enter the applicable amount, if any, from a, below, and the amount on that line for the return being filed with this form was blank, the ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable lin	n leave line	<b>1b, 2b, 3b, 4b,</b> or <b>5b</b> ,
than 1 line in Part I.			
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)		
2a Form 990-EZ check he			
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here	<b>b</b> Balance Due (Form 8868, line 3c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		<u> </u>
the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later tha processing of the electronic payment. I have selected a organization's consent to entry Officer's PIN: check one I		tronic func n's federal asury Fina tutions inve solve issue	ds withdrawal (direct taxes owed on this ncial Agent at olved in the s related to the plicable, the
X I authorize RU	BINO AND COMPANY, CHARTERED to	enter my F	PIN 57082
	ERO firm name		Enter five numbers, but do not enter all zeros
is being filed with enter my PIN on	on the organization's tax year 2016 electronically filed return. If I have indicated within this in in a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author the return's disclosure consent screen. he organization, I will enter my PIN as my signature on the organization's tax year 2016 elec	ize the afor	a copy of the return rementioned ERO to
indicated within	this return that a copy of the return is being filed with a state agency(ies) regulating charities there my PIN on the return's disclosure consent screen.		
Officer's signature 🕨	Date 🕨		
Part III Certifica	tion and Authentication		
•	ur six-digit electronic filing identification your five-digit self-selected PIN. 525349999999 do not enter all zeros		
	neric entry is my PIN, which is my signature on the 2016 electronically filed return for the org g this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) In s Returns.		

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

Date 🕨 \_

ERO's signature 🕨

	~	<b>~</b> ~	Return of Organization Exempt Fr	rom Ir	ncome Tax	x	OMB No. 1545-0047
Forr	n <b>g</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C				<b>2016</b>
Department of the Treasury			Do not enter social security numbers on this form as				Open to Public
		enue Service	Information about Form 990 and its instructions is a	nt www.irs	.aov/form990.		Inspection
A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017							
	heck if		organization		D Employer ide	ntifica	ation number
a	pplicab	CARL	OS ROSARIO INTERNATIONAL PUBLIC				
	Addre chang	ge CHAR	TER SCHOOL, INC.				
	Name	ge Doing bu	usiness as		52	-21	.57082
	Initial returr	Number		oom/suite	E Telephone nur		
	Final returr termi		HARVARD STREET, NW		20	2-7	97-4700
	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$		25,691,857.
	_returr Appli	WASH	INGTON, DC 20009		H(a) Is this a grou	-	
	_tion pendi		nd address of principal officer: ALLISON KOKKOROS		for subordin		
		empt status:			H(b) Are all subordina		
			X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or CARLOSROSARIO.ORG	527			st. (see instructions)
_		f organization:		L Voor (	H(c) Group exem		State of legal domicile: DC
	irt I	Summary					State of legal dominine. DC
	1		e the organization's mission or most significant activities: TO PRO	OVIDE	EDUCATIO	ע דו	OR ADULT
ce	•		NTS IN THE DISTRICT OF COLUMBIA.				
nan	2		x      if the organization discontinued its operations or disposed	d of more	than 25% of its ne	t asse	ets.
Governance	3					3	11
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)			4	9
s S	5		of individuals employed in calendar year 2016 (Part V, line 2a)			5	312
vitie	6	Total number	of volunteers (estimate if necessary)			6	39
Activities &	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		7b	0.
					Prior Year	_ +	Current Year
e	8		and grants (Part VIII, line 1h)		23,555,36		246,698.
Revenue	9	•	ce revenue (Part VIII, line 2g)		688,57		25,384,234.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)		45,91	<u>3.</u> 0.	60,925.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,289,85		<u> </u>
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>24,209,03</u> 73,07		107,788.
	13 14		nilar amounts paid (Part IX, column (A), lines 1-3)			<u>2.</u> 0.	0.
		•	c or for members (Part IX, column (A), line 4)		14,630,62		15,497,618.
ses	16a		undraising fees (Part IX, column (A), line 11e)			0.	0.
Expense	b		ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 6 , 701				
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		10,300,20	4.	9,867,895.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,003,89		25,473,301.
	19	-	expenses. Subtract line 18 from line 12		-714,04		218,556.
or				Beg	ginning of Current Y	ear	End of Year
sets alanc	20	Total assets (F	Part X, line 16)		38,143,09	9.	39,626,813.
t Assets or d Balances	21	Total liabilities	(Part X, line 26)		17,998,99		19,301,812.
Eun	22		fund balances. Subtract line 21 from line 20		20,144,10	5.	20,325,001.
	nrt II	•					
			declare that I have examined this return, including accompanying schedules a			of my k	nowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	h preparer l	has any knowledge.		

Sign	Signature of officer		Date					
Here	GERARDO LUNA, CHIEF FINANCIAL OFFICER							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature	Date	Check PTIN					
Paid	PATRICIA A. O'MALLEY, CPA							
Preparer	Firm's name 🕨 RUBINO AND COMPANY, CHARTERED		Firm's EIN <b>52-1186096</b>					
Use Only	y Firm's address 6903 ROCKLEDGE DRIVE, SUITE 1200							
	BETHESDA, MD 20817-1818 Phone no. 301-564-3636							
May the IF	Any the IRS discuss this return with the preparer shown above? (see instructions)							

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	CARLOS ROSARIO INTERNATIONAL PUBLIC
	2990 (2016) CHARTER SCHOOL, INC. 52-2157082 Page 2 III   Statement of Program Service Accomplishments
Fai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO PROVIDE EDUCATION THAT PREPARES THE DIVERSE ADULT IMMIGRANT
	POPULATION OF WASHINGTON, D.C. TO BECOME INVESTED, PRODUCTIVE CITIZENS
	AND MEMBERS OF AMERICAN SOCIETY WHO GIVE BACK TO FAMILY AND COMMUNITY.
	THE SCHOOL ACCOMPLISHES THIS THROUGH EXCELLENCE IN TEACHING AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
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?
3	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 \$ 22,590,802. including grants of \$ 107,788. ) (Revenue \$ 25,384,234.
	MORE THAN FORTY-YEARS OF HISTORY SERVING WASHINGTON, D.C.'S DIVERSE
	IMMIGRANT POPULATION, NATIONALLY AND INTERNATIONALLY RECOGNIZED AS A
	MODEL IN ADULT EDUCATION. THE SCHOOL OFFERS AN AWARD-WINNING HOLISTIC
	MODEL OF ADULT EDUCATION FOR IMMIGRANTS TO INCLUDE CLASSES IN LANGUAGE, LITERACY, GED, CITIZENSHIP AND WORKFORCE DEVELOPMENT AS WELL AS
	COMPREHENSIVE SUPPORTIVE SERVICES. THE SCHOOL SERVED MORE THAN 2,500
	STUDENTS AND IS RANKED AS A TIER 1, HIGH PERFORMING SCHOOL BY THE D.C.
	PUBLIC CHARTER SCHOOL BOARD. THE SCHOOL CHARTER WAS RENEWED IN 2013 FOR
	AN ADDITIONAL 15 YEARS AND IT IS FULLY ACCREDITED BY THE MIDDLE STATES
	ASSOCIATION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.4	Other program conviews (Depariha in Schedula O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses ► 22,590,802.
-10	

52-2157082 Page 3
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	990 (2016) CHARTER SCHOOL, INC. 52-2157	082	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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 temporarily restricted endowments, permanent			
	endowments, or 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, VII, 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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a		
α	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	X	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		- 11	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
		17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b> </b> ''		<u> </u>
10		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	10		<u> </u>
19	complete Schedule G. Part III	19		x
		1 10		. <u> </u>

	990 (2016) CHARTER SCHOOL, INC. 52-215	7082	P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
50	contributions? If "Yes." complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
~-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	A 000	(22.12)

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC
CHARTER	SCHOOL,	INC.	

Pa	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
			<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 23	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (	2		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		1c	Х	
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 312	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	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 A	ccounts (FBAR).			
5a	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 transact	ction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)	[ 11b ]	- 10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-	-	
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	406			
-	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c	14-	-	X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul		14a 14b		1 × ×
<b>U</b>	The root must mode a routh red to report these payments for in IND " nrovine an exhianation in Schedilli			1	1

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Form 990 (2016)

52-2157082 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
7a											
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
_	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed  NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	ailable	e								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	ial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	GERARDO LUNA, CHIEF FINANCIAL OFFICER - 202-797-4700										
	1100 HARVARD ST., NW, SUITE 300, WASHINGTON, DC 20009										

Form 990 (2		CHARTER					52-
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate
	Employees an	d Indononda	ant Contrac	tore			

### Employees, and independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B)				C)			(D) Reportable	(E)	<b>(F)</b> Estimated
Iname and Title	Average hours per week	box	not c , unle:	heck ss pei	more rson i	than o s both r/trus	ı an	compensation from	Reportable compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALLISON KOKKOROS	45.00							512 062	0	
CHIEF EXECUTIVE OFFICER	0.40	Х		X				513,263.	0.	27,250.
(2) BO PHAM	0.20							0	0	0
BOARD MEMBER	0.20	Х						0.	0.	0.
(3) BRAHIM RAWI VICE-CHAIR	0.20	x		x				0.	0.	0.
(4) HECTOR J. TORRES	0.20									
BOARD MEMBER		х						0.	Ο.	0.
(5) JAMES MOORE	0.20									
TREASURER		х		x				0.	0.	0.
(6) MARGARET YAO	0.20									
SECRETARY		х		x				0.	Ο.	0.
(7) NYDIA PEEL, ESQ.	0.20									
BOARD MEMBER		Х						0.	0.	0.
(8) PATRICIA SOSA	0.50									
CHAIR		Х		Х				0.	0.	0.
(9) SONIA GUTIERREZ	20.20									
BOARD MEMBER	23.30	Х						71,727.	77,705.	43,087.
(10) TED KAVALERI	0.20									
BOARD MEMBER		Х						0.	0.	0.
(11) FRANCISCO FERRUFINO	0.20									
BOARD MEMBER		Х						0.	0.	0.
(12) GERARDO LUNA	40.00									
CHIEF FINANCIAL OFFICER	4.00			X				146,522.	0.	21,695.
(13) SHARON PAN	40.00									•
ASSISTANT PRINCIPAL	40.00					X		118,814.	0.	0.
(14) GUSTAVO VITERI	40.00							120.000	0	10 850
CHIEF TECHNOLOGY OFFICER	40.00					X		132,008.	0.	18,758.
(15) JOHN RYAN MONROE	40.00	-						144 460	<u>^</u>	15 000
CHIEF ACADEMIC OFFICER	40.00		-		-	X		144,468.	0.	15,083.
(16) KAREN CLAY DIRECTOR OF IT	40.00	-				x		116 162	0.	12 201
(17) KRISTINE DUNNE	36.00		-		-	<u> </u>		116,163.	υ.	13,284.
LEGAL COUNSEL	50.00	-				x		113,668.	0.	8,030.
632007 11-11-16	1	I	I	l	I			115,000.	0.	Form <b>990</b> (2016)

	CARLOS RO					ΤI	ON	AI	J PUBLIC					
	Form 990 (2016) CHARTER SCHOOL ,									52-2	157(	082	P	age <b>8</b>
Par	art VII Section A. Officers, Directors, Trustees, Key Employees, a						ghes	t C	ompensated Employee	s (continued)				
	(A) (B) (C) Name and title Average hours per week (list any								(D) Reportable compensation from	(E) Reportable compensatio from related	e Estima ion amoun ed othe		nount other	of
(list any hours for related organizations below line)						Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fr org and	pensa om th anizat d relat	ie tion ted
1b	1b Sub-total								1,356,633.	77,7	05.	14'	7,1	87.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 1,356,633.								77,7	0. 05.			0. 87.		
2	<ul> <li>Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization</li> </ul>									Э		Yes	11 No	
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated em line 1a? If "Yes," complete Schedule J for such individual											3		x	
4 5	4 For any individual listed on line 1a, is the sum of reportable compensation and other co and related organizations greater than \$150,000? If "Yes," complete Schedule J for su							for such individual			4	X		
	rendered to the organization? <i>If "Yes," comp</i> tion B. Independent Contractors	-				-			-		<u></u>	5		X
1	Complete this table for your five highest com the organization. Report compensation for the	-							the organization's tax y		pensat			
<del>us</del>	(A) Name and business address								(B) Description of services ON-SITE SECURITY			<b>(C)</b> Compensation		
PO SEC	BOX 931703, ATLANTA, GA	A 31193							SERVICES ON-SITE SECURITY			254,432.		
284	32 NETWORK DRIVE, CHIC	AGO, II	<u> </u>	06	73	-1	28	4	SERVICES			114	4,5	03.
2	Total number of independent contractors (in \$100,000 of compensation from the organize	•	ot lir	niteo	d to f	thos		ted	above) who received mo	ore than				

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

		2016) CHART	ER SCHOO		ATTOWAL PUP		52-215	7082 Page
Par	t VII							
		Check if Schedule O conta	ains a response	or note to any line	(A) (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 514
e Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines 1 <b>Total.</b> Add lines 1a-1f PER PUPIL INSTRUCTIONAL	1b           1c           1d           ons)         1e           s, and           re         1f		246,698. 18,186,668.	18,186,668.		
Program Service Revenue	d e	PER PUPIL FACILITIES AL CULINARY SALES STUDENT FEES & OTHER ADMIN. SUPPORT SERVICES All other program service rever Total. Add lines 2a-2f	nue		6,404,200. 461,194. 212,172. 120,000. 25,384,234.	6,404,200. 461,194. 212,172. 120,000.		
	3 4 5 6 a b	Investment income (including of other similar amounts) Income from investment of tax Royalties Gross rents Less: rental expenses	-exempt bond p (i) Real	est, and	60,925.			60,925
	d 7 a b c	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
Other Revenue	8 a b c	Net gain or (loss) Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	9 events (not of 1c). See <b>a</b> <b>b</b> raising events					
	b c 10 a b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gami Gross sales of inventory, less r and allowances Less: cost of goods sold	a b ing activities eturns a b	▶ 				
	11 a b c d	Net income or (loss) from sales         Miscellaneous Revenue         All other revenue         Total. Add lines 11a-11d         Total revenue. See instructions.	<u>}</u>	Business Code	25,691,857.	25,384,234.	0	. 60,92

# CARLOS ROSARIO INTERNATIONAL PUBLIC Form 990 (2016) CHARTER SCHOOL, INC. Part IX Statement of Functional Expenses

52-2157082 Page 10

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respor	ise or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	107,788.	107,788.		
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	500,683.		500,683.	
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	11,946,086.	10,882,976.	1,063,110.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	606,109.	594,043.	12,066.	
9	Other employee benefits	1,489,165.	1,300,664.	188,501.	
10	Payroll taxes	955,575.	836,448.	119,127.	
11	Fees for services (non-employees):				
а	Management				
	Legal	12,965.		12,965.	
	Accounting	184,069.	86,409.	97,660.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	212,942.	174,167.	38,625.	150.
12	Advertising and promotion	28,511.	1,459.	27,052.	
13	Office expenses	547,234.	455,184.	85,520.	6,530.
14	Information technology	601,918.	512,364.	89,554.	
15	Royalties				
16	Occupancy	5,869,191.	5,477,997.	391,194.	
17	Travel	186,142.	143,493.	42,628.	21.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	67,594.	54,199.	13,395.	
20	Interest	66.	62.	4.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	924,401.	830,718.	93,683.	
23	Insurance	143,341.	125,164.	18,177.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT STUDENT COSTS	652,250.	652,250.		
b	DC CHARTER SCHOOL FEE	255,093.	224,876.	30,217.	
c	STUDENT ACTIVITIES	168,900.	117,263.	51,637.	
d	DUES & MEMBERSHIP FEES	13,278.	13,278.		
	All other expenses	,	,		
25	Total functional expenses. Add lines 1 through 24e	25,473,301.	22,590,802.	2,875,798.	6,701.
26	Joint costs. Complete this line only if the organization	-, -,	, ,	, ,	.,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	F (200 00 = (, (20 000 + E0)		1 I		Earm 990 (2016)

#### CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Form 990 (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 5,300. 1,946. 1 1 Cash - non-interest-bearing 13,515,958. 13,425,617. 2 2 Savings and temporary cash investments 17,000. Pledges and grants receivable, net 3 3 1,089. 8,043. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 272,366. 152,580. 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ......... 10a 34,530,163. b Less: accumulated depreciation 10b 12,166,119. 20,590,820. 22,364,044. 10c 296,150. 433,509. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 3,142,281. 3,147,826. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 181,776. 213,607. 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 38,143,099. 16 39,626,813. 16 2,596,029. 17 4,238,377. 17 Accounts payable and accrued expenses 18 18 Grants payable 27,940. 0. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 15,375,025. 25 15,063,435. Schedule D 17,998,994. 19,301,812. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗵 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 20,040,454. 20,258,255. 27 27 Unrestricted net assets 103,651. 66,746. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 20,144,105. 20,325,001. Total net assets or fund balances 33 33 38,143,099. 39,626,813. 34 34 Total liabilities and net assets/fund balances

Form 990 (2016)

CARLOS ROSARIO	INTERNATIONAL	PUBLIC
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Form	1990 (2016) CHARTER SCHOOL, INC.	52-2	215708	32	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,6			
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,4			
3	Revenue less expenses. Subtract line 2 from line 1	3		218		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,1			
5	Net unrealized gains (losses) on investments	5	-	-37	,66	<u> </u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	20,3	325	,00	)1.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Y	'es	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis X 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	хI	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			Ba		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		:	Bb		
			_	•	<u> </u>	

Form **990** (2016)

SCHEDULE A Public Charity Status and Public Support				OMB No. 1545-0047						
(Form 990 or 990-EZ)				-					2016	
		omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.								
Department of the Treasury Internal Revenue Service			Informati		Attach to Form 990 or F Form 990 or 990-EZ) and it			www.irs.aov/fo	rm990	Open to Public Inspection
Nan	ne of	the organizati			INTERNATIONA			//////////////////////////////////////		identification number
				TER SCHOOL						2-2157082
	nrt I				All organizations must co			ee instructions	S.	
	orgar				For lines 1 through 12, ch					
1					n of churches described			1)(A)(i).		
2 3					Attach Schedule E (Form anization described in <b>se</b>			;;)		
4	H	•	•		njunction with a hospital			•	)(iii). Enter	the hospital's name.
•		city, and stat	-		·)				<b>X,</b>	·····,
5		An organizati	on operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6			-	-	nental unit described in					
7		-		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	bublic described in
8		-		complete Part II.) ad in section 170(b)(	(1)(A)(vi). (Complete Part	ш)				
9		-			in section 170(b)(1)(A)(i	-	ed in conju	unction with a	land-grant	college
		-		-	ulture (see instructions).		-		-	-
		university:								
10					than 33 1/3% of its supp					
					t to certain exceptions, a					
				mplete Part III.)	(less section 511 tax) fro	III DUSIIIES	ses acqui	red by the org	janization a	inter Julie 30, 1975.
11					vely to test for public saf	etv. See	section 50	09(a)(4).		
12		-	•	-	vely for the benefit of, to	•			rry out the	purposes of one or
		more publicly	supported or	ganizations described	d in <b>section 509(a)(1)</b> or	section	509(a)(2).	See section	509(a)(3). (	Check the box in
		-	•		f supporting organization				-	
а				-	upervised, or controlled b	• • •	-			
			-	on(s) the power to rec complete Part IV, Se	gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	ipporting
b		¬ ~		-	or controlled in connect	on with its	s supporte	ed organizatio	n(s), by hav	ina
					anization vested in the sa			•		-
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
c		Type III fur	nctionally inte	egrated. A supporting	g organization operated i	n connect	tion with, a	and functional	ly integrate	d with,
			•	.,.,,	). You must complete P					
Ċ			-		orting organization opera ation generally must sati				0	()
				0	nplete Part IV, Sections	•		•	anallenin	eness
е		- ·		,	written determination fror				II, Type III	
					nally integrated supportir					
f	Ent	er the number	of supported o	organizations						
<u>g</u>		vide the follow (i) Name of supp		n about the supported (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
		organizatior		(1) 2.14	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
					above (see instructions))	100				
Tota	al									

Schedule A (Form 990 or 990-EZ) 2016 CHARTER SCHOOL, INC.

52-2157082 Page 2

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.)

See	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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	
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and <b>stop</b>						
See	ction C. Computation of Public	c Support Per	rcentage				
14	Public support percentage for 2016 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2016. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c	organization did no	ot check a box on				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	•					
-	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test	-	-	• • • •			
~	more, and if the organization meets th		5				
	organization meets the "facts-and-circ						►
18	Private foundation. If the organization		-				
<u> </u>				,,,	, 2		

Schedule A (Form 990 or 990-EZ) 2016

Part II

Schedule A (Form 990 or 990-EZ) 2016 CHARTER SCHOOL, INC.

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

52-2157082 Page 3

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	(e) 20 <sup>-</sup>	16 <b>(f)</b> 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						
Ū	are not an unrelated trade or bus- iness under section 513						
л	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 20 <sup>-</sup>	16 <b>(f)</b> Total
		(a) 2012	(b) 2013	(C) 2014	<b>(u)</b> 2013	(e) 20	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) o	rganization,
	check this box and stop here	-			-		·····
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2016 (li	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves						^
17	Investment income percentage for 20	16 (line 10c. colur	mn (f) divided by lir	e 13. column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the					· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2015. If the						······································
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio						
	ate realization in the organizatio	and not oncon a	20/ 0/ 11/0 17, 10	$\sim, \circ, \circ \circ, \circ \circ, \circ $			

Schedule A (Form 990 or 990-EZ) 2016 CHARTER SCHOOL, INC.

52-2157082 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2016 CHARTER SCHOOL, INC. Part IV Supporting Organizations (continued)

52-2157082 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	l		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		3a		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	on to opported organizations: II Tes, describe III Fart VI the role played by the organization in this regard.	50		

# CARLOS ROSARIO INTERNATIONAL PUBLIC Schedule A (Form 990 or 990-EZ) 2016 CHARTER SCHOOL, INC.

52-2157082 Pa	age <b>6</b>
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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ig Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust on	Nov. 20, 1970 (explain in l	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections 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):			
<u>a</u>	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

			<b>T</b> T <b>D</b> T C T C T C T C T C T C T C T C T C T	1111 1 011110	TODDTO	
Z) 2016	CHARTER	SCHOOL,	INC.			52-2

	dule A (Form 990 or 990-EZ) 2016 CHARTER SCHOO	L, INC.	5	2-2157082 Page 7
Sect	ion D - Distributions	<u></u>		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt 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	s of supported organizations	3	
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	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
			Sebedule A	(Form 990 or 990-EZ) 2016

				INTERNATION	AL PUBLIC	
<u>Schedule A</u>	(Form 990 or 990-EZ) 2016	CHARTER	SCHOOL	, INC.		52-2157082 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Prov 2, 3b, 3c, 4b, 4 ines 2 and 3; P	ride the explana 4c, 5a, 6, 9a, 9t Part IV, Section I	tions required by Part I o, 9c, 11a, 11b, and 11o E, lines 1c, 2a, 2b, 3a, a	c; Part IV, Section B, line and 3b; Part V, line 1; Pa	s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,

Schedule B

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

<u>2016</u>

Employer identification number

CARLOS ROSARIO INTERNATIONAL PUBLIC	CARLOS	ROSARIO	INTERNATIONAL	PUBLIC
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CHARTER SCHOOL, INC.

