

# Ivy Hill Prep Charter School

## Finance Committee Meeting

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### Date and Time

Monday July 20, 2020 at 6:30 PM EDT

### Location

You may join meeting via video conference by using the following link. <https://zoom.us/j/9699543901>

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IHP Finance Committee Meeting

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### Agenda

	Purpose	Presenter	Time
<b>I. Opening Items</b>			<b>6:30 PM</b>
A. Call the Meeting to Order			
B. Record Attendance			1 m
<b>II. FINANCES</b>			<b>6:31 PM</b>
A. Review Current Financial Dashboard	Discuss	Nataki Williams	20 m
<ul style="list-style-type: none"><li>• Review Bank Statements and Reconciliations</li><li>• Year End Closeout</li><li>• Surplus Recommendations</li></ul>			
<b>III. Compliance Matters</b>			<b>6:51 PM</b>
A. 990 Filing for 2018	Discuss	Nataki Williams	5 m
<b>IV. Policy Recommendations</b>			<b>6:56 PM</b>
A. Tuition Reimbursement	Discuss	Nataki Williams	15 m
<b>V. Financial Goals for Next Year</b>			<b>7:11 PM</b>
A. Finance Director	Discuss	Nataki Williams	10 m
B. Y2 Benchmark Goals	Discuss	Nataki Williams	10 m
<ul style="list-style-type: none"><li>• Year 2 Surplus Goals</li><li>• Cash on Hand Goals</li></ul>			

**VI. Closing Items**

**7:31 PM**

**A. Adjourn Meeting**

**Vote**

**Nataki Williams**

# Cover Sheet

## Review Current Financial Dashboard

**Section:** II. FINANCES  
**Item:** A. Review Current Financial Dashboard  
**Purpose:** Discuss  
**Submitted by:**  
**Related Material:** Debit Card Account - June Bank Statement.pdf  
Debit Card Account - June Reconciliation Report.pdf  
Escrow Account - June Bank Statement.pdf  
Escrow Account - June Reconciliation Report.pdf  
Ivy Hill - AP Aging Summary as of 6.30.20.pdf  
Ivy Hill Monthly Financials - June 2020.xlsx  
Operating Account - June Bank Statement.pdf  
Operating Account - June Reconciliation Report.pdf  
Savings Account - June Bank Statement.pdf  
Savings Account - June Reconciliation Report.pdf



JPMorgan Chase Bank, N.A.  
P O Box 182051  
Columbus, OH 43218 - 2051

Primary Account: 000000758158732

For the Period 5/30/20 to 6/30/20

### J.P. Morgan Team

Jpms Banking Service Team (877) 576-2818

Jpms Banking Service Team

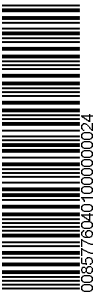
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Online access: [www.jpmorganonline.com](http://www.jpmorganonline.com)

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IVY HILL PREPARATORY CHARTER SCHOOL  
DEBIT CARD ACCOUNT  
475 E 57TH ST  
BROOKLYN NY 11203-6010



## JPMorgan Classic Business Checking

Checking Account Summary	Instances	Amount
Beginning Balance		2,355.14
Deposits & Credits	5	5,214.87
ATM & Debit Card Transactions	19	(2,962.45)
Ending Balance	24	\$4,607.56



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IVY HILL PREPARATORY CHARTER SCHOOL  
DEBIT CARD ACCOUNT

Primary Account: 000000758158732

For the Period 5/30/20 to 6/30/20

**Effective September 1, 2020, the following are amendments to your *Combined Terms and Conditions* (“Combined Terms and Conditions”) and/or *International General Terms for Accounts and Services Account Agreements* (“International Combined Terms and Conditions”), and may contain additional information about the features of your accounts.**

Unless indicated below, all other terms and conditions of your Combined Terms and Conditions and/or International Combined Terms and Conditions still apply. Please contact your J.P. Morgan team if you have any questions about these changes or would like additional information.

#### **WIRELESS OPERATOR**

**A new section titled “Wireless Operator” shall be added after section 5 of the General Terms for Accounts and Services of the Combined Terms and Conditions, and after section 6 of the General Terms for Accounts and Services of the International Combined Terms and Conditions. All subsequent sections shall be renumbered accordingly. This new section shall read as follows:**

##### **Wireless Operator**

By using our services, you authorize your wireless operator (AT&T, Sprint, T Mobile, U.S. Cellular, Verizon, or any other branded wireless operator) to use, or to disclose to J.P. Morgan or any of its affiliates or agents, your mobile number, name, address, email, network status, customer type, customer role, billing type, mobile device identifiers (IMSI and IMEI) and other subscriber and device status details, if available, where provided in accordance with your mobile operator’s privacy policy for the duration of our business relationship solely to help verify your identity, and to help protect against or prevent actual or potential fraud or unauthorized use of our services under this Agreement.

**A new section titled “Posting Order” shall be added after the section titled “Check and Forms Specifications/Protection of Documents” in the Deposit Account Agreement of both the Combined Terms and Conditions and the International Combined Terms and Conditions, and shall read as follows:**

##### **Posting Order**

We post transactions to your account during each business day’s overnight processing, which is generally completed before our branches open the next day. The order in which we generally apply deposits and withdrawals to your account each business day:

- First, we add deposits to your account.
- Second, we subtract everyday (not recurring) debit card transactions, online banking transactions, ATM withdrawals, teller cash withdrawals, checks you write that are either cashed or deposited by a banker, and wire transfers. We subtract all of these transactions in chronological order by using the date and time of each transaction. If we do not know the time of day you made a transaction, such as for some everyday debit card transactions, then it is posted as if it was made at the end of the day. Multiple transactions without a timestamp are subtracted starting with those having the highest dollar amount and moving to the lowest.
- Third, we subtract all other items, including checks you wrote that are either cashed or deposited at an ATM, and recurring debit card transactions starting with those having the highest dollar amount and moving to the lowest. We reserve the right to use a different order in certain states, such as Nevada.
- Finally, fees are assessed last.



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IVY HILL PREPARATORY CHARTER SCHOOL  
DEBIT CARD ACCOUNT

Primary Account: 000000758158732

For the Period 5/30/20 to 6/30/20

During the day, if you review your account, you will see that we show some transactions as “pending.” These transactions impact your available balance, but have not yet posted to your account and do not guarantee that we will pay these transactions to your account if you have a negative account balance at that time. We may still return a transaction unpaid if your balance has insufficient funds during that business day’s overnight processing, even if it had been displayed as a “pending” transaction on a positive account balance during the day. If a transaction that you made or authorized does not display as “pending,” you are still responsible for it, and it may still be posted against your account during overnight processing.

#### OVERDRAFTS

**The section titled “Overdrafts” in the Deposit Account Agreement of both the Combined Terms and Conditions and the International Combined Terms and Conditions, shall be revised to read as follows:**

We may pay or decline to pay any item if your available balance is less than the amount of that item plus all other items received but not yet paid. We will decline any requested ATM withdrawal unless your available balance at the time is equal to or more than the amount of the requested withdrawal. Even if we have paid overdraft items before, we are not required to do it in the future. We look at your account only once to decide if the item would cause your account to become overdrawn.

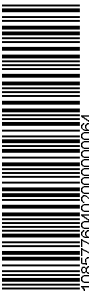
Your “available balance” is the previous day’s balance plus any pending credit transactions (excluding pending debit card purchase returns), such as ACH direct deposits, minus (1) pending charges such as debit card purchases, electronic payments, checks drawn on your account that have been cashed or deposited, or transactions that we are obligated to pay or have already paid, (2) amount of deposits that are not yet available for withdrawal under our funds availability policy, and (3) any holds on your balance, such as holds on funds to comply with court orders or other legal requirements. An “overdraft,” or “overdrawing” your account, means the item(s) presented on your account on a business day exceeds the available balance.

We generally will not authorize a non-recurring (“everyday”) debit card transaction if your available balance is insufficient to pay the transaction in two cases: for business accounts, if you have notified us not to pay debit card overdrafts, or, for personal accounts, if you have not notified us to pay debit card overdrafts at our discretion. We rely on transaction coding sent to us by the merchant or other third party to determine whether the debit card transaction is everyday or recurring.

It is your responsibility to avoid overdrawing your account. Talk to your J.P. Morgan team to learn about overdraft protection services. We also offer personalized alerts to keep you informed about the balance and transactions in your account.

You must immediately pay the amount of any overdraft together with any applicable fees or charges. If you fail to do so, you may be charged additional fees or interest. Until you pay such balance in full, you will pay interest on the amount of the overdraft at the rate indicated on the applicable fee schedule. We also may report you to credit reporting agencies, close your account, or both. These actions could affect your ability to open accounts in the future. If you believe that we have reported inaccurate or incomplete information about your account to a consumer reporting agency, you have the right to file a dispute with that consumer reporting agency. You may also submit a dispute directly to us by writing to the following address: JPMorgan Chase Bank, N.A., PO Box 182108, Internal Mail OHW-1000, Columbus, OH 43218. Provide your name, address and phone number; the account number; the specific information you are disputing; an explanation of why it is inaccurate or incomplete; and any supporting documentation.

You authorize us to use the money from any subsequent deposits to your account to pay any overdraft and resulting fees or charges. Subsequent deposits include any federal or state benefit payments that you choose to deposit in any account (including direct deposit of Social Security benefits). You understand and agree that if you do not want your benefits applied in this way, you may change your direct deposit instructions at any time.





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**IVY HILL PREPARATORY CHARTER SCHOOL  
DEBIT CARD ACCOUNT**

Primary Account: 000000758158732

For the Period 5/30/20 to 6/30/20

You agree to pay all costs and expenses, including attorney fees, we incur in collecting any overdraft. We may still pursue collection of the amount you owe (including suing you) after it is charged off.

