



## Compass Charter Schools

### Finance Committee Meeting

**Date and Time**

Tuesday May 16, 2017 at 2:00 PM

CCS Central Office: 850 Hampshire Road, Suite P, Thousand Oaks, CA 91361  
 3305 Buckman Springs Road, Pine Valley, CA 91962  
 3625 Thousand Oaks Blvd., Suite 245 Westlake Village, CA 91362

Please join my meeting from your computer, tablet or smartphone.  
<https://global.gotomeeting.com/join/188967613>  
 You can also dial in using your phone: (312) 757-3121; Access Code: 188-967-613

For questions or requests regarding accessibility, please call Miguel Aguilar at (805) 807-8199.

**Agenda**

	Purpose	Presenter	Duration
<b>I. Opening Items</b>			
<b>A.</b> Call the Meeting to Order		Kathy Granger	1
<b>B.</b> Record Attendance and Guests		Miguel Aguilar	1
<b>II. CONSENT ITEMS</b>			
<b>A.</b> Consent Items	Vote	Kathy Granger	1
Consent Items - Items under Consent Items will be voted on in one motion unless a member of the Committee requests that an item be removed and voted on separately, in which case, the Committee Chair will determine when it will be called and considered for action. Due to the set-up of BoardOnTrack, approval of any meeting minutes will be done through consent, unless removed and voted on separately as noted above, using the same vote count.			
<ul style="list-style-type: none"> <li>• Approval of May 16, 2017 Regular Meeting Agenda</li> <li>• Approval of April 18, 2017 Regular Meeting Minutes</li> </ul>			
<b>B.</b> Approval of the April 18, 2017 Regular Meeting Minutes	Approve Minutes	Kathy Granger	

### III. COMMUNICATIONS

<b>A. Committee Member Communication</b>	FYI	Kathy Granger	10
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- Joe Cummings
- Kathy Granger

### IV. REPORTS

<b>A. Staff Report</b>	FYI	J.J. Lewis	5
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### V. PUBLIC COMMENT

<b>A. Public Comment</b>	FYI	Kathy Granger	5
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Addressing the Committee – Committee meetings are meetings of the Board of Directors and will be held in a civil, orderly and respectful manner. All public comments or questions should be addressed to the Committee through the Chair of the Committee. To ensure an orderly meeting and an equal opportunity for each speaker, persons wishing to address the Committee must send a Speaker Request Message through the form of a text message or chat box message to Miguel Aguilar, Executive Assistant to the CEO (805-807-8199). Messages must contain speaker name, contact number or email, and subject matter and sent prior to the beginning of the Public Comment section of the meeting. Members of the public may address the Committee on any matter within the Committee’s jurisdiction and have **three (3) minutes each** to do so. The total time of each subject will be fifteen (15) minutes, unless additional time is requested by a Committee Member and approved by the Committee.

The Committee may not deliberate or take action on items that are not on the agenda. However, the Committee may give direction to staff following a presentation. The Chair is in charge of the meeting and will maintain order, set the time limits for the speakers and the subject matter, and will have the prerogative to remove any person who is disruptive of the Committee meeting. The Finance Committee may place limitations on the total time to be devoted to each topic if it finds that the numbers of speakers would impede the Committee’s ability to conduct its business in a timely manner. The Finance Committee may also allow for additional public comment and questions after reports and presentations if it deems necessary.

### VI. UNFINISHED BUSINESS

#### VII. NEW BUSINESS

<b>A. Review and Discussion of the 2015 Form 990</b>	Discuss	J.J. Lewis	10
<b>B. Review and Discussion of the April Financials</b>	Discuss	J.J. Lewis	10
<b>C. Review and Discussion of the Executive Compensation Study</b>	Discuss	J.J. Lewis	10
<b>D. Review and Discussion of the 2017-18 Draft Operating Budget</b>	Discuss	J.J. Lewis	10

### VIII. Closing Items

<b>A. UPCOMING MEETING</b>	FYI	J.J. Lewis	1
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Tuesday, June 20 at 2 pm

**B. Adjourn Meeting**

FYI

Kathy  
Granger

1

# Cover Sheet

## Approval of the April 18, 2017 Regular Meeting Minutes

**Section:** II. CONSENT ITEMS  
**Item:** B. Approval of the April 18, 2017 Regular Meeting Minutes  
**Purpose:** Approve Minutes  
**Submitted by:**



## Compass Charter Schools

# Minutes

## Finance Committee Meeting

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### **Date and Time**

Tuesday April 18, 2017 at 2:00 PM

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### **Committee Members Present**

J. Cummings (remote), J. Lewis, K. Granger (remote)

### **Committee Members Absent**

### **Guests Present**

L. Fishman, M. Aguilar

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## **I. Opening Items**

### **A. Call the Meeting to Order**

K. Granger called a meeting of the Finance committee of Compass Charter Schools to order on Tuesday Apr 18, 2017 @ 2:00 PM.

### **B. Record Attendance and Guests**

## **II. CONSENT ITEMS**

**A. Consent Items**

J. Cummings made a motion to approve consent items.

K. Granger seconded the motion.

The committee **VOTED** to approve the motion.

**Roll Call**

K. Granger Aye

J. Cummings Aye

**B. Approval of the March 21, 2017 Regular Meeting Minutes**

J. Cummings made a motion to approve minutes from the Finance Committee Meeting on 03-21-17.

K. Granger seconded the motion.

The committee **VOTED** unanimously to approve the motion.

**Roll Call**

J. Cummings Aye

K. Granger Aye

**III. COMMUNICATIONS**

**A. Committee Member Communication**

No committee member communication.

**IV. REPORTS**

**A. Staff Report**

Mr. Lewis shared that we are in the beginning stages of the 2016-17 audit with Christy White Associates, who will be on-site this Thursday and Friday, April 20 and 21, to begin work on the attendance portion of the audit. He also shared that we will be on the June 7 agenda of the Advisory Commission on Charter Schools (ACCS) to hear our SB740 Funding Determination Requests. The packet, along with CDE staff recommendation, comes out on Friday, May 26. We anticipate working with CDE staff in the coming weeks to answer any questions on our forms to ensure a positive recommendation to the ACCS.

**V. PUBLIC COMMENT**

**A. Public Comment**

No public comment.

**VI. NEW BUSINESS**

**A. Review and Discussion of the March Financials**

Mr. Lewis and Mr. Scott Warner, School Business Manager from CSMC, led the committee in a review of the March financials.

**VII. Closing Items**

**A. UPCOMING MEETING**

**B. Adjourn Meeting**

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 2:15 PM.

Respectfully Submitted,  
M. Aguilar

# Cover Sheet

## Staff Report

**Section:** IV. REPORTS  
**Item:** A. Staff Report  
**Purpose:** FYI  
**Key Result:** CEO Support & Evaluation  
**Submitted by:** J.J. Lewis  
**Related Material:** Staff Report - May.pdf



Staff Report  
May 16, 2017

This report is meant to provide updates to the Board of Directors Finance Committee:

2016-17 Audit

Christy White Associates was on-site on Thursday, April 20 to begin work on our 2016-17 audit. They reviewed attendance compliance, as well as HR compliance. Once we close the books, they will return to review our financial compliance.

Charter School Development Center Charter Business Officer Training Program

Lisa Fishman, Director of Operations, and J.J. Lewis, President & CEO, completed COB training through the CSDC. They will both become certified once they submit key assignments, which are due by the end of July. Training topics included attendance accounting, budget development and monitoring, charter school auditing, personnel & labor, and more. This was a three (3) month program with both in-person and online modules.