52-	-21	57	08	2

Organization	type (	(check one)	
organization	Lype (		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 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 exclusively religious is charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., so the parts unless to the parts unless the the during the year exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., so the parts unless to the parts unless the the during the year exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., so the parts unless to the parts unless the the during the year exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious to the parts unless to the parts unless the the p

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

52-2157082

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	VERIZON PO BOX 21075 TULSA, OK 74121-1075	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	CONSULAR SECTION OF THE MEXICAN EMBASSY		Person X
<u> </u>	<u>1250 23RD ST., NW STE 002</u> WASHINGTON, DC 20037	\$ <u>7,000.</u>	Person A
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NATIONAL COUNCIL OF LA RAZA/UNIDOS US 1126 16TH STREET, NW, #600 WASHINGTON, DC 20037	\$ <u> </u>	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	FIRST FINANCIAL GROUP BENEFITS 7101 WISCONSIN AVE, SUITE 1200 BETHESDA, MD 20814	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	SHINBERG LEVINAS ARCHITECTURAL DESIGN 3101 WISCONSIN AVE, SUITE 310 WASHINGTON, DC 20018	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	DC OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION JOHN A. WILSON BLDG, 13500 PA AVE, NW WASHINGTON, DC 20004	\$ <u>92,548.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

ame of orga	Inization ROSARIO INTERNATIONAL PUBLIC	En	nployer identification number
	R SCHOOL, INC.		52-2157082
Part II	Noncash Property (See instructions). Use duplicate copies of Part	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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2016)			Page <b>4</b>				
Name of org	anization			Employer identification number				
CARLOS	S ROSARIO INTERNATIONAL	PUBLIC						
CHARTE	ER SCHOOL, INC.			52-2157082				
Part III	Exclusively religious, charitable, etc., contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follow	/ing line entry. For organizatio	ns				
	Use duplicate copies of Part III if additiona	al space is needed.	iss for the year. (Enter this into, one					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee				
		[						
		[						
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
1 art 1								
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee				
	-							
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Γ		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee				

SC			al Financial Statements		OMB No. 1545-0047	7
(Forr	n 990)	Part IV. line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	).	ZU ID Open to Publi	_
	Attach to Form 990.     Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.					
	e of the organization				90. Inspection	nber
	-	CHARTER SCHOOL, IN			52-2157082	
Pa	t I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accou	nts. Complete if the	
	organizatior	answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	<b>(b)</b> Fu	nds and other accounts	
1		d of year				
2		contributions to (during year)				
3		grants from (during year)				
4 5		end of year	writing that the assets held in donor advise	d funde		
5	-		exclusive legal control?		Yes	No
6			dvisors in writing that grant funds can be u			110
•	•	•	or donor advisor, or for any other purpose co	•		
	impermissible priva			•	Yes	No
Pa	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7	7.	
1	Purpose(s) of conse	ervation easements held by the organization	on (check all that apply).			
	Preservation	of land for public use (e.g., recreation or e	education)	rically impo	ortant land area	
	Protection of	natural habitat	Preservation of a certif	fied historic	structure	
		of open space		_		
2	·	<b>.</b> .	fied conservation contribution in the form of	f a conserva		
_	day of the tax year.			0.	Held at the End of the Tax	Year
a L						
b			ucture included in (a)			
c d			after 8/17/06, and not on a historic structure			
u						
3			eased, extinguished, or terminated by the c		n during the tax	
	year 🕨			•	C C	
4	Number of states w	where property subject to conservation eas	sement is located >			
5	Does the organizat	ion have a written policy regarding the per	riodic monitoring, inspection, handling of			
	,	prcement of the conservation easements it				No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation eas	ements during the year	
7			lling of violations, and enforcing concernation		ata during the year	
7	► \$	es incurred in monitoring, inspecting, nanc	lling of violations, and enforcing conservation	on easemer	nts during the year	
8		ration easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	)(4)(B)(i)		
-					Yes	No
9			on easements in its revenue and expense s			
	include, if applicab	le, the text of the footnote to the organizat	tion's financial statements that describes th	ne organizat	tion's accounting for	
	conservation easer			<u> </u>		
Pa		-	f Art, Historical Treasures, or Oth	er Simila	ar Assets.	
		the organization answered "Yes" on Form				
1a	•		SC 958), not to report in its revenue stateme			
			hibition, education, or research in furtherand	ce of public	service, provide, in Part X	,
h		note to its financial statements that descri	SC 958), to report in its revenue statement a	and balance	sheet works of art histori	ical
J	-		ducation, or research in furtherance of publ			
	relating to these ite					
	-			►	\$	
2			asures, or other similar assets for financial g			
		nts required to be reported under SFAS 1				
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 Instructions for Form 990.

Schedule D (Form 990) 2016

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	CARLOS F	ROSARIO IN	TERN	ATIONAI	L PUBLI	C				
-		SCHOOL, I						-21570		
Par	rt III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tre	asures, o	r Other	Similar As	sets <sub>(cor</sub>	tinue	d)
3	Using the organization's acquisition, accession	on, and other record	ds, checł	c any of the f	ollowing tha	t are a sig	nificant use of	its collection	on ite	ms
	(check all that apply):									
а	Public exhibition		d 🗌	Loan or exc	hange progra	ams				
b	Scholarly research		e 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	in how th	ney further th	ne organizatio	on's exem	npt purpose in	Part XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arrang		lete if the	e organizatio	n answered	"Yes" on	Form 990, Par	t IV, line 9,	or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for	contributions	s or other as	sets not ir	ncluded			
	on Form 990, Part X?							Yes	l	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing t	table:						
								Amou	unt	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21, for	escrow or cu	ustodial acco	unt liabilit	ty?	🔛 Yes	[	No
b	If "Yes," explain the arrangement in Part XIII.							<u></u>	[	
Par	rt V Endowment Funds. Complete if	the organization a	nswered	"Yes" on Fo	rm 990, Part	IV, line 1	0.			
	_	(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three years	back (e) Fo	our yea	ars back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a)	) held as:					
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posses		ation tha	t are held ar	nd administer	red for the	e organization			
	by:	C					C		Ye	es 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							······		
Par	rt VI   Land, Buildings, and Equipme									
	Complete if the organization answered	I "Yes" on Form 99	0, Part I	/, line 11a. S	ee Form 990	), Part X, I	ine 10.			
	Description of property	(a) Cost or basis (invest	other	(b) Cost	or other (other)	(c) Ac	ccumulated	( <b>d</b> ) Bo	ook va	alue
<b>1</b> a	Land	· · · · ·	,		,			L		
	Buildings							1		
	Leasehold improvements			11.19	7,629.	5.0	06,313.	6.1	91.	316.
	Equipment				0,122.		540,393 <b>.</b>			729.
	Other				2,412.		519,413.			
	I. Add lines 1a through 1e. (Column (d) must ec		+ V calu		-			22,3		
TUL		<u>jual Forni 990, Par</u>	ι Α, COIUN	<u>ии (в), Iine I</u>			·····		<u> </u>	· · · · ·

Schedule D (Form 990) 2016

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1) Financi	al derivatives				
(2) Closely	-held equity interests				
( <b>3)</b> Other					
(A) CE	ERTIFICATES OF DEPOSIT	3,147,82	6. END-OF-Y	EAR MARKET	VALUE
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 12.)	3,147,82	86.		
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"		line 11d. See Form 990, I	Part X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. <u>(Colu</u> Part X	Imn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>e 15.)</u>		▶	
FailA			" 11 11( O F		
	Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV,	(b) Book value	1 990, Part X, line 25.	
1. 			(D) DOOK VAIUE		
	deral income taxes		12 016 210		
			13,046,319.		
	FERRED RENT		2,017,116.		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			15 062 425		
	umn (b) must equal Form 990, Part X, col. (B) line		15,063,435.		
z. Liability	r for uncertain tax positions. In Part XIII, provide	the text of the footno	τe το the organization's fi	nancial statements th	lat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Ο.

301.

4c

5

25,473,

Schedule D (Form 990) 2016

	CADI	OG DOGADIO INTERNA		TO			
		LOS ROSARIO INTERNA	TIONAL PUBL		E 2	21 5 7 0 9 2	_ 4
		RTER SCHOOL, INC. nue per Audited Financial St	atomonte With D			2157082	Page <b>4</b>
Fai				evenue per ne	turn.		
		nswered "Yes" on Form 990, Part IV,				25,697,	916
1	Total revenue, gains, and other suppo	•			1	25,097,	,010.
2	Amounts included on line 1 but not or			27 660			
a	Net unrealized gains (losses) on invest			<u>-37,660.</u> 43,619.			
b	Donated services and use of facilities			43,019.			
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)		2d			-	0 5 0
е					2e		<u>959.</u>
3	Subtract line 2e from line 1				3	25,691,	,85/.
4	Amounts included on Form 990, Part	, ,	1 1				
а	Investment expenses not included on						
b	Other (Describe in Part XIII.)		4b				•
С					4c		0.
5	Total revenue. Add lines 3 and 4c. (Th	<u>his must equal Form 990. Part I. line 1</u>	2.)		5	25,691,	,857.
Pa	rt XII Reconciliation of Exper			xpenses per F	letur	n.	
	Complete if the organization ar	nswered "Yes" on Form 990, Part IV,	line 12a.				
1	Total expenses and losses per audited	d financial statements			1	25,516,	,920.
2	Amounts included on line 1 but not or	n Form 990, Part IX, line 25:					
а	Donated services and use of facilities		2a	43,619.			
b	Prior year adjustments		2b				
с	Other losses		2c				
d	Other (Describe in Part XIII.)						
е	Add lines <b>2a</b> through <b>2d</b>				2e	43,	619.
3	Subtract line <b>2e</b> from line <b>1</b>				3	25,473,	301.
4	Amounts included on Form 990, Part						

a Investment expenses not included on Form 990, Part VIII, line 7b

c Add lines 4a and 4b

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

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**b** Other (Describe in Part XIII.)

Part XIII Supplemental Information.

PART X, LINE 2:
UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND
THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA, THE
SCHOOL IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS
INCOME. NO PROVISION FOR INCOME TAXES IS REQUIRED FOR EITHER 2017 OR
2016. HOWEVER, TAX YEARS ENDED JUNE 30, 2014 THROUGH 2016 REMAIN OPEN TO
EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE SCHOOL IS SUBJECT,
AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF
LIMITATIONS.

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,

4a

4b

	CARLOS	ROSARIO	INTERNATIONAL	PUBLIC		
Schedule D (Form 990) 2016 Part XIII Supplemental Inform	CHARTER	SCHOOL	, INC.		52-2157082	Page 5
Supplemental mor	nation (conti	inued)				

SC	HEDULE E	Schools	L	OMB No.	1545-004	47
(For	m 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990,		20	16	<u> </u>
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.		20	IU	,
	ment of the Treasury Revenue Service	Attach to Form 990 or Form 990-EZ.		Open to Inspect		ic
	e of the organization	▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/for</u> CARLOS ROSARIO INTERNATIONAL PUBLIC	rm990. Emplover id	-		mbor
INAIIIG	e of the organization	CHARTER SCHOOL, INC.		-2157		
Pa	rt I	CHARTER SCHOOL, INC.	J2	2137	002	
					YES	NO
1	Does the organization	on have a racially nondiscriminatory policy toward students by statement in its charter, bylav	WS.			
•		rument, or in a resolution of its governing body?		1	х	
2		on include a statement of its racially nondiscriminatory policy toward students in all its broch				
_		er written communications with the public dealing with student admissions, programs, and		? 2	Х	
3		n publicized its racially nondiscriminatory policy through newspaper or broadcast media dur				
	period of solicitation	for students, or during the registration period if it has no solicitation program, in a way that	makes			
	the policy known to	all parts of the general community it serves? If "Yes," please describe. If "No," please expla	in.			
	If you need more sp			. 3	Х	
		REGISTRATION PERIOD, APPLICANTS RECEIVE AND S		_		
		'S APPLICATION FORM WHICH COMMUNICATES THE SCH	.00L'S	_		
	NON-DISCRI	MINATION POLICY.		_		
				_		
				_		
4	÷	on maintain the following?				
а		he racial composition of the student body, faculty, and administrative staff?			X	
b		ng that scholarships and other financial assistance are awarded on a racially nondiscriminat		<b>4b</b>	X	
с		gues, brochures, announcements, and other written communications to the public dealing w			x	
		ns, and scholarships?			X	
a		al used by the organization or on its behalf to solicit contributions?		4d	~	
	ii you answered inc	" to any of the above, please explain. If you need more space, use Part II.				
				-		
				-		
5	Does the organization	on discriminate by race in any way with respect to:		-		
	•	privileges?		5a		X
		?				X
с		Ity or administrative staff?		5c		X
d		er financial assistance?		5d		X
		?				X
						X
						X
		r activities?				X
		es" to any of the above, please explain. If you need more space, use Part II.				
				_		
				_		
				_		
		on receive any financial aid or assistance from a governmental agency?			X	
b		n's right to such aid ever been revoked or suspended?		<u>6b</u>		X
_		s" on either line 6a or line 6b, explain on Part II.				
7	•	on certify that it has complied with the applicable requirements of sections 4.01 through 4.0		_	v	
	Rev. Proc. 75-50, 19	075-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<u></u>	7	X	<u> </u>

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

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 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE SCHOOL RECEIVES A PER PUPIL STUDENT AND FACILITY ALLOTMENT BASED ON

ENROLLMENT FROM THE DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL BOARD -

THIS IS THE PRIMARY SOURCE OF FUNDING. THE SCHOOL MAY ALSO APPLY AND

RECEIVE FUNDS IN THE FORM OF A GRANT(S) FROM THE DISTRICT OF COLUMBIA

OFFICE OF STATE SUPERINTENDENT OF EDUCATION FOR SPECIFIC PURPOSE/PROGRAM.

SCHEDULE E, LINE 6 EXPLANATION OF GOVERNMENT FINANCIAL AID

CONTRIBUTIONS RECEIVED FROM GOVERNMENT AGENCIES:

DISTRICT OF COLUMBIA CHARTER PUBLIC SCHOOL BOARD

DISTRICT OF COLUMBIA OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047	
(Form 990)		Go	vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		2016	
Department of the Treasury		Comp		Attach to For				Open to Public	
Internal Revenue Service					instructions is at	twww.irs.gov/form99	0.	Inspection	
Name of the organizat		SARIO INT CHOOL, IN(	ERNATIONAL 1 C.	PUBLIC				Employer identification numb 52-2157082	
Part I General II	nformation on Grants a	nd Assistance							
1 Does the organiz	zation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on	
criteria used to a	award the grants or assis	stance?	-			-		Yes X	No
	IV the organization's pro								
	nd Other Assistance to hat received more than S					anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any	
	ddress of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant	
	vernment		(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance	
2 Enter total numb	per of section 501(c)(3) a	I nd government org	l nanizations listed in the	l line 1 table	1	1	I	▶	
	per of other organization							··········· •	
	Reduction Act Notice							Schedule I (Form 990) (20	16)

Schedule I (Form 990) (2016)

CHARTER SCHOOL, INC.

52-2157082

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	38	107,788.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SC	HEDULE J	Compensation Ir	oformation	1	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees,	Key Employees, and Highest		20	16	
		Compensated Emp			20	10	)
Depar	tment of the Treasury	Complete if the organization answered "Ye Attach to Form			Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its		m990.	Inspe	ction	
Nam	e of the organization	CARLOS ROSARIO INTERNATIO	NAL PUBLIC	Employer ide			nber
		CHARTER SCHOOL, INC.		52-21	L5708:	2	
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the followin	g to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant informati	on regarding these items.				
	First-class or c	harter travel Housin	g allowance or residence for perso	nal use			
	Travel for com	panions Payme	nts for business use of personal res	sidence			
	Tax indemnific	ation and gross-up payments Health	or social club dues or initiation fees	3			
	Discretionary	pending account Person	al services (such as, maid, chauffe	ur, chef)			
b		on line 1a are checked, did the organization follow a writte					
	reimbursement or p	rovision of all of the expenses described above? If "No," of	complete Part III to explain		. 1b		
2	Did the organization	require substantiation prior to reimbursing or allowing ex	penses incurred by all directors,				
	trustees, and office	s, including the CEO/Executive Director, regarding the ite	ms checked on line 1a?		. 2		
3	Indicate which, if an	y, of the following the filing organization used to establish	the compensation of the organization	ion's			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for me	thods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.					
	X Compensation	committee X Written	employment contract				
	X Independent of	ompensation consultant Compe	ensation survey or study				
	X Form 990 of o	her organizations	al by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1	a, with respect to the filing				
	organization or a re						v
						х	X
b		eive payment from, a supplemental nonqualified retireme				Δ	x
с		eive payment from, an equity-based compensation arrang			. <b>4c</b>		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amou	nts for each item in Part III.				
	Only contine FO.1	(2) 501(a)(4) and 501(a)(20) arganizations must accur	loto linos 5.0				
E		(3), 501(c)(4), and 501(c)(29) organizations must comp n Form 990, Part VII, Section A, line 1a, did the organizati		n			
5			on pay or accrue any compensatio	/1			
~	contingent on the r				Ea		x
		ntion?					X
D		ation?			5b		
e		r 5b, describe in Part III.	OD DOW OF OCHING ODV COMPONENTS	n			
6		n Form 990, Part VII, Section A, line 1a, did the organizati	on pay or accrue any compensatio	а			
-	contingent on the r				6-		x
							X
a		ation?			<u>6b</u>		
-		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organizati			_	v	
~		es 5 and 6? If "Yes," describe in Part III			. 7	X	
8		reported on Form 990, Part VII, paid or accrued pursuant					v
~		otion described in Regulations section 53.4958-4(a)(3)? If			8		X
9		d the organization also follow the rebuttable presumption					
		53.4958-6(c)?			9		0010
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Schedu	le J (Forn	n 990)	2016

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Schedule J (Form 990) 2016

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

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

52-2157082

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ALLISON KOKKOROS	(i)	160,352.	23,532.	329,379.	11,033.	16,217.	540,513.	246,879.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	69,145.	2,582.	0.	37,239.	594.	109,560.	0.
	(ii)	74,907.	2,798.	0.	4,623.	631.	82,959.	0.
(3) GERARDO LUNA	(i)	131,802.	14,720.	0.	8,791.	12,904.	168,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GUSTAVO VITERI	(i)	126,672.	5,336.	0.	7,921.	10,837.	150,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN RYAN MONROE	(i)	132,653.	11,815.	0.	8,668.	6,415.	159,551.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page **2** 

CHARTER SCHOOL, INC.

#### Part III Supplemental Information

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

#### PART I, LINE 4B:

SONIA GUTIERREZ AND ALLISON KOKKOROS ARE ACTIVE PARTICIPANTS IN AN IRC

SECTION 457(F) DEFERRED COMPENSATION PLAN. CONTRIBUTIONS ARE PART OF A

MULTI-YEAR BENEFIT. CONTRIBUTIONS WERE MADE BY THE ORGANIZATION AS FOLLOWS:

SONIA GUTIERREZ - \$32,895 - THIS CONTRIBUTION IS PART OF A MULTI-YEAR

BENEFIT THAT WILL FULLY VEST IN CALENDAR YEAR 2017.

ALLISON KOKKOROS - \$82,500 - THIS AMOUNT WAS PART OF A MULTI-YEAR BENEFIT

THAT WAS AWARDED, BECAME FULLY VESTED AND WAS PAID IN CALENDAR YEAR 2016.

PART I, LINE 7:

THE CHIEF EXECUTIVE OFFICER'S BONUSES ARE DETERMINED AND APPROVED BY THE

BOARD. ALL OTHER BONUSES ARE AT THE DISCRETION OF THE CEO.

Schedule J (Form 990) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# 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. ► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>



52-2157082

# FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEARNING IN PARTNERSHIP WITH THE COMMUNITY BY FOSTERING A SAFE AND

CARLOS ROSARIO INTERNATIONAL PUBLIC

INC.

COMPASSIONATE LEARNING ENVIRONMENT.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CHARTER SCHOOL,

THE SMALL BUSINESS WORKSHOP SERIES IS A SERIES OF 8 WORKSHOPS OFFERED

TO STUDENTS AND COMMUNITY MEMBERS WHO ARE INTERESTED IN STARTING A

SMALL BUSINESS OR THOSE WHO MAY ALREADY HAVE A BUSINESS AND WANT TO

LEARN MORE ABOUT MANAGEMENT AND GROWTH

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

THE CFO REVIEWS AND MAKES CHANGES AS NEEDED. THE RETURN IS ALSO

DISTRIBUTED TO THE BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD OF TRUSTEES

ONCE A YEAR, WHO SIGN OFF THAT THEY ARE IN COMPLIANCE WITH THE POLICY. THE

POLICY IS DISTRIBUTED ANNUALLY TO THE EMPLOYEES AS PART OF THE EMPLOYEE

HANDBOOK.

OFFICERS AND TRUSTEES ARE TO DISCLOSE TO THE CHIEF EXECUTIVE OFFICER ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST IMMEDIATELY SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

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

THE SALARY OF THE CEO IS DETERMINED BY REVIEWING SALARY DATA PRODUCED BY AN

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.	Employer identification number 52-2157082
INDEPENDENT CONSULTANT. THIS INCLUDES REVIEW OF SURVEY DA	TA FOR CHARTER
SCHOOLS OF SIMILAR SIZE/COMPLEXITY, OTHER NOT FOR PROFITS	AND OTHER
COMPARABLE AGENCIES. THE EXECUTIVE COMMITTEE ESTABLISHES T	HE COMPENSATION
OF THE CEO WHICH IS REVIEWED AND APPROVED ANNUALLY BY THE	BOARD.