**TAXES**

**The first paragraph of section 13 of the General Terms for Accounts and Services of the Combined Terms and Conditions, and the first paragraph of section 14 of the General Terms for Accounts and Services of the International Combined Terms and Conditions, shall be revised to read as follows:**

You will be responsible for the payment of all taxes relating to your Accounts, including, but not limited to, any federal, state and local withholding tax. You will reimburse us on demand, hold us harmless and make us whole for any withholding tax, including, but not limited to, backup withholding tax, transfer taxes, documentary taxes, valued-added taxes, assessments or charges that are imposed at any time on or in connection with this Agreement, and shall indemnify us against liability for any such tax (including any interest and penalties). We are authorized to deduct from any cash receivable, and/or payments made or credited to your Accounts any taxes or levies and/or interest or penalties we are legally required to pay to the IRS and/or to any governmental authority for whatever reason with respect to your Accounts. In case your Accounts do not contain sufficient funds to satisfy the aforementioned taxes, including interest and/or penalties, we are authorized by you to sell, distribute, and/or liquidate any assets which we hold in custody for your benefit and/or in your name and/ or on your behalf up to the amount we are legally required to pay to the IRS to satisfy any of such taxes, interest and/or penalties.

**Deposits & Credits**

Date	Description	Amount
06/04	Card Purchase Return 06/03 Amazon.Com Amzn.Com/Bill WA Card 0535	12.99
06/08	Card Purchase Return 06/07 Amazon.Com Amzn.Com/Bill WA Card 0535	12.99
06/17	Online Transfer From Chk ... 8716 Transaction#: 9793844058	4,712.00
06/19	Card Purchase Return 06/19 Amazon.Com Amzn.Com/Bill WA Card 0535	159.44
06/22	Card Purchase Return 06/22 Amazon.Com Amzn.Com/Bill WA Card 0535	317.45
<b>Total Deposits &amp; Credits</b>		<b>\$5,214.87</b>

**ATM & Debit Card Transactions**

Date	Description	Amount
06/01	Card Purchase 05/31 Packlane, Inc. 8552897687 CA Card 0535	75.15
06/03	Card Purchase 06/03 Amzn Mktp US*My24V51 Amzn.Com/Bill WA Card 0535	261.98
06/04	Card Purchase 06/04 Amazon.Com*My4Ae6Aw0 Amzn.Com/Bill WA Card 0535	13.98
06/05	Card Purchase 06/04 Msft * E0200B443L 800-642-7676 WA Card 0535	14.16



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DEBIT CARD ACCOUNT

Primary Account: 000000758158732

For the Period 5/30/20 to 6/30/20

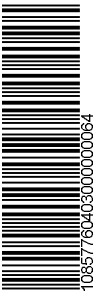
**ATM & Debit Card Transactions** CONTINUED

Date	Description	Amount
06/05	Recurring Card Purchase 06/05 Adobe Acropro Subs 800-443-8158 CA Card 0535	18.50
06/08	Card Purchase 06/06 Amzn Mktp US*My3D89J Amzn.Com/Bill WA Card 0535	57.60
06/08	Card Purchase 06/06 Wholesale Party Supplie Westbury NY Card 0535	143.85
06/08	Card Purchase 06/05 Bill.Com, Inc. 650-3533301 CA Card 0535	358.18
06/08	Card Purchase 06/06 Amzn Mktp US*My6S38T Amzn.Com/Bill WA Card 0535	84.00
06/15	Card Purchase 06/15 Amzn Mktp US*My8Fx8U Amzn.Com/Bill WA Card 0535	80.10
06/15	Card Purchase 06/12 Amazon.Com*My8N06DI2 Amzn.Com/Bill WA Card 0535	518.78
06/15	Card Purchase 06/15 Sq *Balloons Lane Gosq.Com NY Card 0535	423.00
06/15	Recurring Card Purchase 06/15 J2 *Myfax Services 877-437-3607 CA Card 0535	10.00
06/18	Card Purchase 06/17 Staples 00112318 Brooklyn NY Card 0535	375.58
06/22	Card Purchase 06/19 Didax, Inc. 978-9482340 MA Card 0535	33.48
06/22	Card Purchase 06/20 Amazon.Com*MS0Rw3Tk2 Amzn.Com/Bill WA Card 0535	228.11
06/22	Card Purchase 06/20 Armando's Pizza Brooklyn NY Card 0535	124.68
06/23	Recurring Card Purchase 06/23 Adobe Acropro Subs 408-536-6000 CA Card 0535	16.32
06/29	Recurring Card Purchase 06/27 Dropbox*7Ndxlqk5Whgv Dropbox.Com CA Card 0535	125.00
<b>Total ATM &amp; Debit Card Transactions</b>		<b>(\$2,962.45)</b>

**ATM & Debit Card Summary**

AMBROSIA J JOHNSON Card 0535

Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$2,962.45
Total Card Deposits & Credits	\$502.87
<b>ATM &amp; DEBIT CARD TOTALS</b>	
Total ATM Withdrawals & Debits	\$0.00
Total Card Purchases	\$2,962.45





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IVY HILL PREPARATORY CHARTER SCHOOL  
DEBIT CARD ACCOUNT

Primary Account: 000000758158732

For the Period 5/30/20 to 6/30/20

Total Card Deposits &amp; Credits

\$502.87

**Daily Ending Balance**

Date	Amount
06/01	2,279.99
06/03	2,018.01
06/04	2,017.02
06/05	1,984.36

Date	Amount
06/08	1,353.72
06/15	321.84
06/17	5,033.84
06/18	4,658.26

Date	Amount
06/19	4,817.70
06/22	4,748.88
06/23	4,732.56
06/29	4,607.56

**Fees and Charges for Deposit Accounts****Fees**

Description	Volume	Allowed	Excess	Unit Price	Fees
000000758158732					
Monthly Service Fee	1.00	0	1	0.00	0.00
Check / Debit Posted	19.00	500	0	0.20	0.00
<b>Total Fees</b>					<b>\$0.00</b>



Primary Account: 000000758158732

For the Period 5/30/20 to 6/30/20

## Important Information About Your Statement

### In Case of Errors or Questions About Your Electronic Funds Transfers

Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-consumers, use your J.P. Morgan Team contact information) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

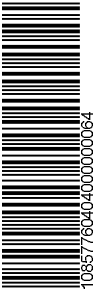
We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

### In Case of Errors or Questions About Non-Electronic Transactions:

Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC

Bank products and services are offered by JPMorgan Chase Bank, N.A. and its affiliates. Securities are offered by J.P. Morgan Securities LLC, member FINRA and SIPC.

**Investment Products: Not FDIC insured • No bank guarantee • May lose value**





Primary Account: 000000758158732

For the Period 5/30/20 to 6/30/20

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## Ivy Hill Preparatory Charter School

## 1015 Debit Card - 8732, Period Ending 06/30/2020

## RECONCILIATION REPORT

Reconciled on: 07/10/2020

Reconciled by: Juned Haque

Any changes made to transactions after this date aren't included in this report.

## Summary

USD

Statement beginning balance.....	2,355.14
Checks and payments cleared (19).....	-2,962.45
Deposits and other credits cleared (5).....	5,214.87
Statement ending balance.....	<u>4,607.56</u>

Register balance as of 06/30/2020.....	4,607.56
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## Details

## Checks and payments cleared (19)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
06/01/2020	Expense		Packlane Inc.	-75.15
06/03/2020	Expense		Amazon	-261.98
06/04/2020	Expense		Amazon	-13.98
06/05/2020	Expense		Adobe Inc	-18.50
06/05/2020	Expense		Microsoft	-14.16
06/08/2020	Expense		Wholesale Party Supplier Wes...	-143.85
06/08/2020	Expense		Amazon	-57.60
06/08/2020	Expense		Amazon	-84.00
06/08/2020	Expense		Bill.com	-358.18
06/15/2020	Expense		Amazon	-80.10
06/15/2020	Expense		My Fax Central	-10.00
06/15/2020	Expense		Amazon	-518.78
06/15/2020	Expense		Balloons Lane	-423.00
06/18/2020	Expense		Staples	-375.58
06/22/2020	Expense		Didax, Inc.	-33.48
06/22/2020	Expense		Armando Pizza Brooklyn	-124.68
06/22/2020	Expense		Amazon	-228.11
06/23/2020	Expense		Adobe Inc	-16.32
06/29/2020	Expense		Dropbox Inc.	-125.00

Total	-2,962.45
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## Deposits and other credits cleared (5)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
06/04/2020	Deposit		Amazon	12.99
06/08/2020	Deposit		Amazon	12.99
06/17/2020	Transfer			4,712.00
06/19/2020	Deposit		Amazon	159.44
06/22/2020	Deposit		Amazon	317.45

Total	5,214.87
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JPMorgan Chase Bank, N.A.  
P O Box 182051  
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Primary Account: 000000758158724

For the Period 5/30/20 to 6/30/20

### J.P. Morgan Team

Jpms Banking Service Team (877) 576-2818

Jpms Banking Service Team

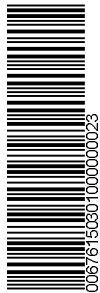
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IVY HILL PREPARATORY CHARTER SCHOOL  
ESCROW ACCOUNT  
475 E 57TH ST  
BROOKLYN NY 11203-6010



## JPMorgan Classic Business Checking

Checking Account Summary	Instances	Amount
Beginning Balance		20,000.00
Ending Balance	0	\$20,000.00



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IVY HILL PREPARATORY CHARTER SCHOOL  
ESCROW ACCOUNT

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##### Wireless Operator

By using our services, you authorize your wireless operator (AT&T, Sprint, T Mobile, U.S. Cellular, Verizon, or any other branded wireless operator) to use, or to disclose to J.P. Morgan or any of its affiliates or agents, your mobile number, name, address, email, network status, customer type, customer role, billing type, mobile device identifiers (IMSI and IMEI) and other subscriber and device status details, if available, where provided in accordance with your mobile operator's privacy policy for the duration of our business relationship solely to help verify your identity, and to help protect against or prevent actual or potential fraud or unauthorized use of our services under this Agreement.