Chase Bank (checking account)

The primary account for CCS is a checking account at Chase Bank. Balances are as of the end of the reported month:

- April: \$3,892,266.81

JP Morgan Chase (CD account)

CCS has a laddered CD account through JP Morgan Chase. Balances are as of the end of the reported month:

- April: \$3,760,090.00

Leases

We currently sublease two (2) properties to iLead Charter School: Bethel Church in Encino, and Friar Street in Van Nuys. These are the former locations for VIP North and VIP South, which were closed in June 2014. We have renewed our subleases with iLead through July 31, 2018.

# Cover Sheet

## Review and Discussion of the 2015 Form 990

**Section:** VII. NEW BUSINESS  
**Item:** A. Review and Discussion of the 2015 Form 990  
**Purpose:** Discuss  
**Key Result:** Cash Reserve Ratio  
**Submitted by:** J.J. Lewis  
**Related Material:** CCS 2015 Form 990 - FILING COPY.pdf

**2015**

**FEDERAL FILING INSTRUCTIONS**  
**COMPASS CHARTER SCHOOLS**  
**(FORMERLY ACADEMY OF ARTS AND SCIENCES)**

**CLIENT AAS**

**45-3643984**

**FORM TO FILE:**

FORM 990 - 2015 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

**SIGNATURE:**

SIGN AND DATE FORM 990.

**PAYMENT:**

NO PAYMENT IS REQUIRED.

**WHEN TO FILE:**

ON OR BEFORE MAY 15, 2017.

**WHERE TO FILE:**

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

**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning** 7/01 , 2015, and ending 6/30 , 2016

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** **COMPASS CHARTER SCHOOLS**  
**(FORMERLY ACADEMY OF ARTS AND SCIENCES)**  
 850 HAMPSHIRE ROAD, SUITE P  
 THOUSAND OAKS, CA 91361

**D Employer identification number**  
45-3643984

**E Telephone number**  
(855) 937-4227

**G Gross receipts \$** 16,191,272.

**F Name and address of principal officer:**  
SAME AS C ABOVE

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If 'No,' attach a list. (see instructions)

**I Tax-exempt status**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ WWW.COMPASSCHARTERS.ORG

**H(c) Group exemption number** ▶

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** 2011 **M State of legal domicile:** CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: THE ORGANIZATION WAS FORMED FOR THE PURPOSE OF OPERATION PUBLIC CHARTER SCHOOLS IN CALIFORNIA. DURING 2015-16, THE ORGANIZATION OPERATED TEN (10) CHARTER SCHOOLS IN FIVE (5) DIFFERENT COUNTIES. THE ORGANIZATION SERVED OVER 1,300 STUDENTS IN GRADES K - 12.

**2** Check this box  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>	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	276
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	4
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	35,480,518.	16,147,441.
<b>9</b> Program service revenue (Part VIII, line 2g)		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,179.	15,543.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	505,835.	28,288.
<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,989,532.	16,191,272.

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,783,969.	6,656,605.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,616,847.	7,721,483.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,400,816.	14,378,088.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,588,716.	1,813,184.

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	16,163,649.	22,399,875.
<b>21</b> Total liabilities (Part X, line 26)	2,584,084.	7,007,126.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	13,579,565.	15,392,749.

**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.

**Sign Here**

Signature of officer: J. J. LEWIS Date: \_\_\_\_\_  
 Type or print name and title: PRESIDENT & CEO

**Paid Preparer Use Only**

Print/Type preparer's name: CHRISTY WHITE, CPA Preparer's signature: Christy White Date: 04/21/2017 Check  if self-employed PTIN: P01297358

Firm's name: CHRISTY WHITE ASSOCIATES Firm's EIN: 27-2956198  
 Firm's address: 348 OLIVE STREET Phone no.: (619) 270-8222  
SAN DIEGO, CA 92103

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

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:

OUR MISSION IS TO INSPIRE AND DEVELOP INNOVATIVE, CREATIVE, SELF-DIRECTED LEARNERS, ONE SCHOLAR AT A TIME.

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [ ] No

If 'Yes,' describe these changes on Schedule O. SEE 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 \$ 9,931,321. including grants of \$ ) (Revenue \$ 16,147,441.)

DURING 2015-16, THE ACADEMY OF ARTS AND SCIENCES (AAS) OPERATED TEN (10) PUBLIC CHARTER SCHOOLS FOR STUDENTS IN GRADES K-12 IN CALIFORNIA IN THE COUNTIES OF SAN DIEGO, VENTURA, SONOMA, FRESNO AND LOS ANGELES. AAS OFFERS A CUSTOMIZED LEARNING PROGRAM FOR STUDENTS TO ENGAGE IN AN EXCEPTIONAL LEARNING EXPERIENCE THAT BLENDS INNOVATIVE ONLINE LEARNING WITH CRITICAL FACE-TO-FACE AND LAB TIME. STUDENTS LEARN BEST WHEN THEIR EDUCATION IS TAILORED TO THEIR SPECIFIC NEEDS, WHICH IS WHY A KEY TENANT OF THE PHILOSOPHY AT AAS IS FLEXIBILITY. THE FLEXIBILITY OF BLENDING LEARNING PROVIDES CHOICE FOR STUDENTS. STUDENTS HAVE THE FLEXIBILITY TO PARTICIPATE IN A WIDE VARIETY OF EVENTS, ACTIVITIES, AND EXPERIENCES THAT ENHANCE THE LEARNING EXPERIENCE. EFFECTIVE FEBRUARY 8, 2017, THE ORGANIZATION FILED RESTATED ARTICLES OF INCORPORATION TO FORMALLY CHANGE THE NAME OF THE CORPORATION TO COMPASS CHARTER SCHOOLS.

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 9,931,321.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....		X
3 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> .....		X
4 <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> .....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> .....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....		X
10 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> .....		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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> .....		X
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i> .....	X	
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> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....	X	
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions). .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> .....		X
19 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> .....		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes', complete Schedule H.</i> .....		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<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> .....		X
<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> .....		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> .....	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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<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> .....		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> .....		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> .....		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> .....		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> .....		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> .....		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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		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> .....		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> .....		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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		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>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> .....		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> .....		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. ....	X	

BAA

Form 990 (2015)

**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>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">287</span>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</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. <span style="float:right">276</span>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 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>4 a</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)?		X
<b>4 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>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</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?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 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?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>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>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders.		
<b>11 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>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13 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>13 c</b>	Enter the amount of reserves on hand.		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

**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**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 5 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>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1 b</b> 5		
<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? . . . . . <b>SEE SCH O</b>	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>7 a</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>7 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>8 a</b>	a The governing body? . . . . .	X	
<b>8 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>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 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>11 a</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>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. <b>SEE SCHEDULE O</b>		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>12 b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12 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. . . . . <b>SEE SCHEDULE O</b>	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>15 a</b>	a The organization's CEO, Executive Director, or top management official. <b>SEE SCHEDULE O</b>	X	
<b>15 b</b>	b Other officers or key employees of the organization. . . . . If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16 a</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>16 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 ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 EDHIVE 330 A STREET SUITE 189 SAN DIEGO CA 92101 (855) 433-4483

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER MCDONALD CHAIRMAN	2 0	X		X				0.	0.	0.
(2) MIRIAM COHEN SECRETARY	2 0	X		X				0.	0.	0.
(3) JOE CUMMINGS TRUSTEE	2 0	X						0.	0.	0.
(4) MATT KOBlich TRUSTEE	2 0	X						0.	0.	0.
(5) KATHY GRANGER TREASURER	2 0	X		X				0.	0.	0.
(6) J.J. LEWIS PRESIDENT & CEO	40 0			X				40,000.	0.	0.
(7) JULIE TROLETTI DIRECTOR	40 0					X		107,931.	0.	4,822.
(8) SEAN MCMANUS FORMER CEO	0 0						X	169,708.	0.	0.
(9) ELIZABETH OBERREITER INTERIM CEO	40 0						X	128,964.	0.	190.
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1 b Sub-total</b> .....							446,603.	0.	5,012.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							446,603.	0.	5,012.	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3										