SALARIES OF THE OTHER OFFICERS WERE DETERMINED AS PART OF A STUDY CONDUCTED BY AN INDEPENDENT CONSULTANT, AND THEREON ANNUAL SALARY INCREASES WERE PERFORMED ACROSS THE BOARD FOR ALL EMPLOYEES. SALARIES OF OTHER OFFICERS WERE APPROVED BY THE CEO AND THE SALARY EXPENSE WAS APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS AVAILABLE ON GUIDESTAR. OTHER INFORMATION IS AVAILABLE BY REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE FINANCE COMMITTEE OVERSEES BOTH THE AUDIT AND SELECTION OF THE

AUDIT FIRM. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VI, SECTION A, LINE 1A

COMPOSITION OF THE COMMITTEE: CHAIR, VICE CHAIR, TREASURER AND

SECRETARY. THE COMMITTEE PERFORMS OVERSIGHT OF THE MANAGEMENT OF THE

BUSINESS AFFAIRS OF THE SCHOOL. THE BOARD MAY DELEGATE ADDITIONAL

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.	Employer identification number 52-2157082
DUTIES IN WRITING FROM TIME TO TIME. THE COMMITTEE REPORT	rs
PERIODICALLY TO THE BOARD AND PERFORMS FUNCTIONS AS DIRECT	TED BY THE
BOARD.	

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.								
Department of the Treasury			ach to Form 990.				Open to Public Inspection		
Internal Revenue Service		rmation about Schedule R (Form 9 ) INTERNATIONAL PUB , INC •		t <u>www.irs.gov/forr</u>	n990.		er identification number		
Part I Identifica	tion of Disregarded Entities. Comple	te if the organization answered "Yes'	' on Form 990, Part IV, line 3	3.					
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year as	ssets Dir	(f) ect controlling entity	g	
		-							
	ition of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34 b	ecause it had one or r	more related tax-	exempt		
Na	(a) ime, address, and EIN f related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controllin entity	1g conti ent	<b>g)</b> 512(b)(13) rolled tity?	
COMMUNITY CAPITA 1100 HARVARD STR WASHINGTON, DC	,	PROVIDING AND OPERATING A FACILITY TO HOUSE NON-PROFIT ORGANIZATIONS	DISTRICT OF COLUMBIA	501(C)(3)	501(c)(3))	A	Yes	No X	
COMMUNITY CAPITAL CORPORATION - SONIA GUTIERREZ CAMPUS - 46-0612061, 1100 HARVARD STREET, NW, WASHINGTON, DC 20009		TO HOLD TITLE AND DEVELOP PROPERTY FOR EDUCATIONAL USES	DISTRICT OF COLUMBIA		со	MMUNITY CAPI	TAL		
		-							

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

# Schedule R (Form 990) 2016 CHARTER SCHOOL, INC.

52-2157082 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	g Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income	of total Share of		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ng ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
											_
										$\left  \right $	<u> </u>
										+	
	1		1	1		1		L	1	<u> </u>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity			<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	e 512(b)(13) controlled entity?	
		country)						Yes	No
	1								

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Schedule R (Form 990) 2016

52-2157082 Page 3

		<u> </u>	
Part V	Transactions With Related Organizations	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 34, 35b, or 36.
		oomploto n'ino organization anomoroa	

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			_
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	<u>1e</u>	_	_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	ζ
Performance of services or membership or fundraising solicitations for related organization(s)	11		
m Performance of services or membership or fundraising solicitations by related organization(s)		n	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	ζ
o Sharing of paid employees with related organization(s)		X	<u> </u>
p Reimbursement paid to related organization(s) for expenses		X	ζ
<b>q</b> Reimbursement paid by related organization(s) for expenses		X	ζ
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) COMMUNITY CAPITAL CORPORATION	ĸ	4,946,593.	FMV
(2) COMMUNITY CAPITAL CORPORATION	Q	138,529.	FMV
(3) COMMUNITY CAPITAL CORPORATION	0	79,556.	FMV
(4) COMMUNITY CAPITAL CORPORATION	Р	503,155.	FMV
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2016 CHARTER SCHOOL, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)       (i)       (j)       (k)         Name, address, and EIN of entity       Primary activity       Legal domicile (state or foreign country)       Predominant income (related, unrelated, excluded from tax under sections 512-514)       (f)       (g)       (h)       (i)       (j)       (k)         Mame, address, and EIN of entity       Primary activity       Legal domicile (state or foreign country)       Predominant income (related, unrelated, excluded from tax under sections 512-514)       (f)       (g)       Share of total income       Dispropri- total income       Dispropri- total allocations?       General or managing partner?       Me         Mame, address, and EIN of entity       Primary activity       Legal domicile (state or foreign country)       Predominant income (related, unrelated, or(s)?       Ke       Mame       Mame       Name       Share of total income       Share of total       Share of total       Share of total       Share of total       Name       Name       Name       Mame       Mame <th>(a)</th> <th>(b)</th> <th>(c)</th> <th>(d)</th> <th>6</th> <th>~)</th> <th>(f)</th> <th>(g)</th> <th>()</th> <th><b>b)</b></th> <th>(i)</th> <th>(j)</th> <th>(k)</th>	(a)	(b)	(c)	(d)	6	~)	(f)	(g)	()	<b>b)</b>	(i)	(j)	(k)
Initial control     Initial control <thinitial control<="" th=""> <thinitial control<="" th="">     I</thinitial></thinitial>			Legal domicile	Predominant income	Are	e all	Share of			ropor-	Code V-LIBI	General	
country)     excluded from tax under sections 512-514)     income     assets     under (Form 1065)     yes No	of entity	i milary docivity	(state or foreign	(related, unrelated,	501(	c)(3)	total		tior alloca	tions?	amount in box 20	managir	ownership
	, ,		country)	sections 512-514)	Vas		income			No	(Form 1065)		1 ·
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Schedule R (Form 990) 2016

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC
CHARTER	SCHOOL,	INC.	

Schedule R (Form 990) 2016
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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2017)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

				Enter file	er's identify	ing number	
Type or print				Employer identification number (EIN) 52-2157082			
File by the due date for filing your return. See	. date for g your       Number, street, and room or suite no. If a P.O. box, see instructions.       Soc         9 your       1100 HARVARD STREET NW				Social security number (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a WASHINGTON, DC 20009	foreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (	file a separa	te application for each return)	<u></u>			
Applicati	on	Return	Application			Return	
Is For			Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11			
Form 990	-T (trust other than above)	06	Form 8870 FINANCIAL OFFICER			12	
<ul> <li>If the c</li> <li>If this is</li> <li>box ▶ [</li> <li>1   res</li> </ul>	none No. ► 202-797-4700 organization does not have an office or place of busine is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until	t Group Exe	mption Number (GEN), . toch a list with the names and EINs of Y 15, 2018, to file	f this is fo all memb	r the whole ers the exte	group, check this nsion is for.	
►[ ►[	the organization named above. The extension is for the calendar year or or tax year beginningJUL 1, 2016ne tax year entered in line 1 is for less than 12 months, Change in accounting period	, an	d ending <u>JUN 30, 2017</u>	Final retur	 n		
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069, e	enter the tentative tax, less any				
nor	refundable credits. See instructions.			3a	\$	0.	
b lfth	nis application is for Forms 990-PF, 990-T, 4720, or 606	69, enter any	/ refundable credits and				
esti	mated tax payments made. Include any prior year over	rpayment all	owed as a credit.	3b	\$	0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your	payment wit	h this form, if required,				
by	using EFTPS (Electronic Federal Tax Payment System)	. See instruc	ctions.	3c	\$	0.	
instructio	If you are going to make an electronic funds withdraw ns. or Privacy Act and Paperwork Reduction Act Notice			153-EO an		9-EO for payment 8868 (Rev. 1-2017)	

		9	`		
Form 8879-EO	for a	file Signature an Exempt Or	ganization	ŀ	OMB No. 1545-1878
	For calendar year 2015, or fiscal year be			0 ,20 <u>16</u>	2015
Department of the Treasury Internal Revenue Service		not send to the IRS. Kee			2015
Name of exempt organization	Information about Form	1 88/9-EO and its instru	ctions is at www.irs.gov/fe	orm8879eo	fentification number
	INTERNATIONAL	PUBLIC			
Name and title of officer	1, 1NC .			52-21	57082
GERARDO LUNA CHIEF FINANCIA	L OFFICER	- 			
	Return and Return Inform	**************************************			
on line 1a, 2a, 3a, 4a, or 5a	n for which you are using this F I, below, and the amount on tha Ink (do not enter -0-). But, if you	at line for the return being	filed with this form was bl	ank, then leave lin	e 1b. 2b. 3b. 4b. or 5h.
1a Form 990 check here	<b>b</b> Total revenue,	, if any (Form 990, Part V	III, column (A), line 12)	16	24,289,853.
2a Form 990-EZ check her	e 🕨 🔄 b Total reve	nue, if any (Form 990-EZ	line 9)		
3a Form 1120-POL check	here 🕨 🔄 b Total t	tax (Form 1120-POL, line	22)		
4a Form 990-PF check her	e <b>b</b> l b Tax based	I on investment income	(Form 990-PF, Part VI, line	5) 4b	
5a Form 8868 check here	<b>b</b> Balance Due (	Form 8868, Part I, line 3c	or Part II, line 8c)		······································
Part II Declarati	on and Signature Author	rization of Officer			
debit) entry to the financial i return, and the financial inst 1-888-353-4537 no later that processing of the electronic		the tax preparation softw account. To revoke a pa payment (settlement) date ponfidential information new	are for payment of the orga yment, I must contact the I . I also authorize the financ cessary to answer inquiries	anization's federal J.S. Treasury Fina sial institutions inv and resolve issue	taxes owed on this incial Agent at olved in the is related to the
	•				
X I authorize RUB	INO AND COMPANY,	CHARTERED ERO firm name		to enter my I	PIN 57082 Enter five numbers, but do not enter all zeros
is being filed with	n the organization's tax year 20 a state agency(ies) regulating cl te return's disclosure consent s	harities as part of the IRS	um. If I have indicated withi Fed/State program, I also	in this return that authorize the afoi	a copy of the return rementioned ERO to
indicated within th program, I will entr	e organization, t will enter my Pl is return that a copy of the retu er my PIN on the return's disclo	im is being filed with a sta	e organization's tax year 20 ate agency(ies) regulating c	15 electronically f harities as part of	iled return. If I have the IRS Fed/State
Officer's signature	an will		Date 🕨	2/3/9	ULT
Part III Certificati	on and Authentication				
	six-digit electronic filing identifi	lication			
	our five-digit self-selected PIN.		525349999 do not enter all ze		
l certify that the above nume confirm that I am submitting Providers for Business	ric entry is my PIN, which is my this return in accordance with t Returns.	y signature on the 2015 e the requirements of <b>Pub</b>	ectronically filed return for 4163, Modernized e-File (f	the organization i MeF) Information I I	ndicated above. I for Authorized IRS
ERO's signature	icea le mil	legCPA	Date 🕨	13/17	
	ERO Must I Do Not Submit This F	Retain This Form - Form To the IRS Ur		Do So	
LHA For Paperwork Reduc	tion Act Notice, see instruction	ons.		1	Form 8879-EO (2015)
10-19-15					
		e. Ar			

	_	<b>~</b> ~	Return of Organization Exempt F	From Ir	ncome Tax	OMB No. 1545-0047
Forr	n <b>g</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			
		of the Treasury	Do not enter social security numbers on this form a	Open to Public		
		nue Service	Information about Form 990 and its instructions is	at www.irs	s.gov/form990.	Inspection
AF	or th	e 2015 calenda			UN 30, 201	6
	heck if	C Name of	organization		D Employer ident	tification number
а	oplicab	CARL	OS ROSARIO INTERNATIONAL PUBLIC			
	Addre	ge CHAR	TER SCHOOL, INC.			
	Name Chang	ge Doing bu	usiness as		52-	2157082
	Initial	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num	
	Final		HARVARD STREET, NW		202	-797-4700
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$						24,289,853.
	Amen return	WASH	INGTON, DC 20009		H(a) Is this a group	
	Applie tion pendi	F Name a	nd address of principal officer: ALLISON KOKKOROS		for subordinat	
		SAME .	AS C ABOVE		H(b) Are all subordinate	s included? Yes No
		empt status:		or 527	If "No," attach	n a list. (see instructions)
			CARLOSROSARIO.ORG		H(c) Group exempt	
		f organization:	X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 1998	M State of legal domicile: DC
Pa	rt I	Summary				
e	1		e the organization's mission or most significant activities: <u>TO PI</u> NTS IN THE DISTRICT OF COLUMBIA •	ROVIDE	EDUCATION	FOR ADULT
Governance	•	-				
ern	2		x ▶ if the organization discontinued its operations or dispos			1
20	3					3 <u>11</u> 4 9
ې مې	4		ependent voting members of the governing body (Part VI, line 1b)			5 341
Activities &	5		of individuals employed in calendar year 2015 (Part V, line 2a)			6 30
tivi	6		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12			
Ac			business taxable income from Form 990-T, line 34			<u>а</u> 0. Ир 0.
		Net unrelated			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		23,381,073	
Revenue	9		ce revenue (Part VIII, line 2g)		588,038	
evel		0	come (Part VIII, column (A), lines 3, 4, and 7d)		23,922	
Å			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,993,033	. 24,289,853.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		142,302	
	14		o or for members (Part IX, column (A), line 4)		0	
Ś	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		13,759,399	. 14,630,621.
Expense	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0	. 0.
épe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 🕨1 , 28	36.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		9,820,848	. 10,300,204.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,722,549	. 25,003,897.
	19	Revenue less	expenses. Subtract line 18 from line 12		270,484	
s or				Be	ginning of Current Yea	r End of Year
sset	20	Total assets (F			39,736,236	. 38,143,099.
Net Assets or Fund Balances	21		(Part X, line 26)		18,928,143	
			fund balances. Subtract line 21 from line 20		20,808,093	. 20,144,105.
	rt II					and the standard sector of the Physics of the
			declare that I have examined this return, including accompanying schedules			my knowledge and belief, it is
true,	corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of wh	nch preparer	nas any knowledge.	

Sign		Signature of officer		Date
Here		GERARDO LUNA, CHIEF FINANCI	AL OFFICER	
		Type or print name and title		
	Prin	t/Type preparer's name Preparer'	's signature Date	Check PTIN
Paid	PA'	TRICIA A. O'MALLEY, CPA		self-employed P00285909
Preparer	Firn	n's name 🕨 RUBINO AND COMPANY, C	CHARTERED	Firm's EIN <b>52-1186096</b>
Use Only	Firn	n's address 🖕 6903 ROCKLEDGE DRIVE,	SUITE 1200	
		BETHESDA, MD 20817-18	318	Phone no. 301 - 564 - 3636
May the II	RS di	scuss this return with the preparer shown above? (see i	instructions)	X Yes No
				- 000 (00 ( )

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	CARLOS ROSARIO INTERNATIONAL PUBLIC
	990 (2015) CHARTER SCHOOL, INC. 52-2157082 Page 2 t III Statement of Program Service Accomplishments
I U	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE EDUCATION THAT PREPARES THE DIVERSE ADULT IMMIGRANT
	POPULATION OF WASHINGTON, D.C. TO BECOME INVESTED, PRODUCTIVE CITIZENS
	AND MEMBERS OF AMERICAN SOCIETY WHO GIVE BACK TO FAMILY AND COMMUNITY.
	THE SCHOOL ACCOMPLISHES THIS THROUGH EXCELLENCE IN TEACHING AND
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 22,240,397. including grants of \$ 73,072.) (Revenue \$ 688,575.
	MORE THAN FORTY-YEARS OF HISTORY SERVING WASHINGTON, D.C.'S DIVERSE
	IMMIGRANT POPULATION, NATIONALLY AND INTERNATIONALLY RECOGNIZED AS A
	MODEL IN ADULT EDUCATION. THE SCHOOL OFFERS AN AWARD-WINNING HOLISTIC
	MODEL OF ADULT EDUCATION FOR IMMIGRANTS TO INCLUDE CLASSES IN LANGUAGE,
	LITERACY, GED, CITIZENSHIP AND WORKFORCE DEVELOPMENT AS WELL AS
	COMPREHENSIVE SUPPORTIVE SERVICES. THE SCHOOL SERVED MORE THAN 2,500
	STUDENTS AND IS RANKED AS A TIER 1, HIGH PERFORMING SCHOOL BY THE D.C.
	PUBLIC CHARTER SCHOOL BOARD. THE SCHOOL IS ACCREDITED BY THE MIDDLE STATES ASSOCIATION AND IT'S CHARTER WAS RENEWED IN 2013 FOR AN
	ADDITIONAL 15 YEARS.
	ADDITIONAL 15 TEARS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	
4c	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.)

	990 (2015) CHARTER SCHOOL, INC. 52-2157	082	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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 temporarily restricted endowments, permanent			
	endowments, or 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, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	л	
I	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		23	
120		12a	х	
h	Schedule D, Parts XI and XII	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G. Part III	19		X

Form	<u>1 990 (2015)</u> CHARTER SCHOOL, INC. 52–215	7082	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
•.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ <u>-</u> _
5.	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?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		1.00		

Form 990 (2	2015)
Part IV	Chec

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC
CHARTER	SCHOOL,	INC.	

<u> </u>	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?			1c	Х	
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	341			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	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 transa	ction?		5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a						
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с						
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	39 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	Э			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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				
с	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	le ()		14b		

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Form 990 (2015)

X

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

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u> </u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X X
6	- 0					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•		104		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body		o filing the form?	10b 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Па	- 23	
12a				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		licts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			12.5		
-	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
800	exempt status with respect to such arrangements?	<u></u>		16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>	(C +				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s only) a	vallable	Э	
	for public inspection. Indicate how you made these available. Check all that apply.					
10	Own website Another's website X Upon request Other (explain		,	finana	iol	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor statements available to the public during the tax year.	mict 01	interest policy, and	manc	Idl	
	stationionio avaliabio to tro publio during tro tax your.					

20	State the name, address, and telephone number of the person who possesses the organization's books and records:	
	GERARDO LUNA, CHIEF FINANCIAL OFFICER - 202-797-4700	
	1100 HARVARD ST., NW, SUITE 300, WASHINGTON, DC 20009	

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC	
CHARTER	SCHOOL.	INC.		

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensate
	Employees and Independent Contra	otore	

#### Employees, and independent Contractors

Form 990 (2015)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of			
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALLISON KOKKOROS	45.00									
EXECUTIVE DIRECTOR/CEO	4.00	Х		Х				195,635.	0.	111,714.
(2) BO PHAM	3.00								•	
BOARD MEMBER		Х						0.	0.	0.
(3) BRAHIM RAWI	3.00								•	
VICE-CHAIR		Х		Х				0.	0.	0.
(4) HECTOR J. TORRES	3.00								•	
BOARD MEMBER	2 00	Х						0.	0.	0.
(5) JAMES MOORE	3.00							•	0	0
TREASURER	2.00	Х		Х				0.	0.	0.
(6) LEA M. ZEPEDA	3.00	37						•	0	0
BOARD MEMBER	2 00	Х				-		0.	0.	0.
(7) MARGARET YAO	3.00	37		37				•	0	
SECRETARY	3.00	Х		Х				0.	0.	0.
(8) NYDIA PEEL, ESQ.	3.00	х						0.	0.	
BOARD MEMBER (9) PATRICIA SOSA	3.00	Λ				-		0.	0.	0.
CHAIR	3.00	х		х				0.	0.	0.
(10) SONIA GUTIERREZ	18.00	Δ		Λ		-		0.	0.	<u> </u>
BOARD MEMBER	22.00	х						959,576.	102,291.	250,540.
(11) TED KAVALERI	3.00	Λ						959,570.	102,291.	230,340.
BOARD MEMBER	5.00	х						0.	0.	0.
(12) FRANCISCO FERRUFINO	3.00	21							0.	
BOARD MEMBER	5.00	х						0.	0.	0.
(13) CANDIDA HERNANDEZ	40.00	21							0.	
CHIEF OPERATING OFFICER	0.00			х				522,387.	0.	102,973.
(14) GERARDO LUNA	42.00							52275071		10275750
CHIEF FINANCIAL OFFICER	4.00			х				137,976.	0.	15,756.
(15) GUSTAVO VITERI	40.00					1			<b>J ·</b>	
CHIEF TECHNOLOGY OFFICER	0.00					x		130,636.	0.	15,501.
(16) JOHN RYAN MONROE	40.00					1				
CHIEF ACADEMIC OFFICER						x		133,887.	0.	14,897.
(17) KAREN CLAY	40.00								-	
						x		115,540.	0.	13,691.