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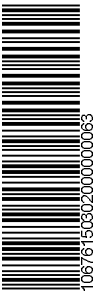
Your “available balance” is the previous day’s balance plus any pending credit transactions (excluding pending debit card purchase returns), such as ACH direct deposits, minus (1) pending charges such as debit card purchases, electronic payments, checks drawn on your account that have been cashed or deposited, or transactions that we are obligated to pay or have already paid, (2) amount of deposits that are not yet available for withdrawal under our funds availability policy, and (3) any holds on your balance, such as holds on funds to comply with court orders or other legal requirements. An “overdraft,” or “overdrawing” your account, means the item(s) presented on your account on a business day exceeds the available balance.

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It is your responsibility to avoid overdrawing your account. Talk to your J.P. Morgan team to learn about overdraft protection services. We also offer personalized alerts to keep you informed about the balance and transactions in your account.

You must immediately pay the amount of any overdraft together with any applicable fees or charges. If you fail to do so, you may be charged additional fees or interest. Until you pay such balance in full, you will pay interest on the amount of the overdraft at the rate indicated on the applicable fee schedule. We also may report you to credit reporting agencies, close your account, or both. These actions could affect your ability to open accounts in the future. If you believe that we have reported inaccurate or incomplete information about your account to a consumer reporting agency, you have the right to file a dispute with that consumer reporting agency. You may also submit a dispute directly to us by writing to the following address: JPMorgan Chase Bank, N.A., PO Box 182108, Internal Mail OHW-1000, Columbus, OH 43218. Provide your name, address and phone number; the account number; the specific information you are disputing; an explanation of why it is inaccurate or incomplete; and any supporting documentation.

You authorize us to use the money from any subsequent deposits to your account to pay any overdraft and resulting fees or charges. Subsequent deposits include any federal or state benefit payments that you choose to deposit in any account (including direct deposit of Social Security benefits). You understand and agree that if you do not want your benefits applied in this way, you may change your direct deposit instructions at any time.





000000758158724

IVY HILL PREPARATORY CHARTER SCHOOL  
ESCROW ACCOUNT

Primary Account: 000000758158724

For the Period 5/30/20 to 6/30/20

You agree to pay all costs and expenses, including attorney fees, we incur in collecting any overdraft. We may still pursue collection of the amount you owe (including suing you) after it is charged off.

### TAXES

**The first paragraph of section 13 of the General Terms for Accounts and Services of the Combined Terms and Conditions, and the first paragraph of section 14 of the General Terms for Accounts and Services of the International Combined Terms and Conditions, shall be revised to read as follows:**

You will be responsible for the payment of all taxes relating to your Accounts, including, but not limited to, any federal, state and local withholding tax. You will reimburse us on demand, hold us harmless and make us whole for any withholding tax, including, but not limited to, backup withholding tax, transfer taxes, documentary taxes, valued-added taxes, assessments or charges that are imposed at any time on or in connection with this Agreement, and shall indemnify us against liability for any such tax (including any interest and penalties). We are authorized to deduct from any cash receivable, and/or payments made or credited to your Accounts any taxes or levies and/or interest or penalties we are legally required to pay to the IRS and/or to any governmental authority for whatever reason with respect to your Accounts. In case your Accounts do not contain sufficient funds to satisfy the aforementioned taxes, including interest and/or penalties, we are authorized by you to sell, distribute, and/or liquidate any assets which we hold in custody for your benefit and/or in your name and/ or on your behalf up to the amount we are legally required to pay to the IRS to satisfy any of such taxes, interest and/or penalties.

*Please note this account had no activity during this statement period. The date of last activity for this account was 09/25/19.*

### Fees and Charges for Deposit Accounts

#### Fees

Description	Volume	Allowed	Excess	Unit Price	Fees
000000758158724					
Monthly Service Fee	1.00	0	1	0.00	0.00
<b>Total Fees</b>					<b>\$0.00</b>



Primary Account: 000000758158724

For the Period 5/30/20 to 6/30/20

## Important Information About Your Statement

### In Case of Errors or Questions About Your Electronic Funds Transfers

Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-consumers, use your J.P. Morgan Team contact information) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

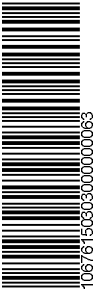
We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

### In Case of Errors or Questions About Non-Electronic Transactions:

Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC

Bank products and services are offered by JPMorgan Chase Bank, N.A. and its affiliates. Securities are offered by J.P. Morgan Securities LLC, member FINRA and SIPC.

**Investment Products: Not FDIC insured • No bank guarantee • May lose value**





Primary Account: 000000758158724

For the Period 5/30/20 to 6/30/20

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## Ivy Hill Preparatory Charter School

## 1015 Debit Card - 8732, Period Ending 06/30/2020

## RECONCILIATION REPORT

Reconciled on: 07/10/2020

Reconciled by: Juned Haque

Any changes made to transactions after this date aren't included in this report.

## Summary

USD

Statement beginning balance.....	2,355.14
Checks and payments cleared (19).....	-2,962.45
Deposits and other credits cleared (5).....	5,214.87
Statement ending balance.....	<u>4,607.56</u>

Register balance as of 06/30/2020.....	4,607.56
--	----------

## Details

## Checks and payments cleared (19)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
06/01/2020	Expense		Packlane Inc.	-75.15
06/03/2020	Expense		Amazon	-261.98
06/04/2020	Expense		Amazon	-13.98
06/05/2020	Expense		Adobe Inc	-18.50
06/05/2020	Expense		Microsoft	-14.16
06/08/2020	Expense		Wholesale Party Supplier Wes...	-143.85
06/08/2020	Expense		Amazon	-57.60
06/08/2020	Expense		Amazon	-84.00
06/08/2020	Expense		Bill.com	-358.18
06/15/2020	Expense		Amazon	-80.10
06/15/2020	Expense		My Fax Central	-10.00
06/15/2020	Expense		Amazon	-518.78
06/15/2020	Expense		Balloons Lane	-423.00
06/18/2020	Expense		Staples	-375.58
06/22/2020	Expense		Didax, Inc.	-33.48
06/22/2020	Expense		Armando Pizza Brooklyn	-124.68
06/22/2020	Expense		Amazon	-228.11
06/23/2020	Expense		Adobe Inc	-16.32
06/29/2020	Expense		Dropbox Inc.	-125.00

Total	-2,962.45
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## Deposits and other credits cleared (5)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
06/04/2020	Deposit		Amazon	12.99
06/08/2020	Deposit		Amazon	12.99
06/17/2020	Transfer			4,712.00
06/19/2020	Deposit		Amazon	159.44
06/22/2020	Deposit		Amazon	317.45

Total	5,214.87
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# Ivy Hill Preparatory Charter School

## A/P AGING SUMMARY

As of June 30, 2020

	CURRENT	1 - 30	31 - 60	61 - 90	91 AND OVER	TOTAL
Accounting Solutions	4,231.25					\$4,231.25
Apple Inc.		5,094.00				\$5,094.00
Chameleon Group		23,058.10				\$23,058.10
Charter Technology Solutions LLC	3,007.50	255.00			2,287.00	\$5,549.50
Curriculum Associates	6,900.00					\$6,900.00
Dilver Medrano		5,000.00				\$5,000.00
Lifelong Learners LLC	10,726.25					\$10,726.25
Lloyd Noel					0.00	\$0.00
North Shore Office Supplies	24,875.00	43,697.00				\$68,572.00
PKF O'Connor Davies, LLP		7,500.00				\$7,500.00
Student Styles		550.00				\$550.00
Tech to School		9,534.00				\$9,534.00
TommyTPhotography LLC		450.00				\$450.00
<b>TOTAL</b>	<b>\$49,740.00</b>	<b>\$95,138.10</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,287.00</b>	<b>\$147,165.10</b>



JPMorgan Chase Bank, N.A.  
P O Box 182051  
Columbus, OH 43218 - 2051

Primary Account: 000000758158716

For the Period 5/30/20 to 6/30/20

### J.P. Morgan Team

Jpms Banking Service Team (877) 576-2818

Jpms Banking Service Team

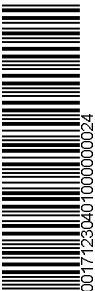
For assistance after business hours, 7 days a week. (800) 576-6209

Deaf and Hard of Hearing (800) 242-7383

Online access: [www.jpmorganonline.com](http://www.jpmorganonline.com)

00017123 DPI 802 211 18320 NNNNNNNNNN P 1 000000000 D1 0000

IVY HILL PREPARATORY CHARTER SCHOOL  
OPERATING ACCOUNT  
475 E 57TH ST  
BROOKLYN NY 11203-6010



## JPMorgan Classic Business Checking

Checking Account Summary	Instances	Amount
<b>Beginning Balance</b>		<b>870,019.09</b>
Deposits & Credits	10	25,410.10
Checks Paid	2	(1,700.00)
Payments & Transfers	16	(155,889.62)
<b>Ending Balance</b>	<b>28</b>	<b>\$737,839.57</b>



000000758158716

IVY HILL PREPARATORY CHARTER SCHOOL  
OPERATING ACCOUNT

Primary Account: 000000758158716

For the Period 5/30/20 to 6/30/20

**Effective September 1, 2020, the following are amendments to your *Combined Terms and Conditions* (“Combined Terms and Conditions”) and/or *International General Terms for Accounts and Services Account Agreements* (“International Combined Terms and Conditions”), and may contain additional information about the features of your accounts.**

Unless indicated below, all other terms and conditions of your Combined Terms and Conditions and/or International Combined Terms and Conditions still apply. Please contact your J.P. Morgan team if you have any questions about these changes or would like additional information.