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EDHIVE, INC. 330 A STREET SUITE 189 SAN DIEGO, CA 92101	BUSINESS SERVICES	899,284.
CHAMPIONS CHARTER SERVICES 1370 VALLEY VISTA DR.#230 DIAMOND BAR, CA	SPECIAL EDUCATION	552,030.
K12 MANAGEMENT INC 2300 CORPORATE PARK DRIVE HERNDON, VA 20171	ONLINE CURRICULUM	2,497,522.
FUEL EDUCATION LLC 2300 CORPORATE PARK DRIVE HERNDON, VA 20171	ONLINE CURRICULUM	532,627.
COMMUNITY COLLABORATIVE VIRTUAL SCHOOL 30961 HWY 79 SAN DIEGO, CA 92	ONLINE CURRICULUM	579,679.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 15		

**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>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 16,147,441.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f .....	▶ 16,147,441.				
<b>Program Service Revenue</b>	<b>2 a</b> Business Code					
	<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) .....	▶ 15,543.			15,543.	
	<b>4</b> Income from investment of tax-exempt bond proceeds..	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<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 .....	▶				
Miscellaneous Revenue		Business Code				
<b>11 a</b> OTHER INCOME	900099	28,288.	28,288.			
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	▶ 28,288.					
<b>12 Total revenue.</b> See instructions .....	▶ 16,191,272.	28,288.	0.	15,543.		

**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.  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic 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	40,000.	0.	40,000.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	5,413,634.	3,766,967.	1,646,667.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	439,597.	303,641.	135,956.	
9 Other employee benefits	459,031.	317,065.	141,966.	
10 Payroll taxes	304,343.	210,218.	94,125.	
11 Fees for services (non-employees):				
a Management				
b Legal	78,051.	35,495.	42,556.	
c Accounting	40,806.	28,186.	12,620.	
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 Schedule O.)	2,349,581.	1,261,052.	1,088,529.	
12 Advertising and promotion	62,121.	42,909.	19,212.	
13 Office expenses	36,449.	25,176.	11,273.	
14 Information technology	86,348.	59,643.	26,705.	
15 Royalties				
16 Occupancy	790,067.	545,720.	244,347.	
17 Travel	47,288.	32,663.	14,625.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	115,491.	79,773.	35,718.	
20 Interest	5,068.		5,068.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	23,164.	16,000.	7,164.	
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 <u>BOOKS AND SUPPLIES</u>	4,082,711.	3,203,817.	878,894.	
b <u>DUES AND MEMBERSHIPS</u>	4,338.	2,996.	1,342.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	14,378,088.	9,931,321.	4,446,767.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing.....	6,727,553.	<b>1</b>	13,357,320.
	<b>2</b> Savings and temporary cash investments.....	2,374,716.	<b>2</b>	3,109,031.
	<b>3</b> Pledges and grants receivable, net.....		<b>3</b>	
	<b>4</b> Accounts receivable, net.....	7,061,380.	<b>4</b>	933,524.
	<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 instructions). Complete Part II of Schedule 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>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation.....	<b>10b</b>		<b>10c</b>
	<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>	5,000,000.
	<b>14</b> Intangible assets.....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11.....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34).....		16,163,649.	<b>16</b>	22,399,875.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses.....	1,434,768.	<b>17</b>	6,944,726.
	<b>18</b> Grants payable.....		<b>18</b>	
	<b>19</b> Deferred revenue.....		<b>19</b>	62,400.
	<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.....	1,149,316.	<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 Total liabilities.</b> Add lines 17 through 25.....	2,584,084.	<b>26</b>	7,007,126.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets.....	13,549,279.	<b>27</b>	15,188,287.
	<b>28</b> Temporarily restricted net assets.....	30,286.	<b>28</b>	204,462.
	<b>29</b> Permanently restricted net assets.....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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> Total net assets or fund balances.....	13,579,565.	<b>33</b>	15,392,749.
<b>34</b> Total liabilities and net assets/fund balances.....	16,163,649.	<b>34</b>	22,399,875.	

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Form 990 (2015)

**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>	16,191,272.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	14,378,088.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,813,184.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,579,565.
<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>	15,392,749.

**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>2 a</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		X
<b>2 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2 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.	X	
<b>3 a</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?		X
<b>3 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.		

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Form 990 (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization <b>COMPASS CHARTER SCHOOLS (FORMERLY ACADEMY OF ARTS AND SCIENCES)</b>	Employer identification number <b>45-3643984</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 <b>Total.</b> Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>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**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14.	15	%
16a <b>33-1/3% support test – 2015.</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 – 2014.</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"/>		
17a <b>10%-facts-and-circumstances test – 2015.</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 – 2014.</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"/>		
18 <b>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"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . .

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests – 2015.** 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 – 2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	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>3c</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 11a or 11b 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 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 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 (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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

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

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

**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 November 20, 1970. 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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

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

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

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

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

<b>Section D – Distributions</b>	<b>Current Year</b>
1 Amounts paid to supported organizations to accomplish exempt purposes.....	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
4 Amounts paid to acquire exempt-use assets.....	
5 Qualified set-aside amounts (prior IRS approval required).....	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.....	
7 <b>Total annual distributions.</b> Add lines 1 through 6.....	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.....	
9 Distributable amount for 2015 from Section C, line 6.....	
10 Line 8 amount divided by Line 9 amount.....	

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
1 Distributable amount for 2015 from Section C, line 6.....			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).....			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013.....			
e From 2014.....			
f <b>Total</b> of lines 3a through e.....			
g Applied to underdistributions of prior years.....			
h Applied to 2015 distributable amount.....			
i Carryover from 2010 not applied (see instructions).....			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.....			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years.....			
b Applied to 2015 distributable amount.....			
c Remainder. Subtract lines 4a and 4b from 4.....			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.....			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013.....			
d Excess from 2014.....			
e Excess from 2015.....			

BAA

Schedule A (Form 990 or 990-EZ) 2015

**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.)

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**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.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

COMPASS CHARTER SCHOOLS  
(FORMERLY ACADEMY OF ARTS AND SCIENCES)

Employer identification number

45-3643984

**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? . . . . .  Yes  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? . . . . .  Yes  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 . . . . .	2 a
b Total acreage restricted by conservation easements . . . . .	2 b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2 d

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.

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

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

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

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

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

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

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

**Part III Organizations 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 exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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.

1 a 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
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a 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
1 a 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%.

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  0.

BAA

**Part VII Investments – Other Securities.**

N/A

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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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) CERTIFICATES OF DEPOSIT	5,000,000.	END OF YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)	5,000,000.	

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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. **SEE PART XIII.**

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	16,191,272.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments	<b>2 a</b>		
	<b>b</b> Donated services and use of facilities	<b>2 b</b>		
	<b>c</b> Recoveries of prior year grants	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b>		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b>		<b>3</b>	16,191,272.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b>		<b>4 c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	16,191,272.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	14,378,088.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities	<b>2 a</b>		
	<b>b</b> Prior year adjustments	<b>2 b</b>		
	<b>c</b> Other losses	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b>		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b>		<b>3</b>	14,378,088.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b>		<b>4 c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	14,378,088.

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

MANAGEMENT BELIEVES ALL OF ITS SIGNIFICANT TAX POSITIONS WOULD BE UPHELD UNDER EXAMINATION; THEREFORE, NO PROVISION FOR INCOME TAX HAS BEEN RECORDED.