CARLOS RC					TI	ON.	AI	J PUBLIC					~
Form 990 (2015) CHARTER S						_			52-23	157	082	Pa	ge <b>8</b>
Section A. Onicers, Directors, Trust		ploy	ees,			ghes	t C		<u>s (continued)</u> (E)			<u> </u>	
(A) Name and title	<b>(B)</b> Average hours per week	box offi	, unle	Pos heck ss per	more rson i	) than o s both pr/trust	an	(D) Reportable compensation from	Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the organization and related organizations		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)					n d
(18) SHARON PAN	40.00												
ASSISTANT PRINCIPAL						Х		118,814.		0.	8	,03	3.
		_											
1b Sub-total								2,314,451.	102,29	91. 0.	533		<u>5.</u> 0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								2,314,451.	102,29		533		
2 Total number of individuals (including but no							o re						
compensation from the organization												Yes	<u>8</u> No
<b>3</b> Did the organization list any <b>former</b> officer,	director. or tru	ustee	e. ke	ev en	olan	vee.	or	highest compensated en	nplovee on			res	NO
line 1a? If "Yes," complete Schedule J for su					•			•			3		X
4 For any individual listed on line 1a, is the su												x	
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>											4	^	
rendered to the organization? <i>If "Yes." com</i>											5		Х
Section B. Independent Contractors		1							100.000 - (				
<ol> <li>Complete this table for your five highest cor the organization. Report compensation for t</li> </ol>	•	•							•	pensa	lon tror	n	
(A)								(B)			(C)		
Name and business								Description of s	ervices	C	ompen	sation	
PO BOX 931703, ATLANTA, G		ı.						SECURITY SERV	VICES		418	,72	4.
PROACTIVE SCHOOL, INC.								STUDENT INFO	RMATION				
11419 PURPLE BEECH DRIVE,	RESTON	,	VA	2	01	91	_	SYSTEM			235	,41	·/ •

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 2

#### CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

orm 9 Part		2015) CHART	ER SCHOO		TIONAL POP		52-215	7082 Page
αιι	• • • •			or poto to opy ling	in this Dort \/III			
		Check if Schedule O cont	ans a response	or note to any line	(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
nilar Amounts	b	Membership dues	1b					
Am		Fundraising events						
lar		Related organizations						
imi		Government grants (contributi		23,342,528.				
erS	f	All other contributions, gifts, gran						
Oth		similar amounts not included above		212,837.				
and Other Similar	g	Noncash contributions included in lines			23,555,365.			
a	h	Total. Add lines 1a-1f			23,555,365.			
	• •	CULINARY SALES		Business Code 900099	448,234.	448,234.		
		STUDENT FEES & OTHER		900099	120,341.	120,341.		
Iue	~	ADMIN. SUPPORT SERVICES		900099	120,000.	120,000.		
ver	d							
Řevenue	e							
	f	All other program service reve	nue					
		Total. Add lines 2a-2f			688,575.			
;	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		►	45,913.			45,91
	4	Income from investment of tax	-exempt bond p	oroceeds 🕨				
	5	Royalties		►				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						-
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	h	assets other than inventory						
	a	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
anu		including \$	, <u>,</u>					
eve		contributions reported on line						
Other Revenue		Part IV, line 18	a					
	b	Less: direct expenses						
	С	Net income or (loss) from fund	raising events	►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		····· ►				
1	υa	Gross sales of inventory, less						
	4	and allowances						
		Less: cost of goods sold Net income or (loss) from sales						
$\vdash$	C	Miscellaneous Revenue		Business Code				
1	1 a							
'	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
Ι.	2	Total revenue. See instructions.			24,289,853.	688,575.	0	. 45,91

#### CARLOS ROSARIO INTERNATIONAL PUBLIC Form 990 (2015) CHARTER SCHOOL, INC. Part IX Statement of Functional Expenses

52-2157082 Page 10

Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX	· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 $\dots$				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	73,072.	73,072.		
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	582,287.		582,287.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	11 007 620			
7	Other salaries and wages	11,027,639.	10,259,784.	767,855.	
8	Pension plan accruals and contributions (include		107 061	100,860.	
	section 401(k) and 403(b) employer contributions)	597,924.	497,064.		
9	Other employee benefits	1,514,337. 908,434.	1,362,108. 813,866.	152,229. 94,568.	
10	Payroll taxes	900,434.	013,000.	94,500.	
11	Fees for services (non-employees):				
	Management	23,439.		23,439.	
		234,942.	101,377.	133,565.	
	Accounting	234,942.	101,377.	133,303.	
	Lobbying				
e ₄	Professional fundraising services. See Part IV, line 17 Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch O.)	266,528.	116,428.	150,100.	
12	Advertising and promotion	71,177.		55,067.	
13	Office expenses	799,103.	711,944.	85,873.	1,286.
14	Information technology	569,049.	536,102.	32,947.	
15	Royalties		,		
16	Occupancy	5,733,010.	5,374,387.	358,623.	
17	Travel	174,810.	149,341.	25,469.	
18	Payments of travel or entertainment expenses	<i>i</i>	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,246.	35,103.	14,143.	
20	Interest	374.	329.	45.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,295,665.	1,196,182.	99,483.	
23	Insurance	171,137.	152,862.	18,275.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT STUDENT COSTS	473,621.	450,433.	23,188.	
b	DC CHARTER SCHOOL FEE	240,701.	215,644.	25,057.	
с	STUDENT ACTIVITIES	137,349.	137,349.		
d	DUES & MEMBERSHIP FEES	60,053.	40,912.	19,141.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	25,003,897.	22,240,397.	2,762,214.	1,286.
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 Figure if following SOP 98-2 (ASC 958-720)				

532011 12-16-15

34

Form 990 (2015)

Part X Balance Sheet

I U					
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	7,100.	1	5,300.
	2	Savings and temporary cash investments	11,838,169.	2	13,515,958.
	3	Pledges and grants receivable, net	97,505.	3	0.
	4	Accounts receivable, net		4	1,089.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	366,971.	9	272,366.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 31,131,964.			
	b	Less: accumulated depreciation 10b 10,541,144.	22,211,347.	10c	20,590,820.
	11	Investments - publicly traded securities	1,570,324.	11	433,509.
	12	Investments - other securities. See Part IV, line 11	3,048,000.	12	3,142,281.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	596,820.	15	181,776.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	39,736,236.	16	38,143,099.
	17	Accounts payable and accrued expenses	3,239,845.	17	2,596,029.
	18	Grants payable		18	
	19	Deferred revenue	33,311.	19	27,940.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
-iab		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	15,654,987.	05	15,375,025.
	26	Schedule D Total liabilities. Add lines 17 through 25	18,928,143.	25 26	17,998,994.
	26	Organizations that follow SFAS 117 (ASC 958), check here ► X and	10, 720, 143.	20	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		complete lines 27 through 29, and lines 33 and 34.			
ces	27	Unrestricted net assets	20,674,237.	27	20,040,454.
lan	28		133,856.	28	103,651.
Ba	29	Permanently restricted net assets		29	
pun		Organizations that do not follow SFAS 117 (ASC 958), check here			
гIJ		and complete lines 30 through 34.			
ts o	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	20,808,093.	33	20,144,105.

Total net assets or fund balances

Total liabilities and net assets/fund balances

#### CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

52-2157082 Page 11

39,736,236. 34

38,143,099.

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CUADTE	CCHOOT.	TNC	

	990 (2015) CHARTER SCHOOL, INC.	52-2	157082	Paç	ge 12
Par	t 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	24,289		
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,003		
3	Revenue less expenses. Subtract line 2 from line 1	3	-714	.,04	<u>44.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,808		
5	Net unrealized gains (losses) on investments	5	50	),05	56.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	20,144	.,1(	05.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		I		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	

SCHEDULE A	Dublic Cha	wity Status an					OMB No. 1545-0047
(Form 990 or 990-EZ)		arity Status an inization is a section 50 <sup>.</sup>					2015
		947(a)(1) nonexempt cha					20 IJ
Department of the Treasury Internal Revenue Service		Attach to Form 990 or I					Open to Public Inspection
Name of the organization	Information about Schedule A on CARLOS ROSARIO				ww.irs.gov/to		identification number
······	CHARTER SCHOOL						2-2157082
Part I Reason	for Public Charity Status		omplete thi	is part.) Se	e instructions		
The organization is not a	private foundation because it is:	(For lines 1 through 11, c	heck only o	one box.)			
	nvention of churches, or associati	on of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2 X A school dese	cribed in section 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 99	90-EZ).)			
	a cooperative hospital service org	•					
	earch organization operated in co	onjunction with a hospital	described	in section	n 170(b)(1)(A	)(iii). Enter f	he hospital's name,
city, and state	e: on operated for the benefit of a co	allago or university owned	l or oporat		vornmontal u	ait doscribo	d in
	b)(1)(A)(iv). (Complete Part II.)	Shege of university owned	i or operate	eu by a go	verninentai ui		
	te, or local government or govern	mental unit described in	section 17	70(b)(1)(A)(	v).		
	on that normally receives a subst				-	ne general p	ublic described in
-	<b>b)(1)(A)(vi).</b> (Complete Part II.)		0			<b>U</b> 1	
8 A community	trust described in section 170(b	)(1)(A)(vi). (Complete Par	t II.)				
9 🗌 An organizati	on that normally receives: (1) mor	e than 33 1/3% of its sup	port from c	contributior	ns, membersł	nip fees, and	d gross receipts from
	ted to its exempt functions - subje						-
	Inrelated business taxable income	e (less section 511 tax) fro	om busines	ses acquir	ed by the org	anization at	ter June 30, 1975.
	509(a)(2). (Complete Part III.)	aivaly to toot for public on	fatu Caa	ocotion EQ	O(a)(4)		
	on organized and operated exclus on organized and operated exclus		•			rny out the r	ourposes of one or
0	supported organizations describ	-				•	-
	ugh 11d that describes the type						
	upporting organization operated,		-			-	living
the support	ed organization(s) the power to re	egularly appoint or elect a	majority o	of the direct	ors or trustee	es of the su	pporting
organizatio	n. You must complete Part IV, S	ections A and B.					
b Type II. A s	upporting organization supervise	d or controlled in connec	tion with its	s supporte	d organizatio	n(s), by havi	ng
	nanagement of the supporting org	-	ame persoi	ns that cor	itrol or manaç	ge the supp	orted
	n(s). You must complete Part IV						
	ectionally integrated. A supportine of organization(s) (see instruction					ly integrated	u witti,
	n-functionally integrated. A sup					ted organiz	ation(s)
	unctionally integrated. The organ					-	
requiremen	t (see instructions). You must co	mplete Part IV, Sections	A and D,	and Part V	Ι.		
e Check this	box if the organization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
functionally	integrated, or Type III non-function	onally integrated supporti	ng organiza	ation.			
g Provide the followi (i) Name of suppo	ng information about the support prted (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
organization		(described on lines 1-9	listed i governing o	n your	support	-	other support (see
		above (see instructions))	Yes	No	instruct	ions)	instructions)
Total							

Schedule A (Form 990 or 990 EZ) 2015 CHARTER SCHOOL, INC.

52-2157082 Page 2

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) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.										
	ction B. Total Support										
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
	Amounts from line 4		(6) 2012	(6) 2010							
8	Gross income from interest,										
0	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	, I ,		,			12					
13	First five years. If the Form 990 is for	•					. —				
804	organization, check this box and stor ction C. Computation of Publi	here	oontogo								
	•		•								
	Public support percentage for 2015 (I					14	%				
	Public support percentage from 2014					15	%				
16a	33 1/3% support test - 2015. If the o				14 is 33 1/3% or m	ore, check this	box and				
	stop here. The organization qualifies		-								
b	33 1/3% support test - 2014. If the o	-									
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiz	ation							
17a	10% -facts-and-circumstances test	- 2015. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10	)% or more,				
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization										
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
b	10% -facts-and-circumstances test	- 2014. If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15	is 10% or				
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how	the				
	organization meets the "facts-and-circ	umstances" test.	The organization o	ualifies as a publi	cly supported orga	nization					
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructi	ons 🕨 🗌				

Schedule A (Form 990 or 990-EZ) 2015

Part II

Schedule A (Form 990 or 990-EZ) 2015 CHARTER SCHOOL, INC.

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

52-2157082 Page 3

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
0	furnished by a governmental unit to						
	, ,						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
						1	
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	l first second thir	l d fourth or fifth to		1 = 501(c)(3) or $c$	
14		0	, ,	, ,	\$		
80							
	ction C. Computation of Publi					1 1	
	Public support percentage for 2015 (li					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					<del>, , , , , , , , , , , , , , , , , , , </del>	
17	Investment income percentage for 20	15 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	2014 Schedule A,	Part III, line 17			18	%
19a	1 33 1/3% support tests - 2015. If the	organization did r	ot check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box ar						▶□
ł	33 1/3% support tests - 2014. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
			200 01 110 14, 10	$\sim$ ,			····· 🔽 🔽

Schedule A (Form 990 or 990-EZ) 2015 CHARTER SCHOOL, INC.

52-2157082 Page 4

1

2

3a

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	3b		
	3c		
	4a		
	4b		
	4.		
	4c		
	5a		
	04		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	0-		
	9c		
	10a		
	100		
	10b		
9	90 or 99	0-F7	2015
-		,	

Schedule A (Form 990 or 990-EZ) 2015 CHARTER SCHOOL, INC. Part IV Supporting Organizations (continued) 52-2157082 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	-		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	Г		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctionel		
2	Activities Test. Answer (a) and (b) below.	510113).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015

52-2157082 Page	6	
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#### Schedule A (Form 990 or 990-EZ) 2015 CHARTER SCHOOL , Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see 1 instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		[	
		(i)	(ii) Underdistributions	(iii) Distributeble
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Distributable Amount for 2015
	· · ·			
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required see instructions)			
	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
b				
<u> </u>	From 2012			
	From 2013 From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributions of phot years			
	Carryover from 2010 not applied (see instructions)			
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
C	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

				INTERNATIONAL	
Schedule A	(Form 990 or 990-EZ) 2015	CHARTER	SCHOOL ,	, INC.	52-2157082 Page
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	2, 3b, 3c, 4b, 4 ines 2 and 3; P	1c, 5a, 6, 9a, 9b art IV, Section I	o, 9c, 11a, 11b, and 11c; Pa E, lines 1c, 2a, 2b, 3a and 3	ne 10; Part II, line 17a or 17b; Part III, line 12; art IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V, this part for any additional information.

Schedule B

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

<u>2015</u>

Employer identification number

CHARTER SCHOOL, INC.

5	2-2	15	70	82

Organization	type	check	one	1-
organization	Lype 1	CIICON	ULIC,	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 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. Do not 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 exclusively religious.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

52-2157082

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL BOARD 3333 14TH STREET, NW STE 210 WASHINGTON, DC 20010	\$ 23,342,528.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DC OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION 810 FIRST STREET, NE 9TH FLOOR WASHINGTON, DC 20002	\$101,718.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>VERIZON</u> <u>PO BOX 21075</u> <u>TULSA, OK 74121-1075</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CONSULAR SECTION OF THE MEXICAN EMBASSY 1250 23RD ST., NW STE 002 WASHINGTON, DC 20037	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4         ROSEMARY MONROE TTEE HARRY MONROE, JR         TRUST         318 MISTLETOE DRIVE         NEWPORT NEWS, VA 23606-3718	Total contributions           \$5,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	ALAN & AMY MELTZER FAMILY FOUNDATION <u>FUND</u> , INC. <u>6500 ROCK SPRING DRIVE</u> , SUITE 500 BETHESDA, MD 20817	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

art II	Noncash Property (see instructions). Use duplicate copies of P	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
		\$	
(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

Name of organization

Employer identification number

Page **3** 

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2015)			Page <b>4</b>
Name of org	ganization			Employer identification number
CARLOS	S ROSARIO INTERNATIONAL	PUBLIC		
CHARTE	ER SCHOOL, INC.			52-2157082
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c	ibutions to organizations described in columns (a) through (e) and the follow	1 section 501(c)(7), (8), or	(10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. on	Se.) ▶ \$
	Use duplicate copies of Part III if additiona	al space is needed.		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I	(	(-,	(1) 200	
ŀ				
		(e) Transfer of gift		
	Transferee's name, address, ar		Polationship of tra	insferor to transferee
F				
(a) No. from			( ) =	
From Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
Ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee
		[		
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Fall				
Γ		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No.				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I		., .		
			—   ——	
ŀ		(a) Transfor of sift	I	
		(e) Transfer of gift		
	Transferee's name, address, ar	nd <b>7I</b> P + 4	Relationship of tra	insferor to transferee
F				

SC		Supplementa	al Financial Statements		OMB No. 1545-0047
(Forr	n 990)	Complete if the org	anization answered "Yes" on Form 990,		2015
	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. m 990) and its instructions is at <u>www.jrs.gov</u>		Open to Public Inspection
	Revenue Service	lover identification number			
Nam	e of the organizatio	52-2157082			
Pa	t I Organiza	CHARTER SCHOOL, ING	d Funds or Other Similar Funds or A	ccoun	
	-	answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at en	d of year			
2		contributions to (during year)			
3	Aggregate value of	grants from (during year)			
4	Aggregate value at	end of year			
5	-		writing that the assets held in donor advised fu		
			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be used		
			r donor advisor, or for any other purpose confe	•	
Pa	impermissible priva	te benefit?			Yes No
			ganization answered "Yes" on Form 990, Part I	/, line /.	
1		ervation easements held by the organization			ant land aver
		of land for public use (e.g., recreation or e natural habitat	ducation) Preservation of a historical	•	
		of open space		listone s	liuciure
2		• •	ied conservation contribution in the form of a c	onservat	ion easement on the last
2	day of the tax year.	nough zu il the organization held a quain			Held at the End of the Tax Year
а		nservation easements		2a	
b					
c			ucture included in (a)		
d			after 8/17/06, and not on a historic structure		
			,	2d	
3			eased, extinguished, or terminated by the orga	nization (	during the tax
	year 🕨				
4	Number of states v	here property subject to conservation eas	sement is located		
5	Does the organizat	on have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enfo	rcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion ease	ments during the year
	►				
7	<b>N</b> .	s incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asement	s during the year
•	►\$				
8			e satisfy the requirements of section 170(h)(4)(E		Yes No
9			on easements in its revenue and expense state		
9		÷ .	tion's financial statements that describes the or		
	conservation easer			ganzano	accounting for
Pa			Art, Historical Treasures, or Other	Similar	Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	lected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	nd balar	ce sheet works of art,
	historical treasures	or other similar assets held for public exh	nibition, education, or research in furtherance o	f public s	ervice, provide, in Part XIII,
	the text of the foot	note to its financial statements that descril	bes these items.		
b	If the organization	lected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and I	balance s	sheet works of art, historical
	treasures, or other	similar assets held for public exhibition, ec	ducation, or research in furtherance of public se	ervice, pr	ovide the following amounts
	relating to these ite	ns:			
	(i) Revenue includ	ed on Form 990, Part VIII, line 1		🕨 🤅	6
2	If the organization	eceived or held works of art, historical trea	asures, or other similar assets for financial gain	provide	
	-	nts required to be reported under SFAS 1			
а					\$
b	Assets included in	-orm 990, Part X		🕨 🤅	) 

LHA For Paperwork Reduct	tion Act Notice, see the	Instructions for Form 990
532051 11-02-15		

	CARLOS	ROSARIO INT	<b>FERNATIC</b>	NAL PUBLI	C				
		SCHOOL, IN						57082	
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historica	Treasures, o	r Other	Similar	Assets	continu	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of	the following that	t are a sigr	nificant us	e of its c	ollection it	ems
	(check all that apply):								
а	Public exhibition	d		r exchange progr					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they furt	her the organization	on's exem	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit of							_	
_	to be sold to raise funds rather than to be ma							Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the organ	ization answered	"Yes" on F	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod							-	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
								Amount	
	Beginning balance					1c			
	Additions during the year								
е	Distributions during the year								
f	Ending balance					<b>1</b> f		7	<u> </u>
	Did the organization include an amount on F					y?	L	Yes	
Par	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Fai	<b>t V</b> Endowment Funds. Complete							() [	
		(a) Current year	(b) Prior ye	ar <b>(c)</b> Two yea	Irs back (	d) Inree ye	ars dack	(e) Four y	ears dack
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
-	and programs								
	Administrative expenses								
•	End of year balance		<i></i>						
2	Provide the estimated percentage of the curr			nn (a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
•	The percentages on lines 2a, 2b, and 2c sho								
за	Are there endowment funds not in the posse	ssion of the organiza	ition that are n	eid and administe	rea for the	organizat	ion		
	by:								<u>'es No</u>
	(i) unrelated organizations							3a(i)	
<b>L</b>	(ii) related organizations							3a(ii)	
-	If "Yes" on line 3a(ii), are the related organiza			e R?				3b	
4 Par	t VI Land, Buildings, and Equipm		wment tunas.						
1 41	Complete if the organization answere		Dart IV line 1	12 Soo Earm 000	) Dort V li	no 10			
							J		value
	Description of property	(a) Cost or o basis (investn	• •	Cost or other basis (other)	1	cumulated reciation	-   ·	(d) Book	value
4-	Land				l deb	50/2001			
	Land								
	Buildings		Q	,424,242.	1 5	58,69	3	3,865	550
	Leasehold improvements			,424,242. ,051,614.		54,82			,789.
	Equipment			,656,108.		<u>34,82</u> 27,62		5,828	
	Other							<u>5,020</u> 0,590	
Total	. Add lines 1a through 1e. (Column (d) must e	equal ⊢orm 990, Part J	<u>х, coiumn (В),</u>	ine IUC.)				D (Form 9	
						3	CHEQUIE	י ווווט דע י	200j ZU 13

#### CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Schedule D (Form 990) 2015 CHARTER SCH	OOL, INC.		52-2157082 Page <b>3</b>
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: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) CERTIFICATES OF DEPOSIT	3,142,281.	END-OF-YEAR MA	RKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	2 1 4 2 2 2 1		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	3,142,281.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost 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"	Description	TTd. See Form 990, Part X, line	(b) Book value
	Description		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		<b>N</b>
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part	Line 25
I.         (a) Description of liability		(b) Book value	X, III 0 20.
(1) Federal income taxes			
(1) PEDERATION (2) CAPITAL LEASE OBLIGATION	1	3,179,591.	
(3) DEFERRED RENT		2,195,434.	
(4)		-,	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25) 1	5,375,025.	
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>			ements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC

Sche	edule D (Form 990) 2015 CHARTER SCHOOL, INC.				2157082 Page	e <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re <sup>-</sup>	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	24,373,391	L.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	50,056.			
b	Donated services and use of facilities		33,482.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines <b>2a</b> through <b>2d</b>			2e	83,538	
3	Subtract line 2e from line 1			3	24,289,853	3.
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 <b>4a</b> and <b>4b</b>			4c		).
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	24,289,853	3.
						· •
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	letur	n.	
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With	Expenses per F	letur	n.	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	ements With 12a.	Expenses per F	letur	n. 25,037,379	
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per F		n.	
1	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements	ements With 12a.	Expenses per F		n.	
1 2	<b>rt XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	222 223 224 224 225 225 225 225 225 225 225 225	Expenses per F		n.	
1 2 a	Image: Second	2a         2a            2a            2b	Expenses per F		n.	
1 2 a b	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a            2a            2b            2c	Expenses per F		n.	
1 2 a b	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a            2a            2b            2c            2d	Expenses per F		n. <u>25,037,379</u> 33,482	2.
1 2 b c d	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a            2a            2b            2c            2d	Expenses per F 33,482.	1	n. 25,037,379	2.
1 2 b c d e	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a            2a            2b            2c            2d	Expenses per F 33,482.	1 2e	n. <u>25,037,379</u> 33,482	2.
1 2 b c d e 3	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           12a.           2b           2c           2d	Expenses per F 33,482.	1 2e	n. <u>25,037,379</u> 33,482	2.
1 2 3 4	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a       12a.       2b       2b       2c       2d	Expenses per F 33,482.	1 2e	n. <u>25,037,379</u> 33,482	2.
1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         12a.         2b         2b         2c         2d         4a         4b	Expenses per F	1 2e	n. 25,037,379 33,482 25,003,897 0	2.
1 2 d e 3 4 b c 5	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         12a.         2b         2b         2c         2d         2d         4a         4b	Expenses per F	1 2e 3	n. 25,037,379 33,482 25,003,897	2.

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:

UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND
THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA, THE
SCHOOL IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS
INCOME. NO PROVISION FOR INCOME TAXES IS REQUIRED FOR EITHER 2016 OR
2015. HOWEVER, TAX YEARS ENDED JUNE 30, 2013 THROUGH 2015 REMAIN OPEN TO
EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE SCHOOL IS SUBJECT,
AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF
LIMITATIONS.