#### **WIRELESS OPERATOR**

**A new section titled “Wireless Operator” shall be added after section 5 of the General Terms for Accounts and Services of the Combined Terms and Conditions, and after section 6 of the General Terms for Accounts and Services of the International Combined Terms and Conditions. All subsequent sections shall be renumbered accordingly. This new section shall read as follows:**

##### **Wireless Operator**

By using our services, you authorize your wireless operator (AT&T, Sprint, T Mobile, U.S. Cellular, Verizon, or any other branded wireless operator) to use, or to disclose to J.P. Morgan or any of its affiliates or agents, your mobile number, name, address, email, network status, customer type, customer role, billing type, mobile device identifiers (IMSI and IMEI) and other subscriber and device status details, if available, where provided in accordance with your mobile operator’s privacy policy for the duration of our business relationship solely to help verify your identity, and to help protect against or prevent actual or potential fraud or unauthorized use of our services under this Agreement.

**A new section titled “Posting Order” shall be added after the section titled “Check and Forms Specifications/Protection of Documents” in the Deposit Account Agreement of both the Combined Terms and Conditions and the International Combined Terms and Conditions, and shall read as follows:**

##### **Posting Order**

We post transactions to your account during each business day’s overnight processing, which is generally completed before our branches open the next day. The order in which we generally apply deposits and withdrawals to your account each business day:

- First, we add deposits to your account.
- Second, we subtract everyday (not recurring) debit card transactions, online banking transactions, ATM withdrawals, teller cash withdrawals, checks you write that are either cashed or deposited by a banker, and wire transfers. We subtract all of these transactions in chronological order by using the date and time of each transaction. If we do not know the time of day you made a transaction, such as for some everyday debit card transactions, then it is posted as if it was made at the end of the day. Multiple transactions without a timestamp are subtracted starting with those having the highest dollar amount and moving to the lowest.
- Third, we subtract all other items, including checks you wrote that are either cashed or deposited at an ATM, and recurring debit card transactions starting with those having the highest dollar amount and moving to the lowest. We reserve the right to use a different order in certain states, such as Nevada.
- Finally, fees are assessed last.



000000758158716

IVY HILL PREPARATORY CHARTER SCHOOL  
OPERATING ACCOUNT

Primary Account: 000000758158716

For the Period 5/30/20 to 6/30/20

During the day, if you review your account, you will see that we show some transactions as “pending.” These transactions impact your available balance, but have not yet posted to your account and do not guarantee that we will pay these transactions to your account if you have a negative account balance at that time. We may still return a transaction unpaid if your balance has insufficient funds during that business day’s overnight processing, even if it had been displayed as a “pending” transaction on a positive account balance during the day. If a transaction that you made or authorized does not display as “pending,” you are still responsible for it, and it may still be posted against your account during overnight processing.

#### OVERDRAFTS

**The section titled “Overdrafts” in the Deposit Account Agreement of both the Combined Terms and Conditions and the International Combined Terms and Conditions, shall be revised to read as follows:**

We may pay or decline to pay any item if your available balance is less than the amount of that item plus all other items received but not yet paid. We will decline any requested ATM withdrawal unless your available balance at the time is equal to or more than the amount of the requested withdrawal. Even if we have paid overdraft items before, we are not required to do it in the future. We look at your account only once to decide if the item would cause your account to become overdrawn.

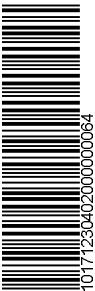
Your “available balance” is the previous day’s balance plus any pending credit transactions (excluding pending debit card purchase returns), such as ACH direct deposits, minus (1) pending charges such as debit card purchases, electronic payments, checks drawn on your account that have been cashed or deposited, or transactions that we are obligated to pay or have already paid, (2) amount of deposits that are not yet available for withdrawal under our funds availability policy, and (3) any holds on your balance, such as holds on funds to comply with court orders or other legal requirements. An “overdraft,” or “overdrawing” your account, means the item(s) presented on your account on a business day exceeds the available balance.

We generally will not authorize a non-recurring (“everyday”) debit card transaction if your available balance is insufficient to pay the transaction in two cases: for business accounts, if you have notified us not to pay debit card overdrafts, or, for personal accounts, if you have not notified us to pay debit card overdrafts at our discretion. We rely on transaction coding sent to us by the merchant or other third party to determine whether the debit card transaction is everyday or recurring.

It is your responsibility to avoid overdrawing your account. Talk to your J.P. Morgan team to learn about overdraft protection services. We also offer personalized alerts to keep you informed about the balance and transactions in your account.

You must immediately pay the amount of any overdraft together with any applicable fees or charges. If you fail to do so, you may be charged additional fees or interest. Until you pay such balance in full, you will pay interest on the amount of the overdraft at the rate indicated on the applicable fee schedule. We also may report you to credit reporting agencies, close your account, or both. These actions could affect your ability to open accounts in the future. If you believe that we have reported inaccurate or incomplete information about your account to a consumer reporting agency, you have the right to file a dispute with that consumer reporting agency. You may also submit a dispute directly to us by writing to the following address: JPMorgan Chase Bank, N.A., PO Box 182108, Internal Mail OHW-1000, Columbus, OH 43218. Provide your name, address and phone number; the account number; the specific information you are disputing; an explanation of why it is inaccurate or incomplete; and any supporting documentation.

You authorize us to use the money from any subsequent deposits to your account to pay any overdraft and resulting fees or charges. Subsequent deposits include any federal or state benefit payments that you choose to deposit in any account (including direct deposit of Social Security benefits). You understand and agree that if you do not want your benefits applied in this way, you may change your direct deposit instructions at any time.





000000758158716

IVY HILL PREPARATORY CHARTER SCHOOL  
OPERATING ACCOUNT

Primary Account: 000000758158716

For the Period 5/30/20 to 6/30/20

You agree to pay all costs and expenses, including attorney fees, we incur in collecting any overdraft. We may still pursue collection of the amount you owe (including suing you) after it is charged off.

### TAXES

The first paragraph of section 13 of the General Terms for Accounts and Services of the Combined Terms and Conditions, and the first paragraph of section 14 of the General Terms for Accounts and Services of the International Combined Terms and Conditions, shall be revised to read as follows:

You will be responsible for the payment of all taxes relating to your Accounts, including, but not limited to, any federal, state and local withholding tax. You will reimburse us on demand, hold us harmless and make us whole for any withholding tax, including, but not limited to, backup withholding tax, transfer taxes, documentary taxes, valued-added taxes, assessments or charges that are imposed at any time on or in connection with this Agreement, and shall indemnify us against liability for any such tax (including any interest and penalties). We are authorized to deduct from any cash receivable, and/or payments made or credited to your Accounts any taxes or levies and/or interest or penalties we are legally required to pay to the IRS and/or to any governmental authority for whatever reason with respect to your Accounts. In case your Accounts do not contain sufficient funds to satisfy the aforementioned taxes, including interest and/or penalties, we are authorized by you to sell, distribute, and/or liquidate any assets which we hold in custody for your benefit and/or in your name and/ or on your behalf up to the amount we are legally required to pay to the IRS to satisfy any of such taxes, interest and/or penalties.

### Deposits & Credits

Date	Description	Amount
06/08	Stripe Transfer St-Y3J5N9M6L8H4 CCD ID: 1800948598	48.25
06/09	Stripe Transfer St-J0I5P3G4Z1W4 CCD ID: 1800948598	28.83
06/10	Nys Osc ACH Ap00050277459 CCD ID: 2146013200	16,621.00
06/15	Bill.Com Voidpaymnt 016Xhcllc1Foxq1 CCD ID: 1204895317	900.00
06/15	Stripe Transfer St-J2R9E8E5Q8B3 CCD ID: 1800948598	485.20
06/19	Bill.Com Voidpaymnt 016Bddwkc1Fw026 CCD ID: 1204895317	900.00
06/19	Stripe Transfer St-Q6J9Y5B7W1U8 CCD ID: 1800948598	873.60
06/24	Stripe Transfer St-P5F6S4F6T7Y8 CCD ID: 1800948598	2,427.20
06/26	Stripe Transfer St-D1B7R8U5I4N0 CCD ID: 1800948598	698.82
06/29	Stripe Transfer St-K4J8Q1M1U6A3 CCD ID: 1800948598	2,427.20
<b>Total Deposits &amp; Credits</b>		<b>\$25,410.10</b>



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IVY HILL PREPARATORY CHARTER SCHOOL  
OPERATING ACCOUNT

Primary Account: 000000758158716

For the Period 5/30/20 to 6/30/20

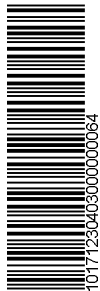
## Checks Paid

Check Number	Date Paid	Amount
1028	06/17	900.00
1029	06/26	800.00
<b>Total Checks Paid</b>		<b>(\$1,700.00)</b>

*You can view images of the checks above at JPMorganOnline.com. To Enroll in JPMorgan Online, please contact your J.P. Morgan Team.*

## Payments & Transfers

Date	Description	Amount
06/02	Little Bird Hr Bill.Com 016Sirmup1F7Qxo CCD ID: 3204895317	11,213.27
06/02	AXA Equitable Epac Pmt 0009168541 Web ID: 9247975001	1,079.88
06/04	Bill.Com Payables 016Lfdzig1Fb6J0 CCD ID: 1204895317	968.94
06/08	Bill.Com Payables 016Wacwcj1Fg42Z CCD ID: 1204895317	17,042.02
06/15	86301 Ivy Hill P Dir Dep 86301 CCD ID: 1364227403	28,112.48
06/15	Paylocity Corpor Tax Col CCD ID: 7364227403	14,022.92
06/15	Bill.Com Payables 016Dqpmbm1Fniq5 CCD ID: 1204895317	900.00
06/15	86301 Ivy Hill P Trust 86301 CCD ID: 9320459000	20.23
06/17	06/17 Online Transfer To Chk . 8732 Transaction#: 9793844058	4,712.00
06/17	AXA Equitable Epac Pmt 0009205644 Web ID: 9247975001	1,079.88
06/19	Bill.Com Payables 016Znqxbc1Fuk24 CCD ID: 1204895317	17,549.91
06/22	Bill.Com Payables 016Cxxhoj1Fwcvz CCD ID: 1204895317	6,743.00
06/26	Bill.Com Payables 016Fcnfnj1G3Apz CCD ID: 1204895317	10,830.00
06/29	86301 Ivy Hill P Trust 86301 CCD ID: 9320459000	20.23
06/30	86301 Ivy Hill P Dir Dep 86301 CCD ID: 1364227403	27,867.69
06/30	Paylocity Corpor Tax Col CCD ID: 7364227403	13,727.17
<b>Total Payments &amp; Transfers</b>		<b>(\$155,889.62)</b>