**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.**

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

COMPASS CHARTER SCHOOLS

Employer identification number

45-3643984

**Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	X	
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? .....	X	
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. ....	X	
<u>THE ORGANIZATION'S RACIALLY NONDISCRIMINATORY POLICY IS DOCUMENTED WITHIN THE CHARTER PETITIONS FOR EACH OF ITS PUBLIC CHARTER SCHOOLS. THE POLICY IS ALSO PRESENTED ON THE ORGANIZATION'S WEBSITE.</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		X
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered 'No' to any of the above, please explain. If you need more space, use Part II.		
<u>THE ORGANIZATION OPERATES PUBLIC CHARTER SCHOOLS THAT ARE TUITION-FREE; THEREFORE, DOCUMENTATION WITH RESPECT TO SCHOLARSHIPS AND FINANCIAL ASSISTANCE IS NOT APPLICABLE.</u>		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		X
b Admissions policies? .....		X
c Employment of faculty or administrative staff? .....		X
d Scholarships or other financial assistance? .....		X
e Educational policies? .....		X
f Use of facilities? .....		X
g Athletic programs? .....		X
h Other extracurricular activities? .....		X
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? .....	X	
b Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered 'Yes' on either line 6a or line 6b, explain on Part II. SEE 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. ....	X	

**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 (see instructions).

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**SCHEDULE E, LINE 6 - EXPLANATION OF AID OR ASSISTANCE FROM GOVERNMENTAL AGENCY**

AS AN ORGANIZATION OPERATING PUBLIC CHARTER SCHOOLS, THE ORGANIZATION RECEIVES FUNDING FROM THE U.S. AND CALIFORNIA DEPARTMENTS OF EDUCATION, ALONG WITH THE COUNTIES OF SAN DIEGO, VENTURA, SONOMA, FRESNO, AND LOS ANGELES, CALIFORNIA.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

COMPASS CHARTER SCHOOLS

45-3643984

**Part I Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain. ....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4 a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4 b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4 c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5 a**
- b** Any related organization? ..... **5 b**
- If 'Yes' to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6 a**
- b** Any related organization? ..... **6 b**
- If 'Yes' on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. .... **7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. .... **8**

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ..... **9**

	Yes	No
<b>1 b</b>		
<b>2</b>		
<b>4 a</b>		X
<b>4 b</b>		X
<b>4 c</b>		X
<b>5 a</b>		X
<b>5 b</b>		X
<b>6 a</b>		X
<b>6 b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

**Schedule J (Form 990) 2015**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SEAN MCMANUS 1 FORMER CEO	(i)	169,708.	0.	0.	0.	0.	169,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH OBERREITER 2 INTERIM CEO	(i)	128,964.	0.	0.	0.	190.	129,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

COMPASS CHARTER SCHOOLS  
(FORMERLY ACADEMY OF ARTS AND SCIENCES)

Employer identification number

45-3643984

**FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES**

THE ORGANIZATION PREVIOUSLY OPERATED FIFTEEN (15) PUBLIC CHARTER SCHOOLS DURING THE 2014-15 FISCAL YEAR. FIVE (5) SCHOOLS WERE CLOSED EFFECTIVE JUNE 30, 2015 LEAVING ONLY TEN (10) SCHOOLS OPERATING DURING 2015-16.

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

EFFECTIVE FEBRUARY 8, 2017, THE ORGANIZATION FILED RESTATED ARTICLES OF INCORPORATION TO FORMALLY CHANGE THE NAME OF THE CORPORATION TO COMPASS CHARTER SCHOOLS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

A DRAFT COPY OF THE FORM 990 TAX RETURN IS PROVIDED TO THE PRESIDENT & CEO AND THE BUSINESS SERVICES PROVIDER FOR REVIEW AND APPROVAL. THE FINALIZED COPY OF THE FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS AFTER FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AND A STATEMENT OF ECONOMIC INTEREST FILING IS PERFORMED ANNUALLY FOR ALL EMPLOYEES AND GOVERNING BOARD MEMBERS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

THE GOVERNING BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE PRESIDENT & CEO AND DOCUMENTS THE AGREEMENT WITHIN AN AT-WILL EMPLOYMENT CONTRACT.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST EITHER IN PERSON OR IN WRITING.

**FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
BUSINESS SERVICES PROVIDER	1,003,541.	693,172.	310,369.	
DISTRICT OVERSIGHT FEES	390,022.	47,079.	342,943.	
OTHER OPERATING EXPENSES	383,782.		383,782.	

Name of the organization COMPASS CHARTER SCHOOLS (FORMERLY ACADEMY OF ARTS AND SCIENCES)	Employer identification number 45-3643984
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**FORM 990, PART IX, LINE 11G (CONTINUED)  
OTHER FEES FOR SERVICES**

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT &amp; GENERAL</u>	(D) <u>FUND- RAISING</u>
PAYROLL EXPENSES	18,921.	13,069.	5,852.	
PROFESSIONAL CONSULTANTS	312,579.	266,996.	45,583.	
SPECIAL EDUCATION SERVICES	222,319.	222,319.		
STUDENT ASSESSMENT	18,417.	18,417.		
<b>TOTAL</b>	<u>\$ 2,349,581.</u>	<u>\$ 1,261,052.</u>	<u>\$ 1,088,529.</u>	<u>\$ 0.</u>

# Cover Sheet

## Review and Discussion of the April Financials

**Section:** VII. NEW BUSINESS  
**Item:** B. Review and Discussion of the April Financials  
**Purpose:** Discuss  
**Key Result:** Cash On Hand  
**Submitted by:** Scott Warner  
**Related Material:** CCS - BS - April 17.pdf  
CCS - PL - April 17.pdf

## Compass Charter Schools

May 2017

Segment Name	Filter Applied
Object	All
Restriction	All
Location	All

Group Description	Account	Account Description	
<b>Liquidity Ratio</b>			6.9
<b>Assets</b>			
<b>Current Assets</b>			
Cash	9120-010	Cash in Bank(s)	\$2,608,387
Cash	9125-020	Cash in County Treasury Account	\$256,207
Cash	9125-030	Cash in County Treasury Account	\$5,065
Cash	9125-050	Cash in County Treasury Account	\$142,787
Investments	9150-010	Investments	\$3,714,503
Accounts Receivables	9200-010	Accounts Receivables	\$150
Accounts Receivables	9290-020	Due from Grantor Governments	\$1,849
Accounts Receivables	9290-030	Due from Grantor Governments	\$64,707
Accounts Receivables	9290-050	Due from Grantor Governments	\$176,769
Accounts Receivables	9290-060	Due from Grantor Governments	\$165,000
Prepaid Expenses	9330-010	Prepaid Expenses	\$77,934
Total Current Assets			\$7,213,357
<b>Fixed Assets</b>			
Total Fixed Assets			-
<b>Other Assets</b>			
Total Other Assets			-
<b>Total Assets</b>			\$7,213,357