		CARLOS	ROSARIO	INTERNATIONAL	PUBLIC		
Schedule D (Form 990)	) 2015 mental Inform		SCHOOL	, INC.		52-2157082	Page 5
		indition (conti	nuea)				

	HEDULE E	Schools	F	OMB No.	1545-004	47		
(For	m 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.		20	15			
Depart	ment of the Treasury	Attach to Form 990 or Form 990-EZ.		Open to Public				
	Department of the Treasury Internal Revenue Service Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
Name	e of the organization	CARLOS ROSARIO INTERNATIONAL PUBLIC	Employer id	entificati	on nui	mber		
		CHARTER SCHOOL, INC.	52	-2157	082			
Par	tl							
					YES	NO		
1	Does the organization	on have a racially nondiscriminatory policy toward students by statement in its charter, byla	ws,					
	other governing inst	rument, or in a resolution of its governing body?		1	Х			
2	Does the organization	on include a statement of its racially nondiscriminatory policy toward students in all its broch	nures,					
	catalogues, and oth	er written communications with the public dealing with student admissions, programs, and	scholarships?	? 2	X			
3	•	n publicized its racially nondiscriminatory policy through newspaper or broadcast media dur	•					
	•	n for students, or during the registration period if it has no solicitation program, in a way that						
		all parts of the general community it serves? If "Yes," please describe. If "No," please expla			37			
	If you need more sp	······································		. 3	X			
	TARGETED C	ADVERTISES IN VARIOUS NEWSPAPERS SERVING ITS		-				
	IARGEIED C	OMMONITI.		-				
				-				
				-				
4	Doos the organizati	an maintain the following?						
-	e e	on maintain the following? the racial composition of the student body, faculty, and administrative staff?		4a	x			
		ng that scholarships and other financial assistance are awarded on a racially nondiscriminat		<u>4</u> b	X			
		gues, brochures, announcements, and other written communications to the public dealing w						
		ns, and scholarships?		4c	х			
d		al used by the organization or on its behalf to solicit contributions?			х			
		" to any of the above, please explain. If you need more space, use Part II.						
	,							
				_				
5	Does the organization	on discriminate by race in any way with respect to:						
а	Students' rights or p	privileges?		. 5a		X		
b	Admissions policies	?		. <b>5</b> b		X		
С	Employment of facu	Ity or administrative staff?		. <u>5c</u>		X		
		er financial assistance?				X		
е	Educational policies	?		. <b>5e</b>		X		
						X		
						X		
h	Other extracurricula	r activities?		. <u>5h</u>		X		
	If you answered "Ye	s" to any of the above, please explain. If you need more space, use Part II.						
				-				
				-				
				-				
6-	Doos the argenization	na receive any financial aid or ecciptance from a reversmental eccipture		- 6-	x			
		on receive any financial aid or assistance from a governmental agency?			^	x		
a		n's right to such aid ever been revoked or suspended?		<u>6b</u>				
7		es" on either line 6a or line 6b, explain on Part II. on certify that it has complied with the applicable requirements of sections 4.01 through 4.0	15 of					
'	•			7	x			
		075-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<u></u>		1 27	1		

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

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

**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 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

#### CONTRIBUTIONS RECEIVED FROM GOVERNMENT AGENCIES:

DISTRICT OF COLUMBIA CHARTER PUBLIC SCHOOL BOARD

#### DISTRICT OF COLUMBIA OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations,		L	OMB No. 1	545-0047
(Form 990)	0) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								20	15
Department of the Treasury Internal Revenue Service		-	-	Attach to For	m 990.		_		Open to Inspec	Public
Internal Revenue Service         Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.           Name of the organization         CARLOS         ROSARIO         INTERNATIONAL         PUBLIC         Employer ident										
		CHOOL, IN							52-215	
Part I General Ir	nformation on Grants a	nd Assistance								
•	zation maintain records t		•		• • •	•				<b></b>
	award the grants or assis							L	Yes	X No
	IV the organization's pro		<u>u</u> <u>u</u>			opization oppused "N		LIV line 01 f		
	nd Other Assistance to hat received more than \$	-				anization answered f	es on Form 990, Pan	t iv, iirie ∠ i, io	orany	
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		urpose of g r assistance	
2 Enter total numb	per of section 501(c)(3) a	nd government org	, ganizations listed in the	e line 1 table	•		•	· · · · · · · · · · · · · · · · · · ·		
3 Enter total numb	per of other organizations	s listed in the line 1	I table					►		
LHA For Paperwork	Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedu	le I (Form 9	990) (2015)

Schedule I (Form 990) (2015)

CHARTER SCHOOL, INC.

52-2157082

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	25	73,072.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE J (Form 990)		<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		OMB No. 1545-0047		
Department of the Treasury				Open to	Publ	ic
Internal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form		rm990.	Inspe	ction		
Nan	· · · · · · · · · · ·		Employer i			mber
CHARTER SCHOOL, INC. 52-2157082						
Part I Questions Regarding Compensation						
					Yes	No
1a	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					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			1b		
2	5 1 5 5 1					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
3		y, of the following the filing organization used to establish the compensation of the organiza				
	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.           X         Compensation committee         X					
		ompensation consultant				
	X Form 990 of o	ther organizations	ommittee			
4	4 During the year did any nerson listed on Farm 000 Part VII. Section A line to with respect to the filing					
4	4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
~				4a		x
a b		ceive a severance payment or change-of-control payment? rticipate in, or receive payment from, a supplemental nonqualified retirement plan?			Х	
	c Participate in, or receive payment from, an equity-based compensation arrangement?					x
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			+0		
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation</li> </ul>						
-	contingent on the r					
а	•			5a		X
		ation?				X
-		r 5b, describe in Part III.				
6						
	contingent on the n					
а	•			6a		X
		ation?				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 non-fixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III				Х	
8						
				8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?	<u></u>	9		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990)						) 2015

### CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ALLISON KOKKOROS	(i)	161,135.	16,500.	18,000.	94,891.	16,823.	307,349.	18,000.
EXECUTIVE DIRECTOR/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SONIA GUTIERREZ	(i)	84,879.	5,748.	868,949.	242,907.	788.		632,369.
BOARD MEMBER	(ii)	88,683.	6,228.	7,380.	6,079.	766.	109,136.	7,380.
(3) CANDIDA HERNANDEZ	(i)	82,803.	0.	439,584.	96,478.	6,495.	625,360.	439,584.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GERARDO LUNA	(i)	128,900.	9,076.	0.	8,334.	7,422.	153,732.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

52-2157082

CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

#### Part III Supplemental Information

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

#### PART I, LINE 4B:

#### CONTRIBUTIONS WERE MADE BY THE ORGANIZATION TO AN IRC SECTION 457(F)

#### DEFERRED COMPENSATION PLAN AS FOLLOWS:

SONIA GUTIERREZ - \$236,580

ALLISON KOKKOROS - \$82,500

CANDIDA HERNANDEZ - \$89,494

PART I, LINE 7:

THE CHIEF EXECUTIVE OFFICER'S BONUSES ARE DETERMINED AND APPROVED BY THE

BOARD. ALL OTHER BONUSES ARE AT THE DISCRETION OF THE CEO UPON BOARD

APPROVAL OF THE BUDGET.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### 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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>



52-2157082

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEARNING IN PARTNERSHIP WITH THE COMMUNITY BY FOSTERING A SAFE AND

CARLOS ROSARIO INTERNATIONAL PUBLIC

INC.

COMPASSIONATE LEARNING ENVIRONMENT.

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

CHARTER SCHOOL,

THE CFO REVIEWS AND MAKES CHANGES AS NEEDED. THE RETURN IS ALSO

DISTRIBUTED TO THE BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD OF DIRECTORS ONCE A YEAR, WHO SIGN OFF THAT THEY ARE IN COMPLIANCE WITH THE POLICY. THE POLICY IS DISTRIBUTED ANNUALLY TO THE EMPLOYEES AS PART OF THE EMPLOYEE HANDBOOK.

OFFICERS AND DIRECTORS ARE TO DISCLOSE TO THE CHIEF EXECUTIVE OFFICER ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST IMMEDIATELY SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE CEO IS DETERMINED BY REVIEWING SALARY DATA PRODUCED BY AN INDEPENDENT CONSULTANT. THIS INCLUDES REVIEW OF SURVEY DATA FOR CHARTER SCHOOLS OF SIMILAR SIZE/COMPLEXITY, OTHER NOT FOR PROFITS AND OTHER COMPARABLE AGENCIES. THE EXECUTIVE COMMITTEE ESTABLISHES THE COMPENSATION OF THE CEO WHICH IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD AND DOCUMENTED IN THE MINUTES BY A SIGNED AFFIDAVIT.

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.	Page 2 Employer identification number 52-2157082
SALARIES OF THE OTHER OFFICERS WERE DETERMINED AS PART OF	A STUDY CONDUCTED
BY AN INDEPENDENT CONSULTANT, AND THEREON ANNUAL SALARY IN	CREASES WERE
PERFORMED ACROSS THE BOARD FOR ALL EMPLOYEES. SALARIES OF	OTHER OFFICERS
WERE APPROVED BY THE CEO AND THE SALARY EXPENSE WAS APPROV	ED BY THE BOARD
AS PART OF THE ANNUAL BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE FORM 990 IS AVAILABLE ON GUIDESTAR. OTHER INFORMATION	IS AVAILABLE BY
REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 2C	
THE FINANCE COMMITTEE OVERSEES BOTH THE AUDIT AND SELECTIC	N OF THE
AUDIT FIRM. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEA	R
FORM 990, PART VII, SECTION B, LINE 1	
PROACTIVE SCHOOL INC STUDENT INFORMATION SYSTEM SERVICE	S
FORM 990, PART VI, SECTION A, LINE 1A	
COMPOSITION OF THE COMMITTEE: CHAIR, VICE CHAIR, TREASURER	AND
SECRETARY. THE COMMITTEE PERFORMS OVERSIGHT OF THE MANAGEM	ENT OF THE
BUSINESS AFFAIRS OF THE SCHOOL. THE BOARD MAY DELEGATE AD	DITIONAL

DUTIES IN WRITING FROM TIME TO TIME. THE COMMITTEE REPORTS

PERIODICALLY TO THE BOARD AND PERFORMS FUNCTIONS AS DIRECTED BY THE

Schedule O (Form 990 or	990-EZ) (2015)		Page <b>2</b>
Name of the organization	CARLOS ROSARIO	INTERNATIONAL PUBLIC	Employer identification number 52-2157082
	CHARTER SCHOOL	, INC.	52-215/082
BOARD.			

SCHEDULE R (Form 990)	R       Related Organizations and Unrelated Partnerships         ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         ► Attach to Form 990.							
Department of the Treasury Internal Revenue Service		rmation about Schedule R (Form 9		t	-000		Open to I Inspec	Public
Name of the organization	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	) INTERNATIONAL PUB		www.irs.gov/iom	1990.		dentification r	
Part I Identificati	on of Disregarded Entities Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) End-of-year	assets D	<b>(f)</b> Direct controlling entity	
	on of Related Tax-Exempt Organiza	tions Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34 be	cause it had one or	r more related tax	<-exempt	
Nam	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct control entity	Direct controlling	
COMMUNITY CAPITAL 1100 HARVARD STRE WASHINGTON, DC 2	1	PROVIDING AND OPERATING A FACILITY TO HOUSE NON-PROFIT ORGANIZATIONS	DISTRICT OF COLUMBIA	501(C)(3)	11, II I	N/A	103	No X
COMMUNITY CAPITAL	CORPORATION - SONIA - 46-0612061, 1100 HARVARD	TO HOLD TITLE AND DEVELOP PROPERTY FOR EDUCATIONAL USES	DISTRICT OF COLUMBIA	501(C)(2)		COMMUNITY CAP CORPORATION	ITAL X	
	,	-						
		-						

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

### Schedule R (Form 990) 2015 CHARTER SCHOOL, INC.

52-2157082 Page 2

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

	r an	, jour									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partn	<sup>ll or</sup> Percentage <sup>jing</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
	1										
	1	1	1			1		I	1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		or addy		400010		Yes	No
									<u> </u>
									$\square$

### CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Schedule R (Form 990) 2015

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
p	Reimbursement paid to related organization(s) for expenses	1p	x	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		x
	Other transfer of cash or property from related organization(s)	1s		X
	If the appunct a pay of the physics is "Yes, is an the instructions for information on who must complete this line, including covered relationships and transaction thresholds	,		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) COMMUNITY CAPITAL CORPORATION	к	4,898,274.	FMV
(2) COMMUNITY CAPITAL CORPORATION	Q	1,399,939.	FMV
(3) COMMUNITY CAPITAL CORPORATION	0	91,007.	FMV
<u>(4)</u>			
(5)			
_(6)			

Schedule R (Form 990) 2015 CHARTER SCHOOL, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(-)	(1.)		(-1)			(0)	(-)	<i>.</i>		(1)	(1)	(1)
(a)	(b)	(c)	(d)	Are Are partne 501 ( org	e all	(f)	(g)		n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partne	rs sec.	Share of	Share of	Dispi tio	ropor- nate	Code V-UBI	General o managin	Percentage
of entity		(state or foreign	excluded from tax under	org	s.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes No	
												<u> </u>
												1
												ļ
									-			

Schedule R (Form 990) 2015

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

(Rev. January 2014)

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

► X

01

Department of the Treasury Internal Revenue Service

### File a separate application for each return.

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

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing** (*e-file*) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,

	visit	www.irs.gov/efile	and click	on e-file for	Charities 8	Nonprofits
--	-------	-------------------	-----------	---------------	-------------	------------

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.
Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. CARLOS ROSARIO INTERNATIONAL PUBLIC	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	CHARTER SCHOOL, INC.	52-2157082
	Number, street, and room or suite no. If a P.O. box, see instructions. 1100 HARVARD STREET, NW	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

Enter the Return code for the return that this application is for (file a separate application for each return)	

Application		Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	Form 4720 (individual) 03 Form 4720 (other than individual)			09		
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
GERARDO LUNA, CHIEF FINANCIAL OFFICER         • The books are in the care of ▶ 1100 HARVARD ST., NW, SUITE 300 - WASHINGTON, DC 20009         Telephone No. ▶ 202-797-4700       Fax No. ▶         • If the organization does not have an office or place of business in the United States, check this box       ▶ □         • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       If this is for the whole group, check this box         • If this is for part of the group, check this box       ▶ □       and attach a list with the names and EINs of all members the extension is for.         1       I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until       FEBRUARY 15, 2017 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:         □       calendar year or         ○       and ending _JUN 30, 2016						
<ul> <li>If the tax year entered in line 1 is for less than 12 months, check reason:</li> <li>Change in accounting period</li> </ul>						
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less any				
nonrefundable credits. See instructions.			3a	\$	0.	
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069	), enter any	refundable credits and			•	
estimated tax payments made. Include any prior year overp			3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your pa	ayment with	n this form, if required,				
by using EFTPS (Electronic Federal Tax Payment System).	See instruc	tions. 3c \$			Ο.	

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

Form 8879-EO	IRS e-fil for ar	e Signature Au n Exempt Orga	<b>Ithorization</b>	ŀ	OMB No. 1545-1878
	For calendar year 2014, or fiscal year begin	nning JUL 1 . 2014	4, and ending JUN 30 .2	c 15	2014
Department of the Treasury	Do not	send to the IRS. Keep fo	r your records.		2014
Internal Revenue Service	Information about Form 8	879-EO and its instructio	ns is at www.irs.gov/form88)	79eo.	
Name of exempt organization				Employer id	lentification number
CARLOS ROSARI		UBLIC			
CHARTER SCHOOL	L, INC.			52-21	.57082
Name and title of officer GERARDO LUNA CHIEF FINANCI	AL OFFICER	-			
	Return and Return Informa				
on line 1a, 2a, 3a, 4a, or 5	m for which you are using this For a, below, and the amount on that ank (do not enter -0-). But, if you e	line for the return being file	ed with this form was blank, th	nen leave lir	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	► X b Total revenue, i	f any (Form 990, Part VIII, d	column (A), line 12)	16	23,993,033.
2a Form 990-EZ check he			e 9)		
3a Form 1120-POL check	here b Total ta	x (Form 1120-POL, line 22)		36	
4a Form 990-PF check he	ere b Tax based o	on investment income (Fo	orm 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here			Part II, line 8c)		
Part II Declarat	ion and Signature Authori	ization of Officer			
payment. I have selected a	ic payment of taxes to receive con a personal identification number (F electronic funds withdrawal. box only	ndential information neces PN) as my signature for the	ssary to answer inquiries and i organization's electronic retu	resolve issu im and, if a	es related to the pplicable, the
X Lauthorize RU	BINO AND COMPANY,	CHARTERED		to optor m.	PIN 57082
	DINO MAD COMPANY,	ERO firm name		to enter my	Enter five numbers, bi
is being filed wit enter my PIN on	on the organization's tax year 201 h a state agency(ies) regulating ch the return's disclosure consent so	4 electronically filed return parities as part of the IRS F creen.	ed/State program, I also auth	orize the af	do not enter all zeros t a copy of the return orementioned ERO to
indicated within	the organization, I will enter my PII this return that a copy of the return for my PIN on the rational disclosed	n is being filed with a state	rganization's tax year 2014 el a agency(ies) regulating chariti	ectronically ies as part (	filed return. If I have of the IRS Fed/State
Officer's signature			Date ► 5/13.	2016	
Part III Certifica	tion and Authentication				
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identifi	cation			
number (EFIN) followed by	your five-digit self-selected PIN.		52534999999 do not enter all zeros		
confirm that I am submittin	neric entry is my PIN, which is my ig this return in accordance with t	signature on the 2014 elect he requirements of Pub. 4	ctronically filed return for the o 163, Modernized e-File (MeF)	organization Information	n indicated above. I a for Authorized IRS
e-file Providers for			A	_1	
ERO's signature			Date 🕨 🔬 🗍	5/16	
(		Retain This Form <sup>1</sup> - S Form To the IRS Unle	ee Instructions ess Requested To Do S	30	

LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14

000			Return of Organization Exempt F			OMB No. 1545-0047
Form	Form <b>990</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce					<sup>15)</sup> 2014
		he Treasury	Do not enter social security numbers on this form as	•	Open to Public	
	I Revenue		▶ Information about Form 990 and its instructions is ar year, or tax year beginning JUL 1, 2014 and o			Inspection
_				ending J		
B Ch ap	neck if plicable:		organization OS ROSARIO INTERNATIONAL PUBLIC		D Employer identifi	cation number
	Address		TER SCHOOL, INC.			
	change Name				52-2	157082
	change Initial		usiness as and street (or P.O. box if mail is not delivered to street address)	Doom/ouito		
	return  Final		HARVARD STREET, NW	Room/suite		797-4700
	Ireturn/ termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	23,993,033.
	Amended		INGTON, DC 20009		H(a) Is this a group re	
	return  Applica-		address of principal officer: ALLISON KOKKOROS		for subordinates	
	tion pending		AS C ABOVE		H(b) Are all subordinates in	= =
L Ta	ax-exem		$X$ 501(c)(3) $\Box$ 501(c) ( ) ◀ (insert no.) $\Box$ 4947(a)(1) c	or 527		list. (see instructions)
					H(c) Group exemptio	
			X Corporation ☐ Trust ☐ Association ☐ Other ►	L Year		A State of legal domicile: DC
Pa		Summary				etate et tegal definient.
	<b>1</b> Br	rieflv describ	e the organization's mission or most significant activities: $\underline{TO}$ PE	ROVIDE	EDUCATION	FOR ADULT
Governance			NTS IN THE DISTRICT OF COLUMBIA.			
nar	2 CI	heck this bo	if the organization discontinued its operations or disposed	ed of more	than 25% of its net as	sets.
See	3 Nu	umber of vot	ing members of the governing body (Part VI, line 1a)		3	10
ğ	<b>4</b> Nu	umber of ind	ependent voting members of the governing body (Part VI, line 1b)			9
Activities &	<b>5</b> To	otal number o	of individuals employed in calendar year 2014 (Part V, line 2a)			329
Vitie	<b>6</b> To	otal number o	of volunteers (estimate if necessary)		6	250
<b>l</b> cti	<b>7 a</b> To	otal unrelated	business revenue from Part VIII, column (C), line 12			0.
	b Ne	et unrelated	business taxable income from Form 990-T, line 34	<u></u>	7b	0.
					Prior Year	Current Year
e	<b>8</b> Co	ontributions	and grants (Part VIII, line 1h)		20,108,478.	23,381,073.
enu		•	ce revenue (Part VIII, line 2g)		564,122.	588,038.
Revenue			ome (Part VIII, column (A), lines 3, 4, and 7d)		19,023.	23,922.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
-+			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,691,623.	23,993,033.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	142,302.
		•	o or for members (Part IX, column (A), line 4)		12,200,054.	0. 13,759,399.
ŝ			compensation, employee benefits (Part IX, column (A), lines 5-10)		12,200,054.	0.
eus			Indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 3,73		0.	0.
Expense					9,238,697.	9,820,848.
			es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,438,751.	23,722,549.
			expenses. Subtract line 18 from line 12		-747,128.	270,484.
78	13 110	evenue less (			ginning of Current Year	End of Year
Net Assets or Fund Balances	<b>20</b> To	otal assets (F	Part X, line 16)		38,737,578.	39,736,236.
Asse Bal		-	(Part X, line 26)		18,199,969.	18,928,143.
Net			und balances. Subtract line 21 from line 20		20,537,609.	20,808,093.
		Signature				
Unde	r penaltie	es of perjury, l	declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is
	•		Declaration of preparer (other than officer) is based on all information of wh			·

Sign	Signature of officer		Date					
Here	▶ GERARDO LUNA, CHIEF FINANCIAL OFFICER							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature Date	Check PTIN					
Paid	PATRICIA A. O'MALLEY, CPA		self-employed P00285909					
Preparer	Firm's name 🕒 RUBINO AND COMPA	NY, CHARTERED	Firm's EIN <b>52-1186096</b>					
Use Only	Firm's address 🖕 6903 ROCKLEDGE D	RIVE, SUITE 1200						
	BETHESDA, MD 20817-1818 Phone no. 301-564-3636							
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							
432001 11-0	432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)							

	CARLOS ROSARIO INTERNATIONAL PUBLIC		
	990 (2014) CHARTER SCHOOL, INC.	<u>52-2157082</u> Ра	age <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO PROVIDE EDUCATIONAL OPPORTUNITIES TO THE ADULT IMM		
	OF THE DISTRICT OF COLUMBIA, TO COMBAT THE CYCLE OF E		
	FAILURE AND LIMITED OPPORTUNITY AND TO PREPARE THESE		
	BECOME CITIZENS AND INVESTED MEMBERS OF THE AMERICAN		
2	Did the organization undertake any significant program services during the year which were not listed on	BOCIEII.	
2		Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	No
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	as as massured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	• •	
	revenue, if any, for each program service reported.	o others, the total expenses, and	
4a	20 426 524 142 202	(Revenue \$ 588,038	8 )
44	(Code:) (Expenses \$20,426,524• including grants of \$142,302• ) PROVIDED EDUCATION THAT PREPARED THE DIVERSE IMMIGRAN		)
	WASHINGTON, DC TO BECOME PRODUCTIVE CITIZENS AND MEMB		
	AMERICAN SOCIETY WHO ULTIMATELY GIVE BACK TO FAMILY A		F
	SCHOOL OFFERS CLASSES TO ADULTS IN SUBJECTS INCLUDING		
	CITIZENSHIP, GED PREPARATION, COMPUTER LITERACY, AND		
	THE SCHOOL'S ENROLLMENT FOR THE SCHOOL YEAR WAS APPRO		
	STUDENTS FOR THE 2014-2015 SCHOOL YEAR.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ►     20,426,524.	Form <b>990</b> (	(0014)

### CARLOS ROSARIO INTERNATIONAL PUBLIC Form 990 (2014) CHARTER SCHOOL, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

	990 (2014) CHARTER SCHOOL, INC. 52-215	57082	Р	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
~~	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		x	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		<u> </u>
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		х	
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Λ	<u> </u>
240				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization minest any proceeds of taxexempt bonds beyond a temporary period exception?	. 240		<u> </u>
U	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28b</b>		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			XX
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	. 29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.1		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	. 00		
34	Part V, line 1	34	x	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X	
	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		x
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		x
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?			
-	Note. All Form 990 filers are required to complete Schedule O	. 38	х	1
				(2014)

Form (2014)

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC
CHARTER	SCHOOL,	, INC.	