000000758158716

IVY HILL PREPARATORY CHARTER SCHOOL  
OPERATING ACCOUNT

Primary Account: 000000758158716

For the Period 5/30/20 to 6/30/20

**Daily Ending Balance**

Date	Amount
06/02	857,725.94
06/04	856,757.00
06/08	839,763.23
06/09	839,792.06
06/10	856,413.06

Date	Amount
06/15	814,742.63
06/17	808,050.75
06/19	792,274.44
06/22	785,531.44

Date	Amount
06/24	787,958.64
06/26	777,027.46
06/29	779,434.43
06/30	737,839.57

**Fees and Charges for Deposit Accounts****Fees**

Description	Volume	Allowed	Excess	Unit Price	Fees
000000758158716					
Monthly Service Fee	1.00	0	1	0.00	0.00
Deposits / Credits	10.00	10	0	0.80	0.00
Check / Debit Posted	17.00	490	0	0.20	0.00
Online ACH Payments Maint	1.00	0	1	0.00	0.00
Online ACH Payments Trans	1.00	25	0	0.00	0.00
<b>Total Fees</b>					<b>\$0.00</b>



Primary Account: 000000758158716

For the Period 5/30/20 to 6/30/20

## JPMorgan Classic Business Checking

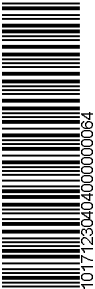
000000758158716 IVY HILL PREPARATORY CHARTER SCHOOL OPERATING ACCOUNT

IVY HILL PREPARATORY CHARTER SCHOOL OPERATING ACCOUNT		1028
DATE <u>06/17/2020</u> 1-2/10		
PAY TO THE ORDER OF <u>Lincoln A. Alleyne</u>	\$ <u>900.00</u>	
<u>Nine Hundred and zero cents</u>	DOLLARS	
J.P.Morgan		
J.P. MORGAN CHASE BANK, N.A.		
FOR <u>Instructional Services rendered</u>		
⑈00⑆1028⑈ ⑆02⑆00002⑆⑈	758158716⑈	

004090937399 JUN 17 #0000001028 \$900.00

IVY HILL PREPARATORY CHARTER SCHOOL OPERATING ACCOUNT		1029
DATE <u>06/26/2020</u> 1-2/10		
PAY TO THE ORDER OF <u>Kash Ari Contracting LLC</u>	\$ <u>800.00</u>	
<u>Eight Hundred and zero cents</u>	DOLLARS	
J.P.Morgan		
J.P. MORGAN CHASE BANK, N.A.		
FOR <u>Furniture moving services</u>		
⑈00⑆1029⑈ ⑆02⑆00002⑆⑈	758158716⑈	

004790066094 JUN 26 #0000001029 \$800.00





Primary Account: 000000758158716

For the Period 5/30/20 to 6/30/20

## Important Information About Your Statement

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### **In Case of Errors or Questions About Your Electronic Funds Transfers**

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Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-consumers, use your J.P. Morgan Team contact information) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

### **In Case of Errors or Questions About Non-Electronic Transactions:**

---

Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC

Bank products and services are offered by JPMorgan Chase Bank, N.A. and its affiliates. Securities are offered by J.P. Morgan Securities LLC, member FINRA and SIPC.

**Investment Products: Not FDIC insured • No bank guarantee • May lose value**

## Ivy Hill Preparatory Charter School

## 1010 Checking - 8716, Period Ending 06/30/2020

## RECONCILIATION REPORT

Reconciled on: 07/10/2020

Reconciled by: Juned Haque

Any changes made to transactions after this date aren't included in this report.

## Summary

USD

Statement beginning balance.....	870,019.09
Checks and payments cleared (18).....	-157,589.62
Deposits and other credits cleared (10).....	25,410.10
Statement ending balance.....	<u>737,839.57</u>

Register balance as of 06/30/2020.....	737,839.57
Cleared transactions after 06/30/2020.....	0.00
Uncleared transactions after 06/30/2020.....	-118,502.70
Register balance as of 07/10/2020.....	619,336.87

## Details

## Checks and payments cleared (18)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
06/02/2020	Journal	20200408		-1,079.88
06/02/2020	Expense	1500	Little Bird HR	-11,213.27
06/04/2020	Journal	20200369		-968.94
06/08/2020	Journal	20200388		-17,042.02
06/15/2020	Journal	20200410		-20.23
06/15/2020	Journal	20200396		-14,022.92
06/15/2020	Journal	20200396		-28,112.48
06/15/2020	Journal	20200390		-900.00
06/17/2020	Transfer			-4,712.00
06/17/2020	Journal	20200409		-1,079.88
06/17/2020	Bill Payment	1028	Lincoln A. Alleyne	-900.00
06/19/2020	Journal	20200392		-17,549.91
06/22/2020	Journal	20200394		-6,743.00
06/26/2020	Bill Payment	1029	KashAri Contracting LLC	-800.00
06/26/2020	Journal	20200395		-10,830.00
06/29/2020	Journal	20200411		-20.23
06/30/2020	Journal	20200397		-13,727.17
06/30/2020	Journal	20200397		-27,867.69

Total -157,589.62

## Deposits and other credits cleared (10)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
06/08/2020	Journal	20200398		48.25
06/09/2020	Journal	20200399		28.83
06/10/2020	Journal	20200407		16,621.00
06/15/2020	Journal	20200400		485.20
06/15/2020	Journal	20200391		900.00
06/19/2020	Journal	20200393		900.00
06/19/2020	Journal	20200401		873.60
06/24/2020	Journal	20200402		2,427.20
06/26/2020	Journal	20200403		698.82
06/29/2020	Journal	20200404		2,427.20

Total 25,410.10

## Additional Information

Uncleared checks and payments after 06/30/2020

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
07/01/2020	Journal			-95,983.60
07/02/2020	Journal			-24,875.00
Total				-120,858.60

## Uncleared deposits and other credits after 06/30/2020

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
07/02/2020	Journal	20200406		1,455.90
07/07/2020	Journal			900.00
Total				2,355.90



JPMorgan Chase Bank, N.A.  
P O Box 182051  
Columbus, OH 43218 - 2051

Primary Account: 000003375696001

For the Period 5/30/20 to 6/30/20

### J.P. Morgan Team

Jpms Banking Service Team (877) 576-2818

Jpms Banking Service Team

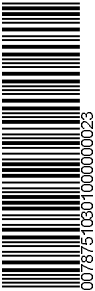
For assistance after business hours, 7 days a week. (800) 576-6209

Deaf and Hard of Hearing (800) 242-7383

Online access: [www.jpmorganonline.com](http://www.jpmorganonline.com)

00078751 DPB 802 211 18320 NNNNNNNNNN 1 000000000 D1 0000

IVY HILL PREPARATORY CHARTER SCHOOL  
475 E 57TH ST  
BROOKLYN NY 11203-6010



## JPMorgan Business Savings

Savings Account Summary	Instances	Amount
Beginning Balance		1,000.85
Deposits & Credits	1	0.13
Ending Balance	1	\$1,000.98

Annual Percentage Yield Earned This Period\* 0.15%

Interest Paid This Period \$0.13

Interest Paid Year-to-Date \$0.70

*\*Annual Percentage Yield Earned is an annualized rate that reflects the relationship between the amount of interest actually earned on the account during this statement period and the average daily balance in this account for the same period.*



000003375696001

IVY HILL PREPARATORY CHARTER SCHOOL

Primary Account: 000003375696001

For the Period 5/30/20 to 6/30/20

**Effective September 1, 2020, the following are amendments to your *Combined Terms and Conditions* (“Combined Terms and Conditions”) and/or *International General Terms for Accounts and Services Account Agreements* (“International Combined Terms and Conditions”), and may contain additional information about the features of your accounts.**

Unless indicated below, all other terms and conditions of your Combined Terms and Conditions and/or International Combined Terms and Conditions still apply. Please contact your J.P. Morgan team if you have any questions about these changes or would like additional information.

#### **WIRELESS OPERATOR**

**A new section titled “Wireless Operator” shall be added after section 5 of the General Terms for Accounts and Services of the Combined Terms and Conditions, and after section 6 of the General Terms for Accounts and Services of the International Combined Terms and Conditions. All subsequent sections shall be renumbered accordingly. This new section shall read as follows:**

##### **Wireless Operator**

By using our services, you authorize your wireless operator (AT&T, Sprint, T Mobile, U.S. Cellular, Verizon, or any other branded wireless operator) to use, or to disclose to J.P. Morgan or any of its affiliates or agents, your mobile number, name, address, email, network status, customer type, customer role, billing type, mobile device identifiers (IMSI and IMEI) and other subscriber and device status details, if available, where provided in accordance with your mobile operator’s privacy policy for the duration of our business relationship solely to help verify your identity, and to help protect against or prevent actual or potential fraud or unauthorized use of our services under this Agreement.