## Compass Charter Schools

May 2017

<b>Liabilities And Net Assets</b>			
<b>Current Liabilities</b>			
Accounts Payable	9590-020	Due to Grantor Governments	\$125,721
Accounts Payable	9590-040	Due to Grantor Governments	\$861,408
Accounts Payable	9590-060	Due to Grantor Governments	\$35,753
Accrued Salaries, Payroll Taxes, Postemployment Benefits	9503-010	Accrued STRS	\$16,583
Deposits held on behalf of other employees	9660-010	Voluntary Deductions	\$4,816
<b>Total Current Liabilities</b>			<b>\$1,044,281</b>
<b>Long Term Liabilities</b>			
Loans Payable	9620-010	Security Deposit Payable - ILead	\$25,000
<b>Total Long Term Liabilities</b>			<b>\$25,000</b>
<b>Total Liabilities</b>			<b>\$1,069,281</b>
<b>Net Assets</b>			
Unrestricted Net Assets	9780-020-15	Temporarily Restricted Net Assets	\$12,172
Unrestricted Net Assets	9780-030-15	Temporarily Restricted Net Assets	\$9,679
Unrestricted Net Assets	9780-040-15	Temporarily Restricted Net Assets	\$12,612
Unrestricted Net Assets	9780-050-15	Temporarily Restricted Net Assets	\$13,639
Unrestricted Net Assets	9780-060-15	Temporarily Restricted Net Assets	\$26,104
Unrestricted Net Assets	9780-060-39	Temporarily Restricted Net Assets	\$15,226
Unrestricted Net Assets	9790-010	Undesignated Fund Balance	\$12,100,904
Unrestricted Net Assets	9790-020	Undesignated Fund Balance	\$365,052
Unrestricted Net Assets	9790-030	Undesignated Fund Balance	\$483,355
Unrestricted Net Assets	9790-040	Undesignated Fund Balance	\$740,750
Unrestricted Net Assets	9790-050	Undesignated Fund Balance	\$122,942
Unrestricted Net Assets	9790-060	Undesignated Fund Balance	\$1,492,283
Profit/Loss YTD			(\$9,250,642)
<b>Total Net Assets</b>			<b>\$6,144,077</b>

**Compass Charter Schools**

May 2017

<b>Total Liabilities And Net Assets</b>			<i>\$7,213,357</i>

## Compass Charter Schools

April 2017 - April 2017

Segment Name	Filter Applied
Object	All
Restriction	All
Location	All

		April		July - April Summary				2016-2017	
Account Code	Description	Actual	Budget	Actual	Budget	Variance \$	Variance %	Total Budget	Remaining Budget
8011	LCFF Revenue			-	-	-	0.0 %	-	-
8019	Prior Year Income/Adjustments			\$4,331	-	\$4,331	0.0 %	-	(\$4,331)
8096	Charter Schools Funding In-Lieu of Property Taxes			\$421,114	-	\$421,114	0.0 %	-	(\$421,114)
<b>Revenue Limit</b>				\$425,445	-	\$425,445	0.0 %	-	(\$425,445)
8299	Prior Year Federal Income			\$46,250	-	\$46,250	0.0 %	-	(\$46,250)
<b>Federal Revenue</b>				\$46,250	-	\$46,250	0.0 %	-	(\$46,250)
8550	Mandated Block Grant	\$24,740	\$3,836	\$253,770	\$26,851	\$226,919	845.1 %	\$38,359	(\$215,411)
8560	State Lottery Revenue			\$26,692	-	\$26,692	0.0 %	-	(\$26,692)
8590	All Other State Revenues			\$187,582	-	\$187,582	0.0 %	-	(\$187,582)
8594	Prop 39 Clean Energy Act			(\$45,147)	-	(\$45,147)	0.0 %	-	\$45,147
8599	Prior Year State Income	\$17,830	-	\$37,840	-	\$37,840	0.0 %	-	(\$37,840)
<b>Other State Revenue</b>		\$42,570	\$3,836	\$460,737	\$26,851	\$433,886	1,615.9 %	\$38,359	(\$422,379)
8650	Rental Income	\$39,111	\$35,600	\$362,019	\$284,800	\$77,219	27.1 %	\$356,000	(\$6,019)
8660	Interest Income	\$9,801	-	\$26,750	-	\$26,750	0.0 %	-	(\$26,750)
8699	All Other Local Revenue	\$4,820	-	\$115,368	-	\$115,368	0.0 %	-	(\$115,368)
8792	SPED State/Other Transfers of Apportionments from County	-	\$71,977	(\$176,205)	\$575,817	(\$752,022)	-130.6 %	\$719,771	\$895,976
8793	SPED State/Other Transfers of Apportionments from JPA	(\$5,328)	-	(\$151,863)	-	(\$151,863)	0.0 %	-	\$151,863
8799	Other Transfers In			\$9,805,452	-	\$9,805,452	0.0 %	-	(\$9,805,452)
<b>Local Revenue</b>		\$48,403	\$107,577	\$9,981,521	\$860,617	\$9,120,904	1,059.8 %	\$1,075,771	(\$8,905,750)
<b>Total Revenue</b>		\$90,973	\$111,413	\$10,913,953	\$887,468	\$10,026,485	1,129.8 %	\$1,114,130	(\$9,799,823)
1100	Teachers' Salaries	\$241,233	\$263,227	\$2,199,332	\$2,237,431	\$38,099	1.7 %	\$2,632,272	\$432,940
1200	Certificated Pupil Support Salaries	\$62,508	\$80,062	\$514,509	\$680,524	\$166,015	24.4 %	\$800,616	\$286,107
1300	Certificated Pupil Support Salaries	\$28,439	\$43,015	\$344,654	\$426,053	\$81,400	19.1 %	\$512,083	\$167,430
1900	Other Certificated Salaries	-	-	\$33,600	-	(\$33,600)	0.0 %	-	(\$33,600)
<b>Certificated Salaries</b>		\$332,179	\$386,304	\$3,092,094	\$3,344,008	\$251,914	7.5 %	\$3,944,971	\$852,877
2200	Classified Support Salaries (Maintenance, Food)	\$52,781	\$82,668	\$579,113	\$702,678	\$123,565	17.6 %	\$826,680	\$247,567