Pa	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	e gaming				
	(gambling) winnings to prize winners?			1c	Х		
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	329				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority	/ over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)	?	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 Ac	ccounts	; (FBAR).				
5a				5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					X	
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-					
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution						
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а						X	
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa						
	to file Form 8282?	I I		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g			
h				7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
•	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.			0			
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
				9b			
10	Section 501(c)(7) organizations. Enter:	10a					
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a					
11	Section 501(c)(12) organizations. Enter:						
'' a		11a					
b							
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · ·		12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
a				13a	1		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
с	Enter the amount of reserves on hand	13c					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an evolution in Schedule	<u>-</u>		14b			

Form 990 (2014)

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Form 990 (2014)

### 52-2157082 Page 6

X

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

Sec	tion A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> <u>1</u> (	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6 7-	Did the organization have members or stockholders?	6		
7a		7-		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>7a</u>		
b		76		х
ø	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		- 21
8	The governing body?	80	х	
a b		8a 8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal neverule code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE			
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wailabl		
18	for public inspection. Indicate how you made these available. Check all that apply.	ivaliaDl	5	
19	□ Own website □ Another's website □ Upon request □ Other <i>(explain in Schedule O)</i> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
15	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC	
CHARTER	SCHOOL .	INC.		

Form 990 (		CHARTER					52-2
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independe	ent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title         Average hours per verse	(A)	(B)	l						(D)	(E)	(F)
hour per week (list ary least and a mount of organizations line)         hour per mount of the organizations line)         compensation and related organizations line)         compensation and related organizations line)         amount of other compensation from the organizations line)         amount of other compensation from the organizations         amount of other compensation from the organizations           (1) BO PHAM         3.000         X         0.         0.         0.         0.           (2) BRAHIM RANI         3.000         X         X         0.         0.         0.           (3) HECTOR J, TORRES         3.000         X         X         0.         0.         0.           (4) JAMES MOORE         3.000         X         X         0.         0.         0.           (5) LEA N, ZEFEDA         3.000         X         X         0.         0.         0.           (6) MARGARET YAO         3.000         X         X         0.         0.         0.           (7) NUDIA FEEL, ESC.         3.000         X         X         0.         0.         0.           (9) SORIA GUTIERREZ         30.00         X         X         0.         0.         0.           (11) TED KAVALETI         30.00         X         X         0.         0.					Pos	ition					
Under and a directivitation (list ary particular)         Under and a directivitation (list ary particular)         Inon a directivitation (m2/1099-MISC)         Inon and related organizations (M2/1099-MISC)         Inon and related organizations (M2/1099-MISC)         Inon and related organizations (M2/1099-MISC)         Inon and related organizations           (1) BO PHAM         3.00 (2) BRAHIM RANI         3.00 (2) BRAHIM RANI         X         0.         0.         0.           (3) HECTOR J, TORRES         3.00 (3) HECTOR J, TORRES         X         X         0.         0.         0.           BOARD MEMBER         3.00 (3) HECTOR J, TORRES         3.00 (4) JAMEES MOORE         X         X         0.         0.         0.           BOARD MEMBER         3.00 (5) LEA M, ZEPEDA         3.00 (5) MARGARET YAO         X         0.         0.         0.           (6) MARGARET YAO         3.00 (7) MYDIA PEEL, ES0.         3.00 (10) TEE KAVALENI         X         0.         0.         0.           (10) TEE KAVALENI         3.000 (10) TEE KAVALENI         X         0.         0.         0.         0.           (11) ALLISON KORKOROS         41.00 (11) ALLISON KORKOROS         41.00 (11) ALLISON KORKOROS         41.00 (11) ALLISON KORKOROS         149,650.         54,687.         180,869.           (111) ALLISON KORKOROS         41.00 (12) SERAUTING O	Name and The								1 .		
Itis any hours for genizations pelow line)         and by genization pelow line)         and genization genization (w2/1099-MISC)         compensations (w2/1099-MISC)         compensations (w2/1099-MISC)         compensations (w2/1099-MISC)           (1) BO PHAM         3.00         X         0         0.         0.           (2) BRAHTH RANT         3.00         X         X         0.         0.         0.           (3) BECTOR J. TORRES         3.00         X         X         0.         0.         0.           (4) JAMES MOORE         3.00         X         X         0.         0.         0.           (5) LEA M. ZEPEDA         3.00         X         X         0.         0.         0.           (6) MABGRER         X         0.         0.         0.         0.         0.           (7) TNDIA FEEL, ESO.         3.000         X         X         0.         0.         0.           (9) SONIA GUTTEREZ         30.00         X         X         0.         0.         0.           (10) TDG KAVALERI         3.000         X         X         0.         0.         0.           (11) TDG KAVALERI         3.000         X         X         0.         0.         0.											
(1)         BO FHAM         3.00         X         0.         0.         0.         0.           BOARD MEMBER         3.00         X         X         0.         0.         0.         0.         0.           VICE-CHAIR         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			ctor								
(1)         BO FHAM         3.00         X         0.         0.         0.         0.           BOARD MEMBER         3.00         X         X         0.         0.         0.         0.         0.           VICE-CHAIR         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		hours for	r dire				eq		organization	(W-2/1099-MISC)	from the
(1)         BO FHAM         3.00         X         0.         0.         0.         0.           BOARD MEMBER         3.00         X         X         0.         0.         0.         0.         0.           VICE-CHAIR         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
(1)         BO FHAM         3.00         X         0.         0.         0.         0.           BOARD MEMBER         3.00         X         X         0.         0.         0.         0.         0.           VICE-CHAIR         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			al trus	nal tr		loyee	e comp				
(1)         BO FHAM         3.00         X         0.         0.         0.         0.           BOARD MEMBER         3.00         X         X         0.         0.         0.         0.         0.           VICE-CHAIR         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.           GARD MEMBER         3.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			ividua	titutic	icer	/ emp	hest	mer			organizations
BOARD MEMBER         X         0.         0.         0.         0.           (2) BRAILM RAWI         3.00         X         X         0.         0.         0.           (3) HECTOR J. TORRES         3.00         X         X         0.         0.         0.           (3) HECTOR J. TORRES         3.00         X         0.         0.         0.         0.           (4) JAMES MOORE         3.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           (5) LEA M. ZEPEDA         3.00         X         X         0.         0.         0.           SECENTARY         X         X         0.         0.         0.         0.           (7) NYDIA PEEL, ESQ.         3.00         X         X         0.         0.         0.           BOARD MEMBER         X         X         0.         0.         0.         0.         0.           (9) SONIA GUTIERREZ         30.00         X         X         0.         0.         0.           (10) TED KAVALERI         30.00         X         X         0.         0.         <		,	Ind	Ins	Off	Key	en Hig	For			
(2)         ERAHIM RAWI         3.00         X         X         X         0.         0.         0.           (3)         HECTOR J. TORRES         3.00         X         0.         0.         0.         0.           (3)         HECTOR J. TORRES         3.00         X         0.         0.         0.         0.           (3)         HECTOR J. TORRES         3.00         X         0.         0.         0.         0.           (4)         JAMES MOORE         3.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (6)         MARGARET YAO         3.00         X         X         0.         0.         0.         0.           (7)         NYDIA PEEL, ESQ.         3.000         X         X         0.         0.         0.         0.           (8)         PATRICIA SOSA         3.000         X         X         0.         0.         0.         0.           (10)         TERCA		3.00									
VICE-CHAIR         X         X         X         0.         0.         0.           GOARD MEMBER         X         X         0.         0.         0.         0.           BOARD MEMBER         X         X         0.         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           C(1) JARSE MOORE         3.00         X         X         0.         0.         0.           BOARD MEMBER         X         X         0.         0.         0.         0.           BOARD MEMBER         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           (7) NYDIA PEEL, ESO.         3.000         X         X         0.         0.         0.           (8) PATRICIA SOSA         3.000         X         X         0.         0.         0.           (9) SONIA GUTIERREZ         30.00         X         X         0.         0.         0.           (10) TED KAVALERI         3.000         X         149,650.         54,687.         180,869.			Х						0.	0.	0.
(3) HECTOR J. TORRES       3.00       X       0.       0.       0.         BOARD MEMBER       3.00       X       0.       0.       0.       0.         (4) JAMES MORE       3.00       X       0.       0.       0.       0.         TRBAURER       X       X       0.       0.       0.       0.         (5) LEA N. ZEPEDA       3.00       X       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         SECRETARY       3.00       X       0.       0.       0.       0.       0.         (6) MARGARET YAO       3.00       X       0.       0.       0.       0.       0.         SECRETARY       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td< td=""><td>(2) BRAHIM RAWI</td><td>3.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(2) BRAHIM RAWI	3.00									
BOARD MEMBER         X         0.         0.         0.         0.           (4) JAMES MOORE         3.00         X         X         0.         0.         0.           TRBASURER         X         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           SECRETARY         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           CHAIR         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td></td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х		Х				0.	0.	0.
(4) JAMES MOORE       3.00       X       X       0.       0.       0.         (5) LEA M. ZEPEDA       3.00       X       X       0.       0.       0.       0.         (5) LEA M. ZEPEDA       3.00       X       X       0.       0.       0.       0.         (6) MARGARET YAO       3.00       X       X       0.       0.       0.       0.         SECEPTARY       X       X       0.       0.       0.       0.       0.         (7) NYDIA PEEL, ESQ.       3.00       X       0.       0.       0.       0.       0.         (8) PATRICIA SOSA       3.00       X       X       0.       0.       0.       0.         (9) SONIA GUTIERREZ       30.00       X       149,650.       54,687.       180,869.         (10) TED KAVALERI       3.00       X       149,650.       54,687.       180,869.         (11) ALISON KOKKOROS       41.00       X       0.       0.       0.       0.         EKECUTIVE DIRECTOR/CEO       2.00       X       183,905.       0.       64,252.       (12,011,41,321.       12,915.         (11) ALISON KOKKOROS       41.00       X       98,611. <t< td=""><td>(3) HECTOR J. TORRES</td><td>3.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(3) HECTOR J. TORRES	3.00									
TREASURER         X         X         X         X         0.         0.         0.           G5)         LEA M. ZEPEDA         3.00         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         X         0.         0.         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           (6)         MARARET YAO         3.00         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.         0.           (7)         NYDLA PEEL, ESQ.         3.00         X         0.         0.         0.         0.           (8)         PATRICIA SOSA         3.00         X         X         0.         0.         0.           (9)         SONIA GUTIERREZ         30.00         X         149,650.         54,687.         180,869.           (10)         TED KAVALERI         30.00         X         0.         0.         0.         0.           (11) ALLISON KOKKOROS         41.00         X         0.	BOARD MEMBER		Х						0.	0.	0.
(5)       LEA M. ZEPEDA       3.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (6)       MARGARET YAO       3.00       X       X       0.       0.       0.         SECRETARY       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td< td=""><td>(4) JAMES MOORE</td><td>3.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(4) JAMES MOORE	3.00									
BOARD MEMBER         X         0.         0.         0.         0.           (6) MARGARET YAO         3.00         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           (7) NYDIA PEEL, ESQ.         3.00         X         X         0.         0.         0.           (8) PATRICIA SOSA         3.00         X         X         0.         0.         0.           (9) SONIA GUTIERREZ         30.00         X         149,650.         54,687.         180,869.           (10) TED KAVALERI         3.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.           (10) TED KAVALERI         3.00         X         143,905.         0.         64,252.           (11) ALLISON KOKOROS         41.00         X         183,905.         0.         64,252.           (12) CANDIDA HERNANDEZ         34.00         X         128,125.         32,031.         102,915.           (13) GERARDO LUNA         37.00         X         98,611.         14,321.         12,919.           (14) GUSTAVO VITERI	TREASURER		Х		Х				0.	0.	0.
(6) MARGARET YAO       3.00       X       X       X       0.       0.       0.         SECRETARY       X       X       X       0.       0.       0.       0.         (7) NYDIA PEEL, ESQ.       3.00       X       X       0.       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.       0.         (8) PATRICIA SOSA       3.00       X       X       0.       0.       0.       0.         (9) SONIA GUTIERREZ       30.00       X       149,650.       54,687.       180,869.         (10) TED KAVALERI       3.00       X       0.       0.       0.       0.         BOARD MEMBER       3.00       X       0.       0.       0.       0.       0.         (11) TED KAVALERI       3.00       X       183,905.       0.       64,252.       0.       64,252.       0.       128,125.       32,031.       102,915.         (12) CANDIDA HERNANDEZ       34.00       X       128,125.       32,031.       102,915.       0.       64,252.         (13) GERARDO LUNA       9.00       X       98,611.       14,321.       12,919.       0.	(5) LEA M. ZEPEDA	3.00									
SECRETARY         X         X         X         X         0.         0.         0.           (7)         NYDIA PEEL, ESQ.         3.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (8)         PATRICIA SOSA         3.00         X         X         0.         0.         0.           (9)         SONIA GUTIERREZ         30.00         X         X         0.         0.         0.           (10)         TED KAVALERI         3.00         X         149,650.         54,687.         180,869.           (11)         ALLISON KOKKOROS         41.00         X         0.         0.         0.           EXECUTIVE DIRECTOR/CEO         2.00         X         183,905.         0.         64,252.           (12)         CANDIA HERNANDEZ         34.00         X         128,125.         32,031.         102,915.           (13)         GERARDO LUNA         37.00         X         98,611.         14,321.         12,919.           (14)         GUSTAVO VITERI         30.00         X         99,802.         33,268.         14,254.      <	BOARD MEMBER		Х						0.	0.	0.
(7) NYDIA PEEL, ESQ.       3.00       X       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.         (8) PATRICIA SOSA       3.00       X       X       0.       0.       0.       0.         (9) SONIA GUTIERREZ       30.00       X       149,650.       54,687.       180,869.         (10) TED KAVALERI       3.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (10) TED KAVALERI       3.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(6) MARGARET YAO	3.00									
BOARD MEMBER         X         0.         0.         0.         0.           (8) PATRICIA SOSA         3.00         X         X         X         0.         0.         0.           (9) SONIA GUTIERREZ         30.00         X         149,650.         54,687.         180,869.           (10) TED KAVALERI         3.00         X         149,650.         54,687.         180,869.           (11) TED KAVALERI         3.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (11) TED KAVALERI         3.00         X         183,905.         0.         64,252.           (12) CANDIDA HERNANDEZ         34.00         X         128,125.         32,031.         102,915.           (13) GERARDO LUNA         37.00         X         98,611.         14,321.         12,919.           (14) GUSTAVO VITERI         30.00         X         99,802.         33,268.         14,254.           (15) JOHN RYAN MONROE         40.00         X         129,103.         0.         13,863.           (16) JORE DELGADO         40.00         X         109,210.         0.	SECRETARY		Х		Х				0.	0.	0.
(8) PATRICIA SOSA       3.00       X       X       X       0.       0.       0.         (9) SONIA GUTIERREZ       30.00       X       149,650.       54,687.       180,869.         (10) TED KAVALERI       3.00       X       149,650.       54,687.       180,869.         BOARD MEMBER       3.00       X       0.       0.       0.       0.         BOARD MEMBER       3.00       X       0.       0.       0.       0.         BOARD MEMBER       3.00       X       0.       0.       0.       0.       0.         (11) ALLISON KOKKOROS       41.00       X       183,905.       0.       64,252.       0.       64,252.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(7) NYDIA PEEL, ESQ.	3.00									
CHAIR       X       X       X       X       0.       0.       0.         (9) SONIA GUTIERREZ       30.00       13.00       X       149,650.       54,687.       180,869.         (10) TED KAVALERI       3.00       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (11) ALLISON KOKKOROS       41.00       X       0.       0.       0.       0.       0.         EXECUTIVE DIRECTOR/CEO       2.00       X       183,905.       0.       64,252.         (12) CANDIDA HERNANDEZ       34.00       X       128,125.       32,031.       102,915.         (13) GERARDO LUNA       37.00       X       98,611.       14,321.       12,919.         (14) GUSTAVO VITERI       30.00       X       99,802.       33,268.       14,254.         (15) JORN RYAN MONROE       40.00       X       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       X       109,210.       0.       5,727.         (17) KAREN CLAY       40.00       X       109,210.       0.       5,727.	BOARD MEMBER		Х						0.	0.	0.
(9) SONIA GUTIERREZ       30.00       13.00       149,650.       54,687.       180,869.         (10) TED KAVALERI       3.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (11) ALLISON KOKKOROS       41.00       X       183,905.       0.       64,252.         (12) CANDIDA HERNANDEZ       34.00       X       128,125.       32,031.       102,915.         (13) GERARDO LUNA       37.00       X       98,611.       14,321.       12,919.         (14) GUSTAVO VITERI       30.00       X       99,802.       33,268.       14,254.         (15) JOHN RYAN MONROE       40.00       X       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       X       109,210.       0.       5,727.	(8) PATRICIA SOSA	3.00									
MEMBER EX-OFFICIO         13.00         X         149,650.         54,687.         180,869.           (10) TED KAVALERI         3.00         0.0.0.         0.0.0.         0.0.0.           BOARD MEMBER         X         0.0.0.0.         0.0.0.         0.0.0.           (11) ALLISON KOKKOROS         41.00         X         183,905.0.64,252.         0.64,252.           (12) CANDIDA HERNANDEZ         34.00         X         128,125.32,031.102,915.         0.0.915.           (13) GERARDO LUNA         37.00         X         98,611.14,321.12,919.         0.0.916.           (14) GUSTAVO VITERI         30.00         X         99,802.33,268.14,254.         0.13,863.           (15) JOHN RYAN MONROE         40.00         X         129,103.0.13,863.         0.13,863.           (16) JORGE DELGADO         40.00         X         109,210.0.0.5,727.         0.5,727.	CHAIR		Х		Х				0.	0.	0.
(10) TED KAVALERI       3.00       0.0.0.         BOARD MEMBER       X       0.0.0.0.         (11) ALLISON KOKKOROS       41.00       X       183,905.0.64,252.         (12) CANDIDA HERNANDEZ       34.00       X       128,125.32,031.102,915.         (13) GERARDO LUNA       37.00       X       98,611.14,321.12,919.         (14) GUSTAVO VITERI       30.00       X       99,802.33,268.14,254.         (15) JOHN RYAN MONROE       40.00       X       129,103.0.13,863.         (16) JORGE DELGADO       40.00       X       109,210.0.5,727.	(9) SONIA GUTIERREZ	30.00									
BOARD MEMBER         X         0.         0.         0.         0.           (11) ALLISON KOKKOROS         41.00         X         183,905.         0.         64,252.           (12) CANDIDA HERNANDEZ         34.00         X         128,125.         32,031.         102,915.           (13) GERARDO LUNA         37.00         X         98,611.         14,321.         12,919.           (14) GUSTAVO VITERI         30.00         X         99,802.         33,268.         14,254.           (15) JOHN RYAN MONROE         40.00         X         129,103.         0.         13,863.           (16) JORGE DELGADO         40.00         X         109,210.         0.         5,727.	MEMBER EX-OFFICIO	13.00	Х						149,650.	54,687.	180,869.
(11) ALLISON KOKKOROS       41.00       x       183,905.       0.64,252.         (12) CANDIDA HERNANDEZ       34.00       x       128,125.       32,031.       102,915.         (13) GERARDO LUNA       37.00       x       98,611.       14,321.       12,919.         (14) GUSTAVO VITERI       30.00       x       99,802.       33,268.       14,254.         (15) JOHN RYAN MONROE       40.00       x       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       x       109,210.       0.       5,727.	(10) TED KAVALERI	3.00									
EXECUTIVE DIRECTOR/CEO       2.00       X       183,905.       0.       64,252.         (12) CANDIDA HERNANDEZ       34.00       X       128,125.       32,031.       102,915.         CHIEF OPERATING OFFICER       9.00       X       128,125.       32,031.       102,915.         (13) GERARDO LUNA       37.00       X       98,611.       14,321.       12,919.         (14) GUSTAVO VITERI       30.00       X       99,802.       33,268.       14,254.         (15) JOHN RYAN MONROE       40.00       X       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       X       109,210.       0.       5,727.         (17) KAREN CLAY       40.00       X       109,210.       0.       5,727.	BOARD MEMBER		Х						0.	0.	0.
(12) CANDIDA HERNANDEZ       34.00       X       128,125.       32,031.       102,915.         (13) GERARDO LUNA       37.00       X       98,611.       14,321.       12,919.         (14) GUSTAVO VITERI       30.00       X       99,802.       33,268.       14,254.         (15) JOHN RYAN MONROE       40.00       X       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       X       109,210.       0.       5,727.         (17) KAREN CLAY       40.00       X       109,210.       0.       5,727.	(11) ALLISON KOKKOROS	41.00									
CHIEF OPERATING OFFICER       9.00       X       128,125.       32,031.       102,915.         (13) GERARDO LUNA       37.00       X       98,611.       14,321.       12,919.         CHIEF FINANCIAL OFFICER       6.00       X       98,611.       14,321.       12,919.         (14) GUSTAVO VITERI       30.00       X       99,802.       33,268.       14,254.         CHIEF TECHNOLOGY OFFICER       10.00       X       99,802.       33,268.       14,254.         (15) JOHN RYAN MONROE       40.00       X       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       X       109,210.       0.       5,727.         (17) KAREN CLAY       40.00       X       109,210.       0.       5,727.	EXECUTIVE DIRECTOR/CEO	2.00			Х				183,905.	0.	64,252.
(13) GERARDO LUNA       37.00       X       98,611.       14,321.       12,919.         (14) GUSTAVO VITERI       30.00       X       99,802.       33,268.       14,254.         (15) JOHN RYAN MONROE       40.00       X       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       X       109,210.       0.       5,727.         (17) KAREN CLAY       40.00       X       109,210.       0.       5,727.	(12) CANDIDA HERNANDEZ	34.00									
(13) GERARDO LUNA       37.00       X       98,611.       14,321.       12,919.         (14) GUSTAVO VITERI       30.00       X       99,802.       33,268.       14,254.         (15) JOHN RYAN MONROE       40.00       X       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       X       109,210.       0.       5,727.         (17) KAREN CLAY       40.00       X       109,210.       0.       5,727.	CHIEF OPERATING OFFICER	9.00			Х				128,125.	32,031.	102,915.
(14) GUSTAVO VITERI       30.00       X       99,802.       33,268.       14,254.         (15) JOHN RYAN MONROE       40.00       X       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       X       109,210.       0.       5,727.         (17) KAREN CLAY       40.00       X       109,210.       0.       5,727.	(13) GERARDO LUNA	37.00									
(14) GUSTAVO VITERI       30.00       X       99,802.       33,268.       14,254.         CHIEF TECHNOLOGY OFFICER       10.00       X       99,802.       33,268.       14,254.         (15) JOHN RYAN MONROE       40.00       X       129,103.       0.       13,863.         CHIEF ACADEMIC OFFICER       X       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       X       109,210.       0.       5,727.         (17) KAREN CLAY       40.00       I       I       I       I	CHIEF FINANCIAL OFFICER	6.00			Х				98,611.	14,321.	12,919.
(15) JOHN RYAN MONROE       40.00       X       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       X       109,210.       0.       5,727.         (17) KAREN CLAY       40.00       40.00       0       0.       5,727.	(14) GUSTAVO VITERI	30.00									
(15) JOHN RYAN MONROE       40.00       X       129,103.       0.       13,863.         (16) JORGE DELGADO       40.00       X       109,210.       0.       5,727.         (17) KAREN CLAY       40.00       40.00       0       0.       5,727.	CHIEF TECHNOLOGY OFFICER	10.00					X		99,802.	33,268.	14,254.
(16) JORGE DELGADO       40.00       X       109,210.       0.5,727.         (17) KAREN CLAY       40.00        109,210.       5,727.	(15) JOHN RYAN MONROE	40.00									
(16) JORGE DELGADO     40.00     X     109,210.     5,727.       PRINCIPAL     40.00     40.00     40.00     40.00     40.00	CHIEF ACADEMIC OFFICER						X		129,103.	0.	13,863.
PRINCIPAL         X         109,210.         0.         5,727.           (17) KAREN CLAY         40.00               5,727.	(16) JORGE DELGADO	40.00									
(17) KAREN CLAY 40.00	PRINCIPAL		1				X		109,210.	0.	5,727.
	(17) KAREN CLAY	40.00									
	DIRECTOR OF IT		1				X		113,241.	0.	12,934.