**A new section titled “Posting Order” shall be added after the section titled “Check and Forms Specifications/Protection of Documents” in the Deposit Account Agreement of both the Combined Terms and Conditions and the International Combined Terms and Conditions, and shall read as follows:**

##### **Posting Order**

We post transactions to your account during each business day’s overnight processing, which is generally completed before our branches open the next day. The order in which we generally apply deposits and withdrawals to your account each business day:

- First, we add deposits to your account.
- Second, we subtract everyday (not recurring) debit card transactions, online banking transactions, ATM withdrawals, teller cash withdrawals, checks you write that are either cashed or deposited by a banker, and wire transfers. We subtract all of these transactions in chronological order by using the date and time of each transaction. If we do not know the time of day you made a transaction, such as for some everyday debit card transactions, then it is posted as if it was made at the end of the day. Multiple transactions without a timestamp are subtracted starting with those having the highest dollar amount and moving to the lowest.
- Third, we subtract all other items, including checks you wrote that are either cashed or deposited at an ATM, and recurring debit card transactions starting with those having the highest dollar amount and moving to the lowest. We reserve the right to use a different order in certain states, such as Nevada.
- Finally, fees are assessed last.



000003375696001

IVY HILL PREPARATORY CHARTER SCHOOL

Primary Account: 000003375696001

For the Period 5/30/20 to 6/30/20

During the day, if you review your account, you will see that we show some transactions as “pending.” These transactions impact your available balance, but have not yet posted to your account and do not guarantee that we will pay these transactions to your account if you have a negative account balance at that time. We may still return a transaction unpaid if your balance has insufficient funds during that business day’s overnight processing, even if it had been displayed as a “pending” transaction on a positive account balance during the day. If a transaction that you made or authorized does not display as “pending,” you are still responsible for it, and it may still be posted against your account during overnight processing.

## OVERDRAFTS

**The section titled “Overdrafts” in the Deposit Account Agreement of both the Combined Terms and Conditions and the International Combined Terms and Conditions, shall be revised to read as follows:**

We may pay or decline to pay any item if your available balance is less than the amount of that item plus all other items received but not yet paid. We will decline any requested ATM withdrawal unless your available balance at the time is equal to or more than the amount of the requested withdrawal. Even if we have paid overdraft items before, we are not required to do it in the future. We look at your account only once to decide if the item would cause your account to become overdrawn.

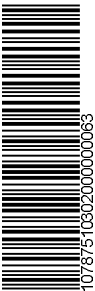
Your “available balance” is the previous day’s balance plus any pending credit transactions (excluding pending debit card purchase returns), such as ACH direct deposits, minus (1) pending charges such as debit card purchases, electronic payments, checks drawn on your account that have been cashed or deposited, or transactions that we are obligated to pay or have already paid, (2) amount of deposits that are not yet available for withdrawal under our funds availability policy, and (3) any holds on your balance, such as holds on funds to comply with court orders or other legal requirements. An “overdraft,” or “overdrawing” your account, means the item(s) presented on your account on a business day exceeds the available balance.

We generally will not authorize a non-recurring (“everyday”) debit card transaction if your available balance is insufficient to pay the transaction in two cases: for business accounts, if you have notified us not to pay debit card overdrafts, or, for personal accounts, if you have not notified us to pay debit card overdrafts at our discretion. We rely on transaction coding sent to us by the merchant or other third party to determine whether the debit card transaction is everyday or recurring.

It is your responsibility to avoid overdrawing your account. Talk to your J.P. Morgan team to learn about overdraft protection services. We also offer personalized alerts to keep you informed about the balance and transactions in your account.

You must immediately pay the amount of any overdraft together with any applicable fees or charges. If you fail to do so, you may be charged additional fees or interest. Until you pay such balance in full, you will pay interest on the amount of the overdraft at the rate indicated on the applicable fee schedule. We also may report you to credit reporting agencies, close your account, or both. These actions could affect your ability to open accounts in the future. If you believe that we have reported inaccurate or incomplete information about your account to a consumer reporting agency, you have the right to file a dispute with that consumer reporting agency. You may also submit a dispute directly to us by writing to the following address: JPMorgan Chase Bank, N.A., PO Box 182108, Internal Mail OHW-1000, Columbus, OH 43218. Provide your name, address and phone number; the account number; the specific information you are disputing; an explanation of why it is inaccurate or incomplete; and any supporting documentation.

You authorize us to use the money from any subsequent deposits to your account to pay any overdraft and resulting fees or charges. Subsequent deposits include any federal or state benefit payments that you choose to deposit in any account (including direct deposit of Social Security benefits). You understand and agree that if you do not want your benefits applied in this way, you may change your direct deposit instructions at any time.





000003375696001

IVY HILL PREPARATORY CHARTER SCHOOL

Primary Account: 000003375696001

For the Period 5/30/20 to 6/30/20

You agree to pay all costs and expenses, including attorney fees, we incur in collecting any overdraft. We may still pursue collection of the amount you owe (including suing you) after it is charged off.

### TAXES

**The first paragraph of section 13 of the General Terms for Accounts and Services of the Combined Terms and Conditions, and the first paragraph of section 14 of the General Terms for Accounts and Services of the International Combined Terms and Conditions, shall be revised to read as follows:**

You will be responsible for the payment of all taxes relating to your Accounts, including, but not limited to, any federal, state and local withholding tax. You will reimburse us on demand, hold us harmless and make us whole for any withholding tax, including, but not limited to, backup withholding tax, transfer taxes, documentary taxes, valued-added taxes, assessments or charges that are imposed at any time on or in connection with this Agreement, and shall indemnify us against liability for any such tax (including any interest and penalties). We are authorized to deduct from any cash receivable, and/or payments made or credited to your Accounts any taxes or levies and/or interest or penalties we are legally required to pay to the IRS and/or to any governmental authority for whatever reason with respect to your Accounts. In case your Accounts do not contain sufficient funds to satisfy the aforementioned taxes, including interest and/or penalties, we are authorized by you to sell, distribute, and/or liquidate any assets which we hold in custody for your benefit and/or in your name and/ or on your behalf up to the amount we are legally required to pay to the IRS to satisfy any of such taxes, interest and/or penalties.

### Transaction Detail

Date	Description	Deposits & Credits	Transfers & Withdrawals	Balance
05/30	Beginning Balance			1,000.85
06/30	Interest Payment	0.13		1,000.98
06/30	Ending Balance			\$1,000.98
Total		\$0.13	(\$0.00)	



Primary Account: 000003375696001

For the Period 5/30/20 to 6/30/20

## Important Information About Your Statement

### In Case of Errors or Questions About Your Electronic Funds Transfers

Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-consumers, use your J.P. Morgan Team contact information) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

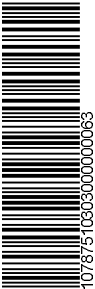
We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

### In Case of Errors or Questions About Non-Electronic Transactions:

Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC

Bank products and services are offered by JPMorgan Chase Bank, N.A. and its affiliates. Securities are offered by J.P. Morgan Securities LLC, member FINRA and SIPC.

**Investment Products: Not FDIC insured • No bank guarantee • May lose value**





Primary Account: 000003375696001

For the Period 5/30/20 to 6/30/20

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Ivy Hill Preparatory Charter School  
1020 Savings - Reserves - 6001, Period Ending 06/30/2020

RECONCILIATION REPORT

Reconciled on: 07/06/2020

Reconciled by: Juned Haque

Any changes made to transactions after this date aren't included in this report.

Summary	USD
Statement beginning balance.....	1,000.85
Interest earned.....	0.13
Checks and payments cleared (0).....	0.00
Deposits and other credits cleared (0).....	0.00
Statement ending balance.....	<u>1,000.98</u>
Register balance as of 06/30/2020.....	1,000.98

# Cover Sheet

## 990 Filing for 2018

<b>Section:</b>	III. Compliance Matters
<b>Item:</b>	A. 990 Filing for 2018
<b>Purpose:</b>	Discuss
<b>Submitted by:</b>	
<b>Related Material:</b>	2018 IHP 990 Submission.pdf 990 Submission.pdf

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019**2018**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**IVY HILL PREPARATORY CHARTER SCHOOL****83-1178507**

Name and title of officer

**AMBROSIA JOHNSON****FOUNDER & HEAD OF SCHOOL****Part I Type of Return and Return Information** (Whole Dollars Only)

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>758,955.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize PKF O'CONNOR DAVIES, LLP to enter my PIN 24009  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Ambrosia Johnson Date ▶ 07-14-20

**Part III Certification and Authentication**

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

26242371819

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ PKF O'CONNOR DAVIES, LLP Date ▶ 06/24/20

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Form <b>990</b> Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold;">2018</div> Open to Public Inspection
---	--	---

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>IVY HILL PREPARATORY CHARTER SCHOOL</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>475 E. 57TH STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>BROOKLYN, NY 11203</b>	<b>D</b> Employer identification number <b>83-1178507</b> <b>E</b> Telephone number <b>917-789-8959</b> <b>G</b> Gross receipts \$ <b>758,955.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.IVYHILLPREP.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>2018</b> <b>M</b> State of legal domicile: <b>NY</b>		

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE KINDERGARTEN THROUGH FIFTH GRADE EDUCATION.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> ..... <b>6</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> ..... <b>6</b> <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> ..... <b>1</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> ..... <b>25</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> ..... <b>0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> ..... <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year</b> <b>0.</b> <b>Current Year</b> <b>758,955.</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>0.</b> <b>0.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>0.</b> <b>0.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>0.</b> <b>758,955.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b> <b>0.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>0.</b> <b>172,078.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>0.</b> <b>173,716.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>0.</b> <b>345,794.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>0.</b> <b>413,161.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>Beginning of Current Year</b> <b>0.</b> <b>End of Year</b> <b>436,550.</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>0.</b> <b>23,389.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>0.</b> <b>413,161.</b>	

### Part II Signature Block

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.