## Compass Charter Schools

April 2017 - April 2017

2300	Classified Supervisor and Administrator Salaries	\$40,616	\$42,409	\$302,444	\$420,047	\$117,603	28.0 %	\$504,864	\$202,420
2400	Clerical, Technical, and Office Staff Salaries	\$33,743	\$29,027	\$417,497	\$287,506	(\$129,991)	-45.2 %	\$345,560	(\$71,937)
2900	Other Classified Salaries (Noon and Yard Sup, etc.)			\$43,008	-	(\$43,008)	0.0 %	-	(\$43,008)
<b>Classified Salaries</b>		\$127,141	\$154,104	\$1,342,062	\$1,410,231	\$68,169	4.8 %	\$1,677,104	\$335,042
3101	State Teachers' Retirement System, certificated positions	\$43,623	\$49,628	\$393,546	\$421,836	\$28,290	6.7 %	\$496,277	\$100,755
3313	OASDI	\$6,682	\$10,398	\$75,804	\$87,344	\$11,539	13.2 %	\$103,980	\$28,176
3323	Medicare	\$6,387	\$8,152	\$61,904	\$68,477	\$6,573	9.6 %	\$81,520	\$19,616
3403	Health & Welfare Benefits	\$39,249	\$45,403	\$441,069	\$381,385	(\$59,684)	-15.6 %	\$454,030	\$6,875
3503	State Unemployment Insurance	\$348	\$2,328	\$59,683	\$19,555	(\$40,128)	-205.2 %	\$23,280	(\$36,403)
3603	Worker Compensation Insurance	-	\$8,995	\$25,274	\$75,561	\$50,287	66.6 %	\$89,953	\$64,679
3703	Other Post Employment Benefits			\$950	-	(\$950)	0.0 %	-	(\$950)
3903	Other Employee Benefits	\$4,427	-	\$38,314	-	(\$38,314)	0.0 %	-	(\$38,314)
<b>Employee Benefits</b>		\$100,716	\$124,904	\$1,096,544	\$1,054,157	(\$42,387)	-4.0 %	\$1,249,041	\$144,435
<b>Total Personnel Expenses</b>		\$560,036	\$665,312	\$5,530,700	\$5,808,396	\$277,696	4.8 %	\$6,871,116	\$1,332,354
4100	Approved Textbooks and Core Curricula Materials	\$867,882	-	\$2,650,582	\$3,864,660	\$1,214,078	31.4 %	\$3,864,660	\$1,219,078
4200	Books and Other Reference Materials	-	\$68,282	\$500	\$682,821	\$682,321	99.9 %	\$682,821	\$682,321
4300	Materials and Supplies	\$6,244	\$2,872	\$31,984	\$25,848	(\$6,137)	-23.7 %	\$28,720	(\$3,265)
4315	Classroom Materials and Supplies	\$305	-	\$19,819	-	(\$19,819)	0.0 %	-	(\$19,819)
4400	Noncapitalized Equipment	\$1,648	\$111	\$15,824	\$996	(\$14,828)	-1,488.3 %	\$1,107	(\$14,717)
4430	Noncapitalized Student Equipment	-	\$13,404	\$1,981	\$120,640	\$118,659	98.4 %	\$134,044	\$132,063
<b>Books and Supplies</b>		\$876,080	\$84,669	\$2,720,691	\$4,694,965	\$1,974,275	42.1 %	\$4,711,352	\$1,995,662
5200	Travel and Conferences	\$6,597	\$5,000	\$42,366	\$50,000	\$7,634	15.3 %	\$50,000	\$7,634
5210	Training and Development Expense	\$6,436	\$15,000	\$139,587	\$150,000	\$10,413	6.9 %	\$150,000	\$10,413
5300	Dues and Memberships	\$1,424	\$1,000	\$24,172	\$10,000	(\$14,172)	-141.7 %	\$10,000	(\$14,172)
5400	Insurance	\$51	-	\$24,412	\$30,885	\$6,473	21.0 %	\$30,885	\$6,473
5500	Operation and Housekeeping Services	\$2,200	\$648	\$7,756	\$5,904	(\$1,852)	-31.4 %	\$7,200	(\$556)
5501	Utilities	-	\$999	\$5,334	\$9,105	\$3,771	41.4 %	\$11,104	\$5,596
5505	Student Transportation/Field Trips	-	\$6,750	-	\$61,500	\$61,500	100.0 %	\$75,000	\$75,000
5600	Space Rental/Leases Expense	\$68,604	\$65,370	\$700,032	\$647,472	(\$52,560)	-8.1 %	\$778,212	\$33,318
5601	Building Maintenance	\$539	\$2,160	\$2,289	\$19,680	\$17,391	88.4 %	\$24,000	\$21,711
5602	Other Space Rental	-	\$450	\$223	\$4,100	\$3,877	94.6 %	\$5,000	\$4,177
5605	Equipment Rental/Lease Expense	\$1,450	\$690	\$10,471	\$6,839	(\$3,631)	-53.1 %	\$8,220	(\$2,251)
5610	Equipment Repair	\$597	-	\$1,045	-	(\$1,045)	0.0 %	-	(\$1,045)
5800	Professional/Consulting Services and Operating Expenditures	(\$34,417)	\$26,877	\$72,210	\$266,211	\$194,001	72.9 %	\$319,965	\$247,755

## Compass Charter Schools

April 2017 - April 2017

5803	Banking and Payroll Service Fees	\$402	\$420	\$4,678	\$4,160	(\$518)	-12.5 %	\$5,000	\$297
5805	Legal Services	\$8,012	\$12,420	\$103,774	\$113,160	\$9,386	8.3 %	\$138,000	\$34,226
5806	Audit Services			\$32,615	-	(\$32,615)	0.0 %	-	(\$32,615)
5807	Legal Settlements			\$7,000	-	(\$7,000)	0.0 %	-	(\$7,000)
5809	Employee Tuition Reimbursement	-	-	\$9,231	-	(\$9,231)	0.0 %	-	(\$9,231)
5810	Educational Consultants	\$102,770	\$20,610	\$133,659	\$187,780	\$54,121	28.8 %	\$229,000	\$95,341
5811	Student Transportation	\$6,652	-	\$42,431	-	(\$42,431)	0.0 %	-	(\$42,431)
5815	Advertising/Recruiting	\$27,058	\$9,000	\$51,908	\$82,000	\$30,092	36.7 %	\$100,000	\$48,092
5873	Financial Services	\$29,733	-	\$264,000	-	(\$264,000)	0.0 %	-	(\$285,400)
5874	Personnel Services	\$32	-	\$1,052	-	(\$1,052)	0.0 %	-	(\$1,052)
5875	District Oversight Fee	\$21,026	-	\$111,261	-	(\$111,261)	0.0 %	-	(\$111,261)
5877	IT Services	\$12,102	-	\$61,137	-	(\$61,137)	0.0 %	-	(\$61,137)
5890	Interest Expense/Fees	\$224	-	\$1,722	-	(\$1,722)	0.0 %	-	(\$1,722)
5899	CMO Management Fee Expense			-	-	-	0.0 %	-	-
5900	Communications (Tele., Internet, Copies, Postage, Messenger)	\$11,410	\$3,360	\$68,235	\$33,280	(\$34,955)	-105.0 %	\$40,000	(\$28,235)
<b>Services &amp; Other Operating Expenses</b>		\$272,901	\$170,755	\$1,922,599	\$1,682,076	(\$240,523)	-14.3 %	\$1,981,586	(\$8,075)
7200	Transfer to Charter			\$9,920,482	-	(\$9,920,482)	0.0 %	-	(\$9,920,482)
<b>Other Outgo</b>				\$9,920,482	-	(\$9,920,482)	0.0 %	-	(\$9,920,482)
<b>Total Operational Expenses</b>		\$1,148,981	\$255,424	\$14,563,772	\$6,377,041	(\$8,186,730)	-128.4 %	\$6,692,938	(\$7,932,895)
<b>Total Expenses</b>		\$1,709,017	\$920,735	\$20,094,472	\$12,185,437	(\$7,909,035)	-64.9 %	\$13,564,054	(\$6,600,541)
<b>Net Income</b>		(\$1,618,044)	(\$809,322)	(\$9,180,519)	(\$11,297,969)	\$2,117,450	18.7 %	(\$12,449,924)	(\$3,199,282)