CARLOS RC					TI	ON	AI	L PUBLIC	52-21	570	02	De	
Form 990 (2014) CHARTER S					J Ц:,	a la a a		Semmeneeted Employee		570	04	Pa	age <b>8</b>
(A) Name and title	(B) Average hours per week	(do box	not c , unle	(C Pos heck ss per	C) itior more rson i		one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) imate ount c	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(		comp fro orga and		e on ed
(18) SHARON PAN	40.00												
ASSISTANT PRINCIPAL						X		115,647.		0.	8	,26	50.
		-											
										_			
		-											
1b Sub-total								1,127,294.	134,30	7.	415	.99	93.
c Total from continuation sheets to Part VI								0.		0.			0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not address the second secon</li></ul>								1, 127, 294.	134,30	7.	415	,99	13.
compensation from the organization		1056	IISLE	uat	000	<i>;)</i> wi		eceived more than \$100,					7
											`	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	,		'					0					v
<ul><li>line 1a? If "Yes," complete Schedule J for st</li><li>For any individual listed on line 1a, is the su</li></ul>										-	3		X
and related organizations greater than \$150	•		•					•	•	- 1	4	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? <i>If "Yes," com</i>	plete Schedule	e J fe	or sı	ich i	oers	on					5		Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mnensated inc	lono	nde	nt co	ontre	acto	re t	hat received more than 4	100 000 of comp	encati	on fror	m	
the organization. Report compensation for t										Jilbath			
(A)				0				(B)			(C)		
Name and business								Description of s	ervices	Co	mpen	satior	1
US SECURITY ASSOCIATES, I PO BOX 931703, ATLANTA, G								SECURITY SER	VICES		464	, 29	99.
PROACTIVE SCHOOL, INC. 11419 PURPLE BEECH DRIVE,	RESTON		VΔ	2	01	91		SEE SCHEDULE	0		119	10	)5.
		/			<u> </u>	<u> </u>			<b>.</b>			/ = 0	
2 Total number of independent contractors (ir	ncluding but n	ot lin	nited	d to	thos	se lis	ted	l above) who received me	ore than				

### CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Form	1 990 (i	(2014) CHART	ER SCHOO		ATTOWAL POP		52-215	7082 Page 9
Pa	rt VII							
		Check if Schedule O conta	ains a response	or note to any line	(A) (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines 1 <b>Total.</b> Add lines 1a-1f	1b           1c           1d           ons)         1e           is, and         If           la-1f: \$	► Business Code	23,381,073.			
Program Service Revenue	2 a b c d e	MANAGEMENT FEES		900099 900099 900099	389,900. 138,138. 60,000.	389,900. 138,138. 60,000.		
Pro	•	All other program service rever Total. Add lines 2a-2f			588,038.			
	3 4 5	Investment income (including o other similar amounts) Income from investment of tax Royalties	dividends, intere	est, and ► roceeds ►	23,922.			23,922
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
enue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising including \$	g events (not	▶ 				
Other Revenue	с	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming ac	a b raising events					
	b c	Part IV, line 19 Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less i	a b b ing activities					
	b	and allowances Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue	a b b s of inventory					
	11 a b c d e 12	All other revenue			23,993,033.	588,038.	0	. 23,922

## CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

52-2157082 Page 10

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses **(D)** Fundraising (C) Management and general expenses (A) Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 111,226. 111,226. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 31,076. 31,076. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 475,603. 475,603. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 10,318,860. 9,251,646. 1,067,214. 7 8 Pension plan accruals and contributions (include 649,240. 446,140. 203,100. section 401(k) and 403(b) employer contributions) 1,495,613. 1,318,948. 176,665. Other employee benefits 9 820,083. 724,991. 95,092. 10 Payroll taxes 11 Fees for services (non-employees): а Management 24,523. 24,523. b Legal 215,678. 94,672. 121,006. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, α 72,658. 156,218. 82,932. 628. column (A) amount, list line 11g expenses on Sch 0.) 46,393. 4,955. 41,438. Advertising and promotion 12 752,989. 645,877. 104,188. 2,924. 13 Office expenses 430,305. 421,214. 9,091. 14 Information technology Royalties 15 5,016,772. 585,588. 4,431,002. 182. 16 Occupancy 183,667. 165,055. 18,607. 5. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 34,820. 24,142. 10,678. Conferences, conventions, and meetings 19 647. 1,907. 1,260. 20 Interest Payments to affiliates 21 1,985,225. 230,196. 1,755,029. Depreciation, depletion, and amortization 22 189,591. 168,036. 21,555. 23 Insurance

374,370.

228,497.

131,114.

48,779.

374,370.

202,002.

130,752.

20,426,524.

41,199.

26,495.

7,580.

3,292,286.

362.

Other expenses. Itemize expenses not covered

DIRECT STUDENT COSTS

STUDENT ACTIVITIES

e All other expenses

DC CHARTER SCHOOL FEE

d DUES & MEMBERSHIP FEES

above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

24

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h

С

25

26

Form 990 (2014)

Form 990 (2014)

3,739.

432011 11-07-14

Form 990 (2014)

Part X Balance Sheet

						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Ca	Cash - no	on-interest-bearing				6,812.	1	7,100.
Sa	Savinos a	and temporary cash investmen	nts		····  -	10,251,932.	2	11,838,169.
		and grants receivable, net					3	97,505.
		ts receivable, net				6,785.		0.
		nd other receivables from curre			····	•		
		, key employees, and highest co		, ,	- 1			
					- F		5	
Lo	Loans an	nd other receivables from other						
		4958(f)(1)), persons described ir		-				
em	employer	ers and sponsoring organization	is of section 50 <sup>-</sup>	I (c)(9) voluntary				
em	employee	ees' beneficiary organizations (se	ee instr). Comp	ete Part II of Sch L			6	
No	Notes and	nd loans receivable, net			[		7	
Inv	Inventorie	ies for sale or use		[		8		
		expenses and deferred charges				255,033.	9	366,971.
<b>a</b> Lai	a Land, bui	uildings, and equipment: cost o	r other		- 1			
ba	basis. Co	omplete Part VI of Schedule D	10a	30,756,25				
b Les	b Less: acc	cumulated depreciation	10b	8,544,90	5.	23,397,738.	10c	22,211,347.
		ents - publicly traded securities			L		11	1,570,324.
Inv	Investme	ents - other securities. See Part	IV, line 11		L	3,036,000.	12	3,048,000.
Inv	Investme	ents - program-related. See Part	t IV, line 11	L		13		
		le assets					14	
Oth	Other ass	ssets. See Part IV, line 11				1,783,278.	15	596,820.
		<b>ssets.</b> Add lines 1 through 15 (n				38,737,578.	16	39,736,236.
		ts payable and accrued expense				2,318,973.	17	3,239,845.
		bayable				18	22.211	
		d revenue			28,940.		33,311.	
		mpt bond liabilities					20	
		or custodial account liability. Co					21	
		nd other payables to current an			- 1			
		oloyees, highest compensated e			- 1			
		te Part II of Schedule L			····  -		22	
		I mortgages and notes payable		-	····  -		23	
		red notes and loans payable to			····  -		24	
		abilities (including federal incom						
		and other liabilities not included				15 852 056	05	15 654 987
	Schedule	le D Ibilities. Add lines 17 through 2			···  -	<u>15,852,056.</u> 18,199,969.		<u>15,654,987.</u> 18,928,143.
		ations that follow SFAS 117 (A		k horo 🕨 🗴 an		10,100,000	20	10,520,145.
		te lines 27 through 29, and line						
				- 1	20,537,609.	27	20,674,237.	
Unrestricted net assets Temporarily restricted net assets						0.	28	133,856.
	•				Г		29	
		· ····			ΞF		20	
					-			
		•	nt funds		- 1		30	
<ol> <li>Paid-in or capital surplus, or land, building, or equipment fund</li> <li>Retained earnings, endowment, accumulated income, or other funds</li> </ol>							32	
			•			20,537,609.		20,808,093.
								39,736,236.
an Ca Pa Re Tot	and com Capital st Paid-in or Retained Total net	ations that do not follow SFAS nplete lines 30 through 34. stock or trust principal, or current or capital surplus, or land, buildi d earnings, endowment, accument t assets or fund balances bilities and net assets/fund bala	nt funds ing, or equipme ulated income,	nt fund or other funds	···· -	20,537,609. 38,737,578.	30 31 32 33 34	

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

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

52-2157082 Page 11

Form 990 (2014)

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CARLOS	ROSARIO	INTERNATIONAL	PUBLIC
	aattoot	THA	

Form	990 (2014) CHARTER SCHOOL, INC.	52-2	2157082	Pag	ge 12
Par	t 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	23,993		
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,722		
3	Revenue less expenses. Subtract line 2 from line 1	3	270	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,537	,60	09.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	20,808	3,09	93.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				I
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2014)

SCHEE	DULE A		Dublic Cha	rity Status on		die Su	nnort		OMB No. 1545-0047		
(Form 99	90 or 990-EZ)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section								
			• •	17(a)(1) nonexempt cha					2014		
Department of Internal Reve	of the Treasury nue Service	Information	•	Attach to Form 990 or F					Open to Public Inspection		
Name of	the organization			Form 990 or 990-EZ) and i INTERNATION			ww.irs.gov/to		identification number		
			TER SCHOOL					• •	2-2157082		
Part I	Reason			All organizations must co	omplete th	is part.) Se	e instructions				
The organ	nization is not a	private found	ation because it is: (F	or lines 1 through 11, c	heck only	one box.)					
1	A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	)(A)(i).				
2 X	A school desc	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (/	Attach Schedule E.)							
3 🔛	A hospital or	a cooperative	hospital service orga	nization described in s	ection 170	)(b)(1)(A)(iii	).				
4		-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
	city, and state	-		1				- 14 - el - e - e - 11e - e	-1 1-		
5 📖	0	•		lege or university owned	or operat	ed by a go	vernmental u	nit describe	a in		
6	-		Complete Part II.)	nental unit described in	coction 17	70(6)(1)(1)					
7				ntial part of its support fi				e general n	whic described in		
•	•		omplete Part II.)	that part of its support if	ioni a gove			ie general p			
8	-			1)(A)(vi). (Complete Par	t II.)						
9	-			than 33 1/3% of its sup	-	contributior	ns, membersł	nip fees, and	d gross receipts from		
	activities relat	ed to its exen	npt functions - subject	t to certain exceptions,	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment		
	income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acquir	ed by the org	anization a	fter June 30, 1975.		
	See section &	5 <b>09(a)(2).</b> (Co	mplete Part III.)								
10	-	-	-	vely to test for public sa	•						
11 🛄	-	-	-	vely for the benefit of, to	-			•			
			-	d in section 509(a)(1) d					heck the box in		
• □	-	-		f supporting organization		-		-	in time of		
a 🔄			-	upervised, or controlled	•	-					
		•	complete Part IV, Se	gularly appoint or elect a	i majonty d	or the direc		es or the su	pporting		
b			-	or controlled in connect	tion with its	s sunnorte	d organizatio	n(s) by havi	ina		
				anization vested in the s							
			t complete Part IV,								
c 🗌	] Type III fun	ctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,		
	its supporte	ed organizatio	n(s) (see instructions)	. You must complete	Part IV, Se	ections A, I	D, and E.				
d 🗌	Type III nor	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)		
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	an attentiv	eness		
	- ·		,	nplete Part IV, Sections							
e		•		vritten determination fro			Туре I, Туре	I, Type III			
6 E.I.				nally integrated supporti							
	er the number of the followi		n about the supporte	d organization(s)							
	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of	monetary	(vi) Amount of		
	organization			(described on lines 1-9		in your document?	support		other support (see		
				above or IRC section (see instructions))	Yes	No	Instruct	ons)	Instructions)		
Total											

Schedule A (Form 990 or 990-EZ) 2014 CHARTER SCHOOL, INC.

<u>52-2157082</u> Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
	tion B. Total Support		1			1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4		, ,				
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	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	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	-					
	organization, check this box and stor	-					
Sec	ction C. Computation of Publi	c Support Per	centage				·
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2013. If the c	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2014. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		
b	10% -facts-and-circumstances test	- 2013. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cł	neck this box and	stop here. Explair	n in Part VI how th	e
	organization meets the "facts-and-circ	umstances" test.	The organization o	jualifies as a public	ly supported organ	nization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

Schedule A (Form 990 or 990-EZ) 2014

Part II

## Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning	g in) ▶ (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, ar	ıd					
membership fees received. (De	o not					
include any "unusual grants.")	·					
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished i any activity that is related to th organization's tax-exempt purpose	per- in he					
<b>3</b> Gross receipts from activities are not an unrelated trade or b						
iness under section 513						
4 Tax revenues levied for the orgization's benefit and either pai	°					
or expended on its behalf						
5 The value of services or faciliti furnished by a governmental u the organization without chard	unit to					
6 Total. Add lines 1 through 5	· · · ·					
<b>7a</b> Amounts included on lines 1, 2						
3 received from disqualified pe	,					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ved : e					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from I						
Section B. Total Support	ine 6.)					
Calendar year (or fiscal year beginning	g in) ▶ (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	, , , , , , , , , , , , , , , , , , , ,		(0) 2012			
<ul> <li>10a Gross income from interest, dividends, payments received securities loans, rents, royaltie and income from similar source</li> </ul>	on					
b Unrelated business taxable incom (less section 511 taxes) from busi acquired after June 30, 1975						
c Add lines 10a and 10b						
<ol> <li>Net income from unrelated bu activities not included in line 1 whether or not the business is regularly carried on</li> </ol>	siness Ob, S					
12 Other income. Do not include or loss from the sale of capital assets (Explain in Part VI.)	gain I					
13 Total support. (Add lines 9, 10c, 11, a		L				
<b>14 First five years.</b> If the Form 99	90 is for the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi:	zation,
check this box and stop here						
Section C. Computation of					1 1	
<b>15</b> Public support percentage for			olumn (f))		15	%
16 Public support percentage fro					16	%
Section D. Computation of	Investment Income	• Percentage				
17 Investment income percentage					17	%
18 Investment income percentage					18	%
19a 33 1/3% support tests - 2014	If the organization did r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this b <b>33 1/3% support tests - 201</b> 3						
line 18 is not more than 33 1/3	-					
20 Private foundation. If the org						

Schedule A (Form 990 or 990-EZ) 2014 CHARTER SCHOOL, INC.

52-2157082 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 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).*
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) 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.)

Schedule A (Form 990 or 990-EZ) 2014 CHARTER SCHOOL, INC. Part IV Supporting Organizations (continued) 52-2157082 Page 5

			Vee	Na
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> tion B. Type I Supporting Organizations	11c		L
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <i>Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2014

52-2157082 Page	6	
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#### Schedule A (Form 990 or 990-EZ) 2014 CHARTER SCHOOL, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see 1 instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2014

## CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

	dule A (Form 990 or 990-EZ) 2014 CHARTER SCHOO			2-2157082 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
C				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>    i</u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
<u> </u>	Evenes from 2012			
	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 CHARTER SCHOOL, INC.	52-2157082 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a c	r 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

Schedule B

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

<u>2014</u>

Employer identification number

CARLOS ROSARIO	INTERNATIONAL	PUBLIC
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CHARTER SCHOOL, INC.

52-2157082

Organization	type (check one):	
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 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. Do not 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 exclusively religious.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

52-2157082

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DISTRICT OF COLUMBIA PUBLIC CHARTER SCHOOL BOARD 3333 14TH STREET, NW STE 210 WASHINGTON, DC 20010	\$23,000,863.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	DC OFFICE OF THE STATE SUPERINTENDENT		
2	OF EDUCATION 810 FIRST STREET, NE 9TH FLOOR WASHINGTON, DC 20002	\$100,740.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	TOYOTA MOTOR NORTH AMERICA, INC. 601 LEXINGTON AVE., 49TH FLOOR NEW YORK, NY 10022	\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
4	Name, address, and ZIP + 4       VERIZON       PO BOX 21075       TULSA, OK 74121-1075	Total contributions         \$5,000.	Type of contribution         Person       X         Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4          BANK OF AMERICA         125 DUPONT DR RI1-121-01-30         PROVIDENCE, RI 02907	Total contributions           \$10,000.	Type of contribution         Person       X         Payroll
(a) No	(b)	(c)	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4         SHINBERG LEVINAS         5101 WISCONSIN AVE., NW SUITE 310         WASHINGTON, DC 20016	\$5,000.	Type of contribution         Person       X         Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

52-2157082

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	UNITE DC/FIVE CORNERS STRATEGIES, LLC 233 NEEDHAM ST., SUITE 300 NEWTON, MA 02464	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	EUGENE AND AGNES E. MEYER FOUNDATION 1250 CONNECTICUT AVE., STE 800 WASHINGTON, DC 20036	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CONSULAR SECTION OF THE MEXICAN EMBASSY 1250 23RD ST., NW STE 002 WASHINGTON, DC 20037	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

me of org	S ROSARIO INTERNATIONAL PUBLIC		nployer identification number
	ER SCHOOL, INC.		52-2157082
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
		\$	
(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
		\$	

Page **3** 

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2014)			Page <b>4</b>						
Name of org	ganization			Employer identification number						
CARLOS	S ROSARIO INTERNATIONAL	PUBLIC								
CHARTE	ER SCHOOL, INC.			52-2157082						
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c	ibutions to organizations described in columns (a) through (e) and the follow	1 section 501(c)(7), (8), or	(10) that total more than \$1,000 for						
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. on	be.) ▶ \$						
	Use duplicate copies of Part III if additiona	al space is needed.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
Part I	(	(-,	(1) 200							
ŀ										
		(e) Transfer of gift								
	Transferee's name, address, ar		Polationship of tra	insferor to transferee						
F										
(a) No. from		/								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
Ļ										
	(e) Transfer of gift									
ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee							
		[								
(a) No.										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
	(e) Transfer of gift									
Ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee						
(a) No										
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held						
Part I										
F	(e) Transfer of gift									
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee						
F										

SC		Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" to Form 990.		2014
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	Revenue Service	Information about Schedule D (For	m 990) and its instructions is at <u>www.irs.c</u>	nov/form990.	Inspection
Nam	e of the organizatio				identification number
		CHARTER SCHOOL, IN			2-2157082
Par		•	d Funds or Other Similar Funds or	r Accounts.	Complete if the
	organization	answered "Yes" to Form 990, Part IV, line		(1) = 1	
			(a) Donor advised funds	(b) Funds an	d other accounts
1		d of year			
2		contributions to (during year)			
3		grants from (during year)			
4		end of year		function	
5	•		writing that the assets held in donor advised		Yes No
6			exclusive legal control? dvisors in writing that grant funds can be us		
0	Ũ	0 / /	r donor advisor, or for any other purpose co	,	
	impermissible priva			0	Yes No
Par			ganization answered "Yes" to Form 990, Par		
1		ervation easements held by the organization		,	
		of land for public use (e.g., recreation or e		cally important la	and area
	Protection of	natural habitat	Preservation of a certifie	ed historic struct	ure
	Preservation	of open space			
2	Complete lines 2a t	through 2d if the organization held a qualit	fied conservation contribution in the form of	a conservation e	asement on the last
	day of the tax year.				
				Held	at the End of the Tax Year
а	Total number of co	nservation easements		2a	
b	•				
С	Number of conserve	ation easements on a certified historic stru	ucture included in (a)	<u>2c</u>	
d			after 8/17/06, and not on a historic structure		
3			eased, extinguished, or terminated by the or		n the tax
Ū	year			ganzaton aanng	
4	Number of states w	where property subject to conservation easily as a subject to conservation.	sement is located		
5		ion have a written policy regarding the per			
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	and enforcing conservation easements durir	ng the year 🕨	
7	Amount of expense	es incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year 🕨 💲 _	
8	Does each conserv	ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(	4)(B)(i)	
					Yes No
9		•	on easements in its revenue and expense sta		
	· · ·		tion's financial statements that describes the	organization's a	ccounting for
Dai	conservation easen		Art, Historical Treasures, or Othe	r Similar As	sote
ı aı		the organization answered "Yes" to Form			5613.
10			SC 958), not to report in its revenue statemer	t and balance of	ant works of ort
Ia	0	, 1	hibition, education, or research in furtherance		,
		note to its financial statements that descri			e, provide, intrart All,
b			C 958), to report in its revenue statement ar	d balance sheet	works of art historical
~	-		ducation, or research in furtherance of public		
	relating to these ite		., in in the second of public		
	-			▶ \$	
2			asures, or other similar assets for financial g	ain, provide	
		nts required to be reported under SFAS 1			
а	-			► \$	
b	Assets included in I				

		ROSARIO IN		ATIONAI	L PUBLI	C				
		SCHOOL, I				-			57082	
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	r Other	<sup>-</sup> Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	are a sig	gnificant u	se of its c	ollection it	ems
	(check all that apply):									
а	Public exhibition	c	1 🛄 k	Loan or exc	hange progra	ams				
b	Scholarly research	e	• 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	'Yes" to l	Form 990,	, Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for o	contributions	s or other ass	sets not i	ncluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:						
									Amount	
с	Beginning balance						. 1c			
d	Additions during the year						. 1d			
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	unt liabili	ty?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" to For	rm 990, Part I	IV, line 1	0.			
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) Three y	ears back	<b>(e)</b> Four y	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	g, column (a)	) held as:					
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment	%	_							
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.								
3a	Are there endowment funds not in the posse		ation that	t are held ar	nd administer	ed for th	e organiza	ation		
	by:	-					-		<u>ا</u>	'es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the	-								
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV,	, line 11a. Se	ee Form 990,	Part X, I	ine 10.			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr		• •	(other)	. ,	oreciation			
1a	Land									
	Buildings									
	Leasehold improvements			8,16	9,735.	4,0	)70,89	96.	4,098	,839.
	Equipment				0,258.		485,80		1,534	
	Other				6,259.		988,20		6,578	
	Add lines 1a through 1e. (Column (d) must e		X. colur						2,211	
		<u>,</u>	<u>, 201911</u>	<u>, , , , , , , , , , , , , , , , , , , </u>					D (Form	-

CARLOS	ROSARIO	INTERNATIONAL	PUBLIC
CHARTEF	SCHOOL	INC.	