<b>Sign Here</b>	Signature of officer <b>AMBROSIA JOHNSON, FOUNDER &amp; HEAD OF SCHOOL</b> Type or print name and title	Date _____		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>06/24/20</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN ▶ <b>27-1728945</b>		
	Firm's address ▶ <b>665 FIFTH AVENUE NEW YORK, NY 10022</b>	Phone no. <b>212-286-2600</b>		

May the IRS discuss this return with the preparer shown above? (see instructions) ..... ☒ Yes ☐ No

Form 990 (2018)

IVY HILL PREPARATORY CHARTER SCHOOL

83-1178507

Page **2****Part 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:

THROUGH HIGH-QUALITY CURRICULUM AND INSTRUCTION, INTENTIONAL LEADERSHIP DEVELOPMENT, AND A COMMITMENT TO EXCELLENCE IN ALL THAT WE DO, IVY HILL PREPARATORY CHARTER SCHOOL EDUCATES KINDERGARTEN THROUGH FIFTH GRADE SCHOLARS TO THRIVE IN MIDDLE AND HIGH SCHOOL, GRADUATE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 189,258. including grants of \$ ) (Revenue \$ )  
 GENERAL EDUCATION: STUDENTS RECEIVE DAILY INSTRUCTION FROM 7:30AM-4:30PM UTILIZING A TWO-TEACHER MODEL IN THE CONTENT AREAS OF LITERACY, MATHEMATICS, AND PERFORMING ARTS. FOR OUR SPECIAL EDUCATION PROGRAM, STUDENTS BENEFIT FROM THE GENERAL EDUCATION PROGRAM, AND ALSO RECEIVE PUSH-IN SERVICES, PULL OUT SERVICES, AND RELATED SERVICES ACCORDING TO THE MANDATES OUTLINED IN THEIR IEPS.

**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 **189,258.**Form **990** (2018)

Form 990 (2018)

IVY HILL PREPARATORY CHARTER SCHOOL

83-1178507

Page **3****Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> 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 "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b> X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	0
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

		Yes	No
<b>2a</b> 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>2a</b> 1		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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**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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	6			
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>b</b> Enter the number of voting members included in line 1a, above, who are independent		6		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
<b>3</b> 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?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> 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?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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				X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ 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 financial 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 **AMBROSIA JOHNSON - 917-789-8959**  
**475 E. 57TH STREET, BROOKLYN, NY 11203**

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



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**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	426,169.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	332,786.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....				758,955.		
<b>Program Service Revenue</b>	<b>2 a</b> .....			<b>Business Code</b>			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....					
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
			(i) Real	(ii) Personal			
<b>6 a</b> Gross rents .....							
<b>b</b> Less: rental expenses .....							
<b>c</b> Rental income or (loss) .....							
<b>d</b> Net rental income or (loss) .....							
			(i) Securities	(ii) Other			
<b>7 a</b> Gross amount from sales of assets other than inventory .....							
<b>b</b> Less: cost or other basis and sales expenses .....							
<b>c</b> Gain or (loss) .....							
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....			<b>a</b>				
<b>b</b> Less: direct expenses .....			<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....			<b>a</b>				
<b>b</b> Less: direct expenses .....			<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....			<b>a</b>				
<b>b</b> Less: cost of goods sold .....			<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....				758,955.	0.	0.	0.

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**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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	116,191.	70,521.	45,670.	
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 .....	35,883.	21,779.	14,104.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	6,521.	3,958.	2,563.	
10 Payroll taxes .....	13,483.	8,183.	5,300.	
11 Fees for services (non-employees):				
a Management .....	25,000.	7,500.	17,500.	
b Legal .....	475.		475.	
c Accounting .....	2,000.		2,000.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	27,151.	342.	26,809.	
12 Advertising and promotion .....	25,864.	25,864.		
13 Office expenses .....	7,722.	2,317.	5,405.	
14 Information technology .....	16,352.	13,082.	3,270.	
15 Royalties .....				
16 Occupancy .....				
17 Travel .....	5,314.	1,594.	3,720.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....	2,284.	685.	1,599.	
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 O.)				
a <b>REPAIRS AND MAINTENANCE</b>	33,174.	9,952.	23,222.	
b <b>STAFF DEVELOPMENT</b>	11,608.	8,423.	3,185.	
c <b>INSTRUCTIONAL SUPPLIES</b>	8,789.	8,789.		
d <b>STUDENT SERVICES</b>	4,270.	4,270.		
e All other expenses .....	3,713.	1,999.	1,714.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	345,794.	189,258.	156,536.	0.
26 <b>Joint costs.</b> 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)

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**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	158,305.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	134,855.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	1,000.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	1,192.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 47,448.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 0.	<b>0.</b>	<b>10c</b> 47,448.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>0.</b>	<b>15</b>	93,750.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>0.</b>	<b>16</b>	436,550.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	23,389.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	<b>0.</b>	<b>26</b>	23,389.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....		<b>27</b>	413,161.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	<b>0.</b>	<b>33</b>	413,161.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	<b>0.</b>	<b>34</b>	436,550.	

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	758,955.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	345,794.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	413,161.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	0.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	413,161.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

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**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**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		
<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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</b> 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.		
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

Schedule A (Form 990 or 990-EZ) 2018 **IVY HILL PREPARATORY CHARTER SCHOOL****83-1178507** Page **6****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>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> 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

Schedule A (Form 990 or 990-EZ) 2018 **IVY HILL PREPARATORY CHARTER SCHOOL**

83-1178507 Page 7

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> 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.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

DRAFT

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

IVY HILL PREPARATORY CHARTER SCHOOL

Employer identification number

83-1178507

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 B (Form 990, 990-EZ, or 990-PF) (2018)

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

Page **2**

Name of organization	Employer identification number
IVY HILL PREPARATORY CHARTER SCHOOL	83-1178507

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WALTON FAMILY FOUNDATION P.O. BOX 1860 BENTONVILLE, AR 72712	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

IVY HILL PREPARATORY CHARTER SCHOOL

83-1178507

**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
	_____ _____ _____	\$ _____	_____
(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) (2018)

Page **4**

Name of organization	Employer identification number
<b>IVY HILL PREPARATORY CHARTER SCHOOL</b>	<b>83-1178507</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
 ▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**Open to Public  
Inspection

Name of the organization

IVY HILL PREPARATORY CHARTER SCHOOL

Employer identification number

83-1178507

**Part I****Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II****Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ..... ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III****Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ .....

(ii) Assets included in Form 990, Part X ..... ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ .....

b Assets included in Form 990, Part X ..... ▶ \$ .....

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

IVY HILL PREPARATORY CHARTER SCHOOL

83-1178507 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ %c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		47,448.		47,448.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				47,448.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

IVY HILL PREPARATORY CHARTER SCHOOL

83-1178507 Page 3

**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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) SECURITY DEPOSITS	93,750.
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	93,750.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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 ☐

Schedule D (Form 990) 2018



**SCHEDULE E**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Schools**▶ **Complete if the organization answered "Yes" on Form 990,  
Part IV, line 13, or Form 990-EZ, Part VI, line 48.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Name of the organization

IVY HILL PREPARATORY CHARTER SCHOOL

Employer identification number

83-1178507

**Part I**

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....
- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.  
If you need more space, use Part II .....

**AS A PUBLIC SCHOOL, SUBJECT TO OPEN ENROLLMENT, THE CHARTER SCHOOL IS NOT SUBJECT TO THE SPECIFIC GUIDELINES SET FORTH IN REV. PROC. 75-50 AND AS MODIFIED BY REV. PROC. 2019-22. THE SCHOOL PUBLICIZED ITS RACIALLY NONDISCRIMINATION POLICY THROUGH ITS INTERNET WEBSITE.**

- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff? .....
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....
- d** Copies of all material used by the organization or on its behalf to solicit contributions? .....
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges? .....
- b** Admissions policies? .....
- c** Employment of faculty or administrative staff? .....
- d** Scholarships or other financial assistance? .....
- e** Educational policies? .....
- f** Use of facilities? .....
- g** Athletic programs? .....
- h** Other extracurricular activities? .....
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a** Does the organization receive any financial aid or assistance from a governmental agency? .....
- b** Has the organization's right to such aid ever been revoked or suspended? .....
- If you answered "Yes" on either line 6a or line 6b, explain on Part II.
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....

YES NO

1

X

2

X

3

X

4a

X

4b

X

4c

X

4d

X

5a

X

5b

X

5c

X

5d

X

5e

X

5f

X

5g

X

5h

X

6a

X

6b

X

7

X

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

Schedule E (Form 990 or 990-EZ) 2018

**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 FEDERAL FUNDING THROUGH THE CHARTER SCHOOLS PROGRAM.**

DRAFT

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**Open to Public  
Inspection

Name of the organization

IVY HILL PREPARATORY CHARTER SCHOOL

Employer identification number

83-1178507

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

FROM THE COLLEGE OF THEIR CHOICE, AND ACCESS LIVES OF PURPOSE AND  
OPPORTUNITY.

FORM 990, PART VI, SECTION A, LINE 4:

THE SCHOOL AMENDED THEIR BYLAWS, MAKING NOTICEABLE CHANGES TO THE  
COMMITTEES OF THE BOARD SECTION. THE REQUIREMENT FOR AN AUDIT COMMITTEE WAS  
REMOVED.

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

THE SCHOOL HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS  
ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION  
REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED,  
REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE  
SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE SCHOOL FOR  
ANY COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE  
OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE  
RETURN IS FINALIZED AND APPROVED FOR FILING.