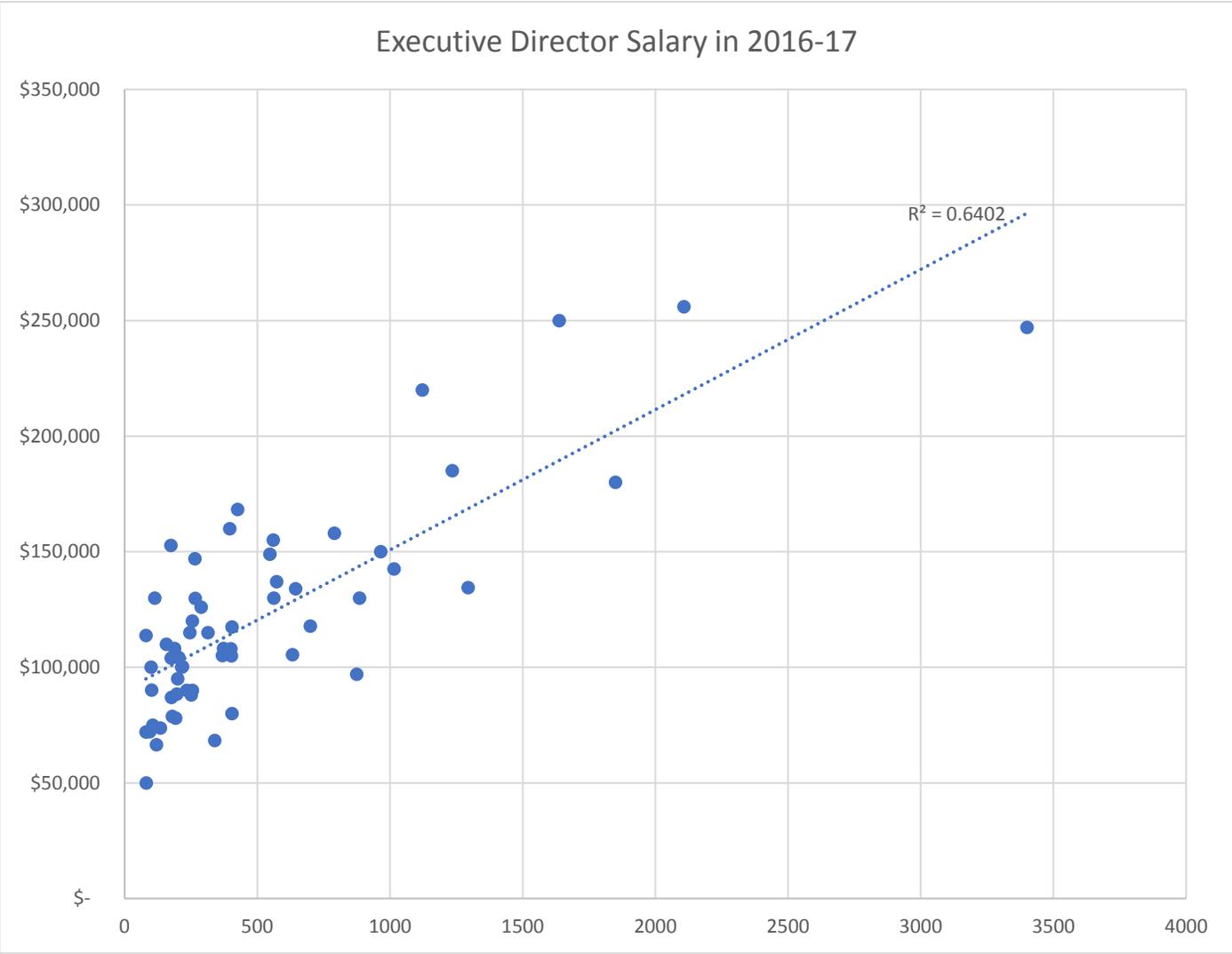
# Cover Sheet

## Review and Discussion of the Executive Compensation Study

**Section:** VII. NEW BUSINESS  
**Item:** C. Review and Discussion of the Executive Compensation Study  
**Purpose:** Discuss  
**Key Result:** CEO Support & Evaluation  
**Submitted by:** Miguel Aguilar  
**Related Material:** CSMC 16-17 Executive Director Salary Regression Chart.pdf  
Executive Compensation Study.pdf

# Executive Director Salary Regression

## Salary vs. ADA of Charter School(s) managed, 2016-17



<u>School/District</u>	<u>School Type</u>	<u>Enrollment</u>	<u>Title</u>	<u>Annual Salary</u>
Inspire School of Arts and Sciences	Classroom	480	Principal/Superintendent	\$115,062
Harvest Ridge Cooperative Charter School	Based/Classroom	548	Executive Director	\$101,237.00
Harvest Ridge Cooperative Charter School	Non-Classroom Based	164	Principal	\$88,827.00
Harvest Ridge Cooperative Charter School	Classroom	384	Principal	\$88,827.00
AAAnonymous Charter School	Non-Classroom Based	6,500	President	\$210,000
AAAnonymous Charter School	Non-Classroom Based	6,500	Chief Officer	\$140,000
Anonymous Charter School	Classroom	270	Executive Director	\$125,000

<u>Auto Allowance</u>	<u>Cell Phone Allowance</u>	<u>STRS/Retirement</u>	<u>Benefits</u>	<u>Total Compensation</u>
0	0	\$14,475	\$12,770	\$142,306
\$1,650.00	0	\$14,608.00	\$7,788.00	\$125,283.00
\$880.00	0	\$12,817.73	\$7,788.00	\$110,312.73
\$880.00	0	\$12,817.73	\$7,788.00	\$110,312.73
0	\$0	\$26,400	\$15,600	\$252,000
0	\$0	\$17,400	\$15,600	\$173,000
\$0	\$0	\$18,125	\$3,000	\$146,125

# Cover Sheet

## Review and Discussion of the 2017-18 Draft Operating Budget

**Section:** VII. NEW BUSINESS  
**Item:** D. Review and Discussion of the 2017-18 Draft Operating Budget  
**Purpose:** Discuss  
**Key Result:** Enrollment  
**Submitted by:** Scott Warner  
**Related Material:** CCS - 1718 Budget - 4-28-16.pdf

**Compass Charter Schools**  
**Budget Summary**  
**2017-18 Budgets by School**



SACS Code Description		San Diego	Los Angeles	Fresno	Total
<b>Revenue</b>					
	State	4,398,691	5,311,530	1,549,613	11,259,835
	Federal				-
	Local	474,886	547,945	164,384	1,187,215
<b>Total Revenue</b>		<b>\$ 4,873,577</b>	<b>\$ 5,859,475</b>	<b>\$ 1,713,997</b>	<b>\$ 12,447,049</b>
<b>Expenses</b>					
1000	Certificated Salaries	1,484,813	1,785,183	522,196	3,792,192
2000	Classified Salaries	585,236	703,626	205,823	1,494,684
3000	Benefits	488,022	586,747	171,633	1,246,403
	<i>Total Personnel Expense</i>	<i>2,558,071</i>	<i>3,075,555</i>	<i>899,653</i>	<i>6,533,279</i>
4000	Books and Supplies	1,330,273	1,599,381	467,846	3,397,500
5000	Services and Other Operating Expenses	1,085,099	1,304,609	381,620	2,771,328
6000	Capital Outlay				
7000	Other Outgoing				
<b>Total Expenses</b>		<b>\$ 4,973,443</b>	<b>\$ 5,979,544</b>	<b>\$ 1,749,119</b>	<b>\$ 12,702,106</b>
<b>Surplus / (Deficit)</b>		<b>\$ (99,866)</b>	<b>\$ (120,069)</b>	<b>\$ (35,122)</b>	<b>\$ (255,057)</b>
As a % of LCFF revenue		-2%	-2%	-2%	

**Compass Charter Schools  
Revenue  
2017-18 Budgets by School**

Funding Factor



SACS		San Diego	Los Angeles	Fresno	Total
<b>State</b>					
8011	LCFF; state aid portion	2,340,717	4,824,454	1,357,953	8,523,124
8012	LCFF; EPA portion	673,046	116,400	34,920	824,366
8096	In-Lieu of Property Taxes, all grades	1,280,324	251,890	120,385	1,652,598
8019	Prior Year Income / Adjustments				-
8520	State Child Nutrition program				-
8560	Lottery	91,296	105,342	31,603	228,241
8550	Mandate Block Grant	13,308	13,444	4,753	31,506
8591	SB 740 Rent re-imbursement program				-
8590	All Other State Revenue				-
8599	Prior Year State Income				-
<b>State Revenue</b>		<b>\$ 4,398,691</b>	<b>\$ 5,311,530</b>	<b>\$ 1,549,613</b>	<b>\$ 11,259,835</b>
<b>Federal</b>					
8181	Special Education, federal				-
8220	Federal Child Nutrition Programs				-
8290	All Other Federal Revenue, inc Facilities Incentive Grants program				-
8291	Title I				-
8292	Title II				-
8293	Title III				-
8295	Title V				-
8299	Prior Year Federal Revenue				-
<b>Federal Revenue</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Local</b>					
8660	Interest				-
8782	All Other Transfers from County Offices				-
8784	All Other Transfers from Other Locations				-
8785	CMO Management fee				-
8792	SPED State / Other Transfers from County	241,986	279,215	83,764	604,965
8980	Student Lunch Revenue				-
8982	Foundation Grants / Donations				-
8983	All Other Local Revenue				-
8984	Student Body (ASB) Fundraising Revenue				-
8985	School Site Fundraising				-
8986	Rental Income	232,900	268,731	80,619	582,250
8999	Revenue Suspense				-
<b>Local Revenue</b>		<b>\$ 474,886</b>	<b>\$ 547,945</b>	<b>\$ 164,384</b>	<b>\$ 1,187,215</b>
<b>Total Revenue</b>		<b>\$ 4,873,577</b>	<b>\$ 5,859,475</b>	<b>\$ 1,713,997</b>	<b>\$ 12,447,049</b>