Part VII       Investments - Other Securities.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.         (a) Description of security or category (including name of security)       (b) Book value       (c) Method of valuation: Cost or end-of-year mark         (1) Financial derivatives	et value
(a) Description of security or category (including name of security)       (b) Book value       (c) Method of valuation: Cost or end-of-year mark         (1) Financial derivatives	et value
(1) Financial derivatives       (1) Financial derivatives         (2) Closely-held equity interests       (2) Closely-held equity interests         (3) Other       (3) Other         (B)       (C)         (C)       (C)         (D)       (C)         (E)       (C)         (G)       (C)         (G)       (C)         (G)       (C)         (G)       (C)         (H)       (C)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)       3 , 048 , 000 .         Part VIII       Investments - Program Related.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (c) Method of valuation: Cost or end-of-year mark         (6)       (c) Method of valuation: Cost or end-of-year mark         (6)       (c) Method of valua	et value
(2) Closely-held equity interests	
(3) Other	
_(A)       CERTIFICATES OF DEPOSIT       3,048,000.       END-OF-YEAR MARKET VALUE         (B)	
(B)       (C)         (C)       (D)         (E)       (C)         (F)       (C)         (G)       (C)         (H)       (C)         (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)       3, 048, 000.         Part VIII       Investments - Program Related.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value         (1)       (C) Method of valuation: Cost or end-of-year mark         (1)       (C) Method of valuation: Cost or end-of-year mark         (2)       (C) Method of valuation: Cost or end-of-year mark         (4)       (C)         (6)       (C)         (7)       (C)         (8)       (C)         (9)       (C) Must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.	
(C)       (D)         (E)       (E)         (F)       (C)         (G)       (C)         (H)       (C)         (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)       3, 048, 000.         Part VIII       Investments - Program Related.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (a) Description of investment         (b) Book value       (c) Method of valuation: Cost or end-of-year mark         (1)       (a) Description of investment         (b) Book value       (c) Method of valuation: Cost or end-of-year mark         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (c) Method of valuation: Cost or end-of-year mark         (2)       (c) Method of valuation: Cost or end-of-year mark         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c) Method prove park X, col. (B) line 13.)	
(D)       (E)         (E)       (F)         (G)       (G)         (H)       (G)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►       3 , 0 48 , 0 0 0 .         Part VIII       Investments - Program Related.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (2)         (3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         Part IX       Other Assets.	
(E)       (F)         (G)       (G)         (H)       (G)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 3 , 048 , 000 .       (G)         Part VIII       Investments - Program Related.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.	
(F)       (G)         (H)       (H)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►       3,048,000.         Part VIII       Investments - Program Related.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (2)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         Part IX       Other Assets.	
(G)       (H)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) →       3,048,000.         Part VIII       Investments - Program Related.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value         (1)       (c) Method of valuation: Cost or end-of-year mark         (1)       (2)         (3)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.	
(H)       3,048,000.         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) → 3,048,000.       3,048,000.         Part VIII       Investments - Program Related.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.       (c) Method of valuation: Cost or end-of-year mark         (1)       (c)       (c) Method of valuation: Cost or end-of-year mark         (2)       (a)       (b) Book value         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       (c)         Part IX       Other Assets.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►       3,048,000.         Part VIII       Investments - Program Related.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value         (1)       (c) Method of valuation: Cost or end-of-year mark         (2)       (a)         (3)       (b) Book value         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         Part IX       Other Assets.	
Part VIII       Investments - Program Related.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year mark         (1)       (2)       (3)       (2)         (3)       (4)       (4)       (5)         (6)       (6)       (7)       (8)         (9)       (7)       (8)       (7)         (7)       (8)       (7)       (8)         (9)       (7)       (7)       (7)         (7)       (8)       (7)       (7)         (7)       (8)       (7)       (7)         (7)       (7)       (7)       (7)         (7)       (8)       (7)       (7)         (7)       (7)       (7)       (7)         (7)       (7)       (7)       (7)         (8)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (7)       (7)       (7)       (7)         (7)       (7)       (7)       (7)         (7)       (7)       (7)       (7)         (7)	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year mark         (1)	
(a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year mark         (1)       (2)       (3)       (4)         (3)       (4)       (5)       (6)         (6)       (7)       (7)       (6)         (8)       (9)       (2)       (4)         (6)       (7)       (7)       (7)         (7)       (7)       (7)       (7)         (8)       (6)       (7)       (7)         (7)       (7)       (7)       (7)         (7)       (7)       (7)       (7)         (8)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (7)       (7)       (7)       (7)         (8)       (7)       (7)       (7)         (9)       (7)       (7)       (7)         (1)       (7)       (7)       (7)         (1)       (1)       (1)       (1)         (2)       (2)       (2)       (2)       (2)         (2)       (2)       (3)       (2)       (3)         (1)       (2)       (3)       (2)       (3)	
(1)     (2)       (3)     (4)       (5)     (5)       (6)     (7)       (8)     (9)       Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶       Part IX     Other Assets.	
(2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.	et value
(3)       (4)         (4)       (5)         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.	
(4)       (5)         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.	
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	
(6)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       Part IX         Other Assets.       (7)	
(7)         (8)         (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         Part IX         Other Assets.	
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	
Part IX Other Assets.	
Part IX Other Assets.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description (b) Boo	k value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.     (a) Description of liability     (b) Book value	
(1) Federal income taxes	
(1) reconcilent taxes (2) CAPITAL LEASE OBLIGATION 13,310,211.	
(3) DEFERRED RENT 2,344,776.	
(4) (4)	
(5)	
(6)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔀

	CARLOS ROSARIO INTERNATIO	ONAL PUBI	JIC		
Sche	dule D (Form 990) 2014 CHARTER SCHOOL, INC.				2157082 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	24,012,248.
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	19,215.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	19,215.
3	Subtract line 2e from line 1			3	23,993,033.
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 <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	23,993,033.
Pa	t XII Reconciliation of Expenses per Audited Financial State		Expenses per F	Retur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	23,741,764.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	19,215.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	19,215.
3	Subtract line <b>2e</b> from line <b>1</b>			3	23,722,549.
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				
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	23,722,549.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND
THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA, THE
SCHOOL IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS
INCOME. NO PROVISION FOR INCOME TAXES IS REQUIRED FOR EITHER 2015 OR
2014. HOWEVER, TAX YEARS ENDED JUNE 30, 2012 THROUGH 2014 REMAIN OPEN TO
EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE SCHOOL IS SUBJECT,
AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF
LIMITATIONS.

	CARLOS	ROSARIO	INTERNATIONAL	PUBLIC		
Schedule D (Form 990) 2014 Part XIII Supplemental Inform	CHARTER mation	R SCHOOL	, INC.		52-2157082	Page 5
	<u>(cont</u>	inuea)				

SCHEDULE E	
------------	--

## (Form 990 or 990-EZ)

## Schools

OMB No. 1545-0047

5

14

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

Department of the Treasury       Attach to Form 990 or Form 990-EZ.       Op         Internal Revenue Service       Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.       Instructions is at www.irs.gov/form990.						ic
	e of the organization		Employer i	-		
Nalli	e or the organization					
Der	41	CHARTER SCHOOL, INC. 52-22		2-2157	082	
Pa					YES	N
					TES	
1		tion have a racially nondiscriminatory policy toward students by statement in its charter, byla			v	
_		strument, or in a resolution of its governing body?		1	X	
2		tion include a statement of its racially nondiscriminatory policy toward students in all its broc			37	
_		ther written communications with the public dealing with student admissions, programs, and		s? 2	X	
3	•	on publicized its racially nondiscriminatory policy through newspaper or broadcast media du	•			
		on for students, or during the registration period if it has no solicitation program, in a way tha				
		to all parts of the general community it serves? If "Yes," please describe. If "No," please explained			v	
	If you need more s	space, use Part II L ADVERTISES IN VARIOUS NEWSPAPERS SERVING ITS		3	X	
				_		
	TARGETED	COMMUNITY.				
				_		
				_		
				_		
4	•	tion maintain the following?			37	
а		the racial composition of the student body, faculty, and administrative staff?			X	
b		ting that scholarships and other financial assistance are awarded on a racially nondiscrimina		<u>4b</u>	Х	
С		ogues, brochures, announcements, and other written communications to the public dealing v				
		ams, and scholarships?			X	<u> </u>
d		rial used by the organization or on its behalf to solicit contributions?		4d	X	
	If you answered "N	No" to any of the above, please explain. If you need more space, use Part II.				
				_		
				_		
				_		
				_		
5		tion discriminate by race in any way with respect to:				
		r privileges?				X
		295?				X
		culty or administrative staff?				X
d		her financial assistance?				X
е		es?				X
-	Use of facilities?			<u>5f</u>		X
		?				X
h		lar activities?		5h		X
	If you answered "	es" to any of the above, please explain. If you need more space, use Part II.				
				_		
				_		
				_		
				_		
		tion receive any financial aid or assistance from a governmental agency?			Х	
b	Has the organizati	on's right to such aid ever been revoked or suspended?		6b		X
	If you answered "	/es" to either line 6a or line 6b, explain on Part II.				
7	Does the organiza	tion certify that it has complied with the applicable requirements of sections 4.01 through 4.0	)5 of			
	Rev. Proc. 75-50.	1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	Х	

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

Schedule E (Form 990 or 990-EZ) (2014)

**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 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

### CONTRIBUTIONS RECEIVED FROM GOVERNMENT AGENCIES:

DISTRICT OF COLUMBIA CHARTER PUBLIC SCHOOL BOARD

### DISTRICT OF COLUMBIA OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations.			OMB No. 15	545-0047	
(Form 990)		Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.									
Department of the Treasury Internal Revenue Service		► Informati	on about Schedule I			•			Open to Inspec		
Name of the organizat	ion CARLOS RO CHARTER S	SARIO INT	ERNATIONAL			<u>www.irs.gov/io/iii99</u>	0.	Employer id	entificatio		
Part I General II	nformation on Grants a						1				
1 Does the organiz	zation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assi	stance, and the selection	on			
criteria used to a	award the grants or assis	stance?						[	Yes	X No	
2 Describe in Part	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.						
	nd Other Assistance to I hat received more than \$					anization answered "Y	′es" to Form 990, Part	IV, line 21, fo	r any		
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		urpose of g assistance		
CARLOS ROSARIO EE FOUNDATION - 1100 NW - WASHINGTON,	HARVARD STREET,	27-1678341	501(C)3	0.	111,226.	COST	RECEIVABLES	TRANSFER ( FROM RELAT			
	per of section 501(c)(3) a	0	•	e line 1 table				•		1.	
	per of other organizations										
LHA For Paperwork	Reduction Act Notice,	, see the Instruction	ons for Form 990.					Schedul	e I (Form 9	990) (2014)	

## CARLOS ROSARIO INTERNATIONAL PUBLIC

Schedule I (Form 990) (2014)

CHARTER SCHOOL, INC.

52-2157082

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
14	31,076.	0.		
	recipients	recipients cash grant		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SC	HEDULE J	1	OMB No. 1545-0047						
(Fo	rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		20	1/				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	14	F			
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic			
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe					
Nam	ne of the organization		Employer id			mber			
		CHARTER SCHOOL, INC.	52-2	15708	2				
Ра	rt I Question	s Regarding Compensation				<del></del>			
					Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed in Form S	<del>3</del> 90,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c								
	Travel for com								
		ation and gross-up payments							
	Discretionary	spending account Personal services (e.g., maid, chauffeur, c	;hef)						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or							
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2		<u> </u>			
~									
3		ny, of the following the filing organization used to establish the compensation of the organization							
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to						
		ation of the CEO/Executive Director, but explain in Part III.							
	X Compensation								
		ompensation consultant							
	X Form 990 of o	ther organizations	ommittee						
4	During the year dia	Lany parson listed in Form 000. Dort VII. Section A line 1s, with respect to the filing							
4		I any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
~	organization or a re			4a		x			
a b		e payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?			Х				
		ceive payment from, an equity-based compensation arrangement?				x			
C		les 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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	า						
-	contingent on the r								
а	•			5a		x			
		ation?				X			
-		r 5b, describe in Part III.							
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatior	า						
-	contingent on the n								
а	•			6a		X			
	<b>b</b> Any related organization?								
	If "Yes" to line 6a or 6b, describe in Part III.								
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments							
	not described in lines 5 and 6? If "Yes," describe in Part III								
8									
-			-	8		X			
9		d the organization also follow the rebuttable presumption procedure described in							
-		1 53.4958-6(c)?							
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)	) 2014			

## CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred in prior Form 990
(1) SONIA GUTIERREZ	(i)	118,087.	17,351.	14,212.	175,784.	1,293.		13,125.
MEMBER EX-OFFICIO	(ii)	44,166.	5,784.	4,737.	3,383.	409.	58,479.	4,375.
(2) ALLISON KOKKOROS	(i)	153,609.	11,346.	18,950.	48,995.	15,257.	248,157.	17,500.
EXECUTIVE DIRECTOR/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CANDIDA HERNANDEZ	(i)	105,529.	7,436.	15,160.	94,704.	5,006.	227,835.	14,000.
CHIEF OPERATING OFFICER	(ii)	26,382.	1,859.	3,790.	1,954.	1,251.	35,236.	3,500.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

52-2157082

CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

#### Part III Supplemental Information

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

#### PART I, LINE 4B:

#### CONTRIBUTIONS WERE MADE BY THE ORGANIZATION TO AN IRC SECTION 457(F)

#### DEFERRED COMPENSATION PLAN AS FOLLOWS:

SONIA GUTIERREZ - \$167,085

CANDIDA HERNANDEZ - \$86,887

ALLISON KOKKOROS - \$37,500

#### PART I, LINE 7:

THE CHIEF EXECUTIVE OFFICER'S BONUSES ARE DETERMINED AND APPROVED BY THE

BOARD. ALL OTHER BONUSES ARE AT THE DISCRETION OF THE CEO UPON BOARD

APPROVAL OF THE BUDGET.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## 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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>



Employer identification number 52 - 2157082

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

CHARTER SCHOOL,

THE CFO REVIEWS AND MAKES CHANGES AS NEEDED. THE RETURN IS ALSO

CARLOS ROSARIO INTERNATIONAL PUBLIC

INC.

DISTRIBUTED TO THE BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD OF DIRECTORS

ONCE A YEAR, WHO SIGN OFF THAT THEY ARE IN COMPLIANCE WITH THE POLICY. THE

POLICY IS DISTRIBUTED ANNUALLY TO THE EMPLOYEES AS PART OF THE EMPLOYEE

HANDBOOK.

OFFICERS AND DIRECTORS ARE TO DISCLOSE TO THE CHIEF EXECUTIVE OFFICER ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST IMMEDIATELY SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

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

THE SALARY OF THE CEO IS DETERMINED BY REVIEWING SALARY DATA PRODUCED BY AN INDEPENDENT CONSULTANT. THIS INCLUDES REVIEW OF SURVEY DATA FOR CHARTER SCHOOLS OF SIMILAR SIZE/COMPLEXITY, OTHER NOT FOR PROFITS AND OTHER COMPARABLE AGENCIES. THE EXECUTIVE COMMITTEE ESTABLISHES THE COMPENSATION OF THE CEO WHICH IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD AND DOCUMENTED IN THE MINUTES BY A SIGNED AFFIDAVIT.

 SALARIES OF THE OTHER OFFICERS WERE DETERMINED AS PART OF A STUDY CONDUCTED

 BY AN INDEPENDENT CONSULTANT, AND THEREON ANNUAL SALARY INCREASES WERE

 PERFORMED ACROSS THE BOARD FOR ALL EMPLOYEES. SALARIES OF OTHER OFFICERS

 WERE APPROVED BY THE CEO AND THE SALARY EXPENSE WAS APPROVED BY THE BOARD

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

 Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	
----------------------------------------	--

Name of the organization CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

AS PART OF THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS AVAILABLE ON GUIDESTAR. OTHER INFORMATION IS AVAILABLE BY

REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE FINANCE COMMITTEE OVERSEES BOTH THE AUDIT AND SELECTION OF THE

AUDIT FIRM. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VII, SECTION B, LINE 1

PROACTIVE SCHOOL INC. - STUDENT INFORMATION SYSTEM SERVICES

FORM 990, PART VI, SECTION A, LINE 1A

COMPOSITION OF THE COMMITTEE: CHAIR, VICE CHAIR, TREASURER AND

SECRETARY. THE COMMITTEE PERFORMS OVERSIGHT OF THE MANAGEMENT OF THE

BUSINESS AFFAIRS OF THE SCHOOL. THE BOARD MAY DELEGATE ADDITIONAL

DUTIES IN WRITING FROM TIME TO TIME. THE COMMITTEE REPORTS

PERIODICALLY TO THE BOARD AND PERFOMS FUNCTIONS AS DIRECTED BY THE

BOARD.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organizati		rmation about Schedule R (Form 99) INTERNATIONAL PUB , INC .	Yes" on Form 990, Part IV, I ch to Form 990. <u>00) and its instructions is at</u> LIC	ine 33, 34, 35b, 36		Employer ide		<b>4</b> Public ion
Name, addr	(a) ress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d)	me End-of-year		<b>(f)</b> ect controlling entity	g
	on of Related Tax-Exempt Organiza	tions Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34 be	ecause it had one o	r more related tax-e	exempt	
	(a) e, address, and EIN elated organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controllir entity	1g cont en	<b>g)</b> 512(b)(13) trolled tity?
1100 HARVARD STRE WASHINGTON, DC 2	0009	PROVIDING AND OPERATING A FACILITY TO HOUSE NON-PROFIT ORGANIZATIONS	DISTRICT OF COLUMBIA	501(C)(3)		N/A	Yes	No X
DISSOLVED IN SEP. HARVARD STREET, N	UCATIONAL FOUNDATION - 2014 - 27-1678341, 1100 W, WASHINGTON, DC 20009 CODDODUMION CONIA	PROVIDE FUNDING AND SUPPORT FOR CHARITABLE AND EDUCATIONAL ACTIVITIES	DISTRICT OF COLUMBIA	501(C)(3)	7	N/A	x	
	CORPORATION - SONIA - 46-0612061, 1100 HARVARD NGTON, DC 20009	TO HOLD TITLE AND DEVELOP PROPERTY FOR EDUCATIONAL USES	DISTRICT OF COLUMBIA	501(C)(2)		COMMUNITY CAPI' CORPORATION	TAL X	
		-						

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

### CARLOS ROSARIO INTERNATIONAL PUBLIC

#### CHARTER SCHOOL, INC. Schedule R (Form 990) 2014

52-2157082 Page 2

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	nant income , unrelated, income rom fax under		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Pe ging er?	ercentage wnership
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
										+		

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		833613			No
									$\square$
	1								

## CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Schedule R (Form 990) 2014

52-2157082 Page 3

Part V	Transactions With Related Organizations	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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				Τ
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	x	
	Reimbursement paid by related organization(s) for expenses	1q	X	
•				
r	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s)	1s		X
				-

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) COMMUNITY CAPITAL CORPORATION	к	4,763,871.	FMV
(2) COMMUNITY CAPITAL CORPORATION	Р	2,143,616.	FMV
(3) CARLOS ROSARIO EDUCATIONAL FOUNDATION	В	111,226.	FMV
<u>(4)</u>			
(5)			
<u>(6)</u>			

## CARLOS ROSARIO INTERNATIONAL PUBLIC

Schedule R (Form 990) 2014 CHARTER SCHOOL, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	<b>(g)</b> Share of end-of-year assets	(r Dispro tion allocat Yes	) opor- ate ions? <b>No</b>	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2014

# CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).