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

ON AN ANNUAL BASIS, ALL TRUSTEES, OFFICERS, AND KEY PERSONS SHALL DISCLOSE  
IN WRITING TO THE SECRETARY ANY ENTITY THEY ARE A DIRECTOR, OFFICER,  
TRUSTEE, VOTING MEMBER, OWNER (IN WHOLE OR IN PART) OR EMPLOYEE OF AND WITH  
WHICH THE SCHOOL HAS A FINANCIAL RELATIONSHIP AND ANY TRANSACTION IN WHICH  
THE SCHOOL IS A PARTICIPANT AND IN WHICH THE TRUSTEE, OFFICER OR KEY  
PERSON, OR ONE OF HIS OR HER RELATIVES, MIGHT HAVE A CONFLICTING INTEREST.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

IVY HILL PREPARATORY CHARTER SCHOOL

Employer identification number

83-1178507

IF A CONFLICT WERE TO ARISE, THE INTERESTED PERSON SHALL EXCUSE THEMSELVES FROM BOARD DISCUSSION AND ABSTAIN FROM VOTING ON THE POTENTIAL CONFLICT. SUCH MATTERS INVOLVING THE EXISTENCE OF CONFLICTS OF INTEREST ARE TO BE DOCUMENTED IN THE MINUTES OF THE GOVERNING BOARD.

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

THE SCHOOL'S BOARD OF DIRECTORS COMPARES SALARIES OF SIMILAR ORGANIZATIONS TO DETERMINE THE SALARY OF ITS FOUNDER AND HEAD OF SCHOOL. THIS PROCESS OCCURRED IN AUGUST 2018 AND WAS DOCUMENTED IN THE MINUTES OF THE GOVERNING BOARD.

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

THE SCHOOL'S FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH THE PUBLIC PORTAL "BOARD ON TRACK". THESE ITEMS ARE POSTED ALONG WITH MEETING MATERIALS ON THE SCHOOL'S MEETING CALENDAR ON THEIR WEBSITE. IN ADDITION, THESE ITEMS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

# Cover Sheet

## Tuition Reimbursement

<b>Section:</b>	IV. Policy Recommendations
<b>Item:</b>	A. Tuition Reimbursement
<b>Purpose:</b>	Discuss
<b>Submitted by:</b>	
<b>Related Material:</b>	Tuition Reimbursement Policy_v2.pdf



## Tuition Reimbursement Policy

The Staff Tuition Reimbursement Program has been developed to help Ivy Hill Preparatory Charter School Employees further their knowledge, skills and job effectiveness through higher education in fields of interest to Ivy Hill Prep.

The goal of the program is to reimburse eligible employees for educational expenses not covered by any other source of educational assistance.

Ivy Hill Preparatory Charter School authorizes payment from school funds allotted for tuition reimbursement. The Head of School is responsible for administration, interpretation and approval/disapproval for this program. Only courses taken at nationally recognized accredited colleges, universities and technical schools will be approved for reimbursement.

### Eligibility

- All full-time employees who have completed twelve (12) months of continuous service are eligible to participate in the School's reimbursement program. Employees may not apply for the program until the full twelve (12) months of continuous service have been completed.
- Continued eligibility and reimbursement is contingent upon full-time employment with the School and continued good performance, conduct, and attendance.

### Approved Programs/Courses

- a. Tuition reimbursement is available for courses offered by fully accredited colleges, universities, professional, and trade or technical schools. This includes independent, self-study and online and video courses.
- b. Individual courses not taken as part of a degree or certificate program must be related to the employee's current position or prepare the employee for more advanced positions within the School.
- c. Degree or certificate programs must prepare the employee for more advanced positions within the School.
- d. Tuition for courses not specifically related to employment with the School, but required to complete a degree or certificate program that is related to employment with the



## Tuition Reimbursement Policy

School, may be reimbursable under this policy provided the appropriate approvals are obtained.

### Eligible Educational Programs

- a. Associate's, Bachelor's, Master's and Doctoral degree programs; eligible courses include all coursework required to complete an approved degree.
- b. Professional Certification Programs (programs must have a measurable course completion requirement beyond attendance and participation).
- c. Other programs as approved at the schools' discretion.

### Eligible Educational Providers

- a. Degree programs and individual courses must be provided by a nationally or regionally accredited educational provider that results in college credit.
- b. Accreditation is a status granted to educational institutions found to either meet or exceed academic quality standards established by an accrediting agency through an assessment process. Accreditation assures the School that the course and/or educational institution meet academic quality standards, including academic core values of performance, integrity and quality assurance.
- c. Certification programs must be provided by an agency that has met the standards of the credentialing organization and is authorized to grant certification.

### Amount of Reimbursement

Tuition will be reimbursed in accordance with this policy upon successful completion of courses, up to the following amounts:

- 1) \$800 per course for a maximum of two courses per school calendar year (July 1 - June 30) or up to \$1,600 per calendar year for all eligible employees. The sum total of all courses cannot exceed \$1,600 per fiscal year- recommendation to raise the reimbursement per class to \$800.



## Tuition Reimbursement Policy

- 2) Reimbursement amounts for courses that begin in one year but are completed in a subsequent year will be calculated as part of the reimbursement limit for the year in which the course is completed. For example, reimbursement for a course that began June 2014 and was completed in July 2015 will count towards the reimbursement limit for 2015.
- 3) Employees must be on the School's payroll upon completion of their courses in order to qualify for tuition reimbursement.
- 4) If a course is offered only as "pass-fail," a passing grade must be obtained. Courses will be granted reimbursement according to the reimbursement schedule below, of this policy. If an employee has the option of choosing to be graded under either a "pass-fail" or a letter grade system, the letter grade system must be used. If no grades are given, the employee must provide proof of successful completion of the course.
- 5) A dropped course no longer qualifies for reimbursement.
- 6) Employees who are approved for tuition reimbursement will be reimbursed after the completion of the course, submission of a copy of the employees transcript as stated below in this policy and according to the following schedule:

Associate and Bachelor Degree Grade Road Map

Course Grade	Percentage Reimbursement
A	100%
B	75%
C	50%

Masters and Doctorate Grade Road Map

Course Grade	Percentage Reimbursement
A	100%
B	50%



## Tuition Reimbursement Policy

"Pass/Fail" Grade Road Map

Course Grade	Percentage Reimbursement
Pass	100%
Fail	0%

*Based on the amount of reimbursement requests submissions for a specific fiscal year, all or percentage of the amount will be paid until the amount allotted for the yearly reimbursements is completely spent. Administration is allowed the discretion to limit tuition reimbursement to employees during the year for budgetary considerations. The fiscal year runs from July 1st to June 30<sup>th</sup>.*

### Applying for Tuition Reimbursement

#### 1. Individual Courses

- a. An application must be submitted for each course prior to course enrollment. Applications are processed online in the Little Bird Nest. The application is reviewed and processed by the Head of School. Approved applications will be required for reimbursement at the end of the course.
- b. Copies of the program curricula must be uploaded as an attachment.
- c. To receive reimbursement, the employee must submit a Tuition Reimbursement application on the Little Bird Nest within ninety (90) days of class completion or within thirty (30) days of receiving his/her grade for the course, whichever is later, along with the following:
  - 1) Itemized invoice of tuition and fees.
  - 2) Itemized receipt showing proof of payment. **Amounts covered by grants or scholarships are not reimbursable and will be deducted from tuition amounts before any reimbursement is paid by the School.**



## Tuition Reimbursement Policy

- a. Receipts should identify the employee and the educational institution attended. The receipts must also:
  - Provide an itemized breakdown of tuition, books and fees. (If the school does not itemize, then the receipt must have documentation from the school explaining this each time you submit for reimbursement.)
  - Show covered expenses have been paid in full
- 3) The official transcript, original document or electronic transcript issued by the university or school, of a passing grade, or a “pass” for a pass/fail course, or a certificate or documentation indicating achievement of professional certification for a certification program. At the discretion of the school, an unofficial transcript can be submitted for reimbursement, the official transcript will need to be required at a later date, not to exceed forty-five days following completion of the course.
- d. Employees are responsible for submitting copies of original, unaltered documents and fully disclosing all required information (e.g. receipt of scholarship money) as required during the application and/or reimbursement processes. Falsification and/or purposeful omission of required information may result in disciplinary action up to and including suspension or termination of employment.

### 2. Degree or Certificate Programs

- a. Once a program has been approved by the Head of School, the employee must follow the procedures outlined above under "Individual Courses" for each course he/she wishes to take.
- b. Course work must be completed outside of the employee's normal working hours unless otherwise approved by the Head of School.

### 3. Deadlines

In order to be eligible for tuition reimbursement, employees must complete an online application no later than the following dates:



## Tuition Reimbursement Policy

Semester	Application Deadline	Tuition Reimbursement Form
Fall	September 15 <sup>th</sup>	February 15 <sup>th</sup>
Spring	January 15 <sup>th</sup>	July 15 <sup>th</sup>
Summer	June 15 <sup>th</sup>	October 15 <sup>th</sup>

### **Payment**

Once approved, an employee will be reimbursed through payroll on a regular paycheck, typically within two to four pay periods after the approval. An employee must be active at the time of payment of reimbursement benefit to be eligible for reimbursement.

### **Overpayment**

You are expected to reimburse the School the full amount of any reimbursement overpayment, regardless of the reason for the overpayment.

### **Separation or Rehire**

If an employee's employment ends before the successful completion of a course and payment of the reimbursement benefit, they are not eligible for reimbursement for the course.

Rehired employees must re-satisfy the twelve (12) months of the continuous service requirement upon return to the School to be eligible for tuition reimbursement. Prior periods of service do not count for establishing eligibility for tuition reimbursement.

### **Exceptions**

1. This policy covers tuition only. Costs for books and fees will not be paid by the School.
2. The School reserves the right to deny any application or tuition reimbursement request.
3. The School reserves the right to modify or cancel its tuition reimbursement program at any time, with or without notice to employees.



## Tuition Reimbursement Policy

### **Taxation of Reimbursement**

Please check with your tax consultant regarding taxation rules and regulations for tuition reimbursement.

## Attachments

The following files are attached to this PDF: You will need to open this document in an application that supports attachments (i.e. [Adobe Reader](#)) in order to access these files.

Ivy Hill Monthly Financials - June 2020.xlsx