**Compass Charter Schools**  
**Expenses Summary**  
**2017-18 Budgets by School**



0.0% Assumed CPI over previous year, source: CSMC's

SAC/SAC Code Description	San Diego	Los Angeles	Fresno	Total	17-18 Projections	16-17 Actuals
<b>Certificated Salaries</b>						
1100 Teachers' Salaries	1,065,967	1,281,606	374,892	2,722,464	2,722,464	
1105 Teachers' Stipends / Bonus	-	-	-	-	-	
1120 Substitute Expense	-	-	-	-	-	
1200 Certificated Pupil Support Salaries	243,666	292,958	85,695	622,320	622,320	
1300 Certificated Supervisor and Administrator Salaries	66,249	79,651	23,299	169,200	169,200	
1305 Certificated Sup. and Admin. Stipends / Bonus	-	-	-	-	-	
1900 Other Certificated Salaries	108,931	130,967	38,310	278,208	278,208	
1910 Other Certificated Overtime	-	-	-	-	-	
<b>1000 Subtotal</b>	<b>\$ 1,484,813</b>	<b>\$ 1,785,183</b>	<b>\$ 522,196</b>	<b>\$ 3,792,192</b>	<b>\$ 3,792,192</b>	

**Classified Salaries**

2100 Instructional Aide Salaries	-	-	-	-	-	
2110 Instructional Aide Overtime	-	-	-	-	-	
2200 Classified Support Salaries (Maintenance / Food)	302,562	363,769	106,409	772,740	772,740	
2210 Classified Support Overtime	-	-	-	-	-	
2300 Classified Supervisor and Administrator Salaries	183,346	220,436	64,481	468,264	468,264	
2400 Clerical, Technical, and Office Staff Salaries	99,327	119,420	34,933	253,680	253,680	
2410 Clerical, Technical, and Office Staff Overtime	-	-	-	-	-	
2900 Other Classified Salaries	-	-	-	-	-	
2905 Other Stipends	-	-	-	-	-	
2910 Other Classified Overtime	-	-	-	-	-	
<b>2000 Subtotal</b>	<b>\$ 585,236</b>	<b>\$ 703,626</b>	<b>\$ 205,823</b>	<b>\$ 1,494,684</b>	<b>\$ 1,494,684</b>	

**Employee Benefits**

3101 State Teachers' Retirement System, certificated personnel	214,259	257,602	75,353	547,213	547,213	
3202 Public Employees' Retirement System, classified	-	-	-	-	-	
3313 OASDI	36,285	43,625	12,761	92,670	92,670	
3323 Medicare	30,016	36,088	10,556	76,660	76,660	
3403 Health & Welfare Benefits	165,228	198,652	58,109	421,989	421,989	
3503 State Unemployment Insurance	9,115	10,959	3,206	23,280	23,280	
3603 Worker Compensation Insurance	33,121	39,821	11,648	84,590	84,590	
3703 Other Post Employment Benefits	-	-	-	-	-	

Expenses Summary

3903	Other Benefits	-	-	-	-	-	
<b>3000</b>	<b>Subtotal</b>	<b>\$ 488,022</b>	<b>\$ 586,747</b>	<b>\$ 171,633</b>	<b>\$ 1,246,403</b>	<b>\$ 1,246,403</b>	

**Total Personnel Expenses**

<b>\$ 2,558,071</b>	<b>\$ 3,075,555</b>	<b>\$ 899,653</b>	<b>\$ 6,533,279</b>	<b>\$ 6,533,279</b>
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**Books and Supplies**

4100	Approved Textbooks and Core Curricula Materia	1,272,520	1,529,945	447,535	3,250,000	3,250,000	3,319,428
4200	Books and Other Reference Materials	29,366	35,306	10,328	75,000	75,000	100,500
4300	Materials and Supplies	11,746	14,123	4,131	30,000	30,000	32,773
4315	Classroom Materials and Supplies	9,789	11,769	3,443	25,000	25,000	24,014
4400	Noncapitalized Equipment	5,873	7,061	2,066	15,000	15,000	14,176
4430	General Student Equipment	979	1,177	344	2,500	2,500	1,981
4700	Food and Food Supplies	-	-	-	-	-	
<b>4000</b>	<b>Subtotal</b>	<b>\$ 1,330,273</b>	<b>\$ 1,599,381</b>	<b>\$ 467,846</b>	<b>\$ 3,397,500</b>	<b>\$ 3,397,500</b>	<b>\$ 3,492,872</b>

**Services and Other Operating Expenses**

5200	Travel and Conferences	19,577	23,538	6,885	50,000	50,000	50,000
5210	Training and Development Expense	58,732	70,613	20,655	150,000	150,000	150,000
5300	Dues and Memberships	8,907	10,709	3,132	22,748	22,748	22,748
5400	Insurance	9,538	11,468	3,355	24,361	24,361	24,361
5500	Operation and Housekeeping Services/Supplies	2,975	3,576	1,046	7,597	7,597	7,597
5501	Utilities	2,911	3,500	1,024	7,435	7,435	7,435
5505	Student Transportation / Field Trips	-	-	-	-	-	-
5600	Space Rental/Leases Expense	249,022	299,398	87,579	636,000	636,000	828,870
5601	Building Maintenance	685	824	241	1,750	1,750	1,750
5602	Other Space Rental	87	105	31	223	223	223
5605	Equipment Rental/Lease Expense	4,706	5,658	1,655	12,020	12,020	12,020
5610	Equipment Repair	196	235	69	500	500	448
5800	Professional/Consulting Services and Operating E	48,600	58,432	17,092	124,124	124,124	124,124
5803	Banking and Payroll Service Fees	2,057	2,473	723	5,253	5,253	5,253
5805	Legal Services and Audit	39,154	47,075	13,770	100,000	100,000	138,000
5806	Audit Services	13,508	16,241	4,751	34,500	34,500	32,615
5807	Legal Settlements	234,927	282,451	82,622	600,000	600,000	1,007,000
5809	Employee Tution	12,921	15,535	4,544	33,000	33,000	12,285
5810	Educational Consultants	89,664	107,802	31,534	229,000	229,000	229,000
5811	Student Transportation	29,366	35,306	10,328	75,000	75,000	75,000
5815	Advertising / Recruiting	39,154	47,075	13,770	100,000	100,000	100,000
5820	Fundraising Expense	-	-	-	-	-	
5873	Financial Services	116,863	140,504	41,100	298,466	298,466	298,466
5874	Personnel Services	399	480	140	1,020	1,020	1,020
5875	District Oversight Fee	43,070	51,783	15,147	110,001	110,001	

Expenses Summary

5877	IT Services	26,482	31,839	9,313	67,634	67,634	67,634
5890	Interest Expense / Misc. Fees	537	646	189	1,372	1,372	1,372
5899	CMO Management Fee	-	-	-	-	-	-
5900	Communications	31,059	37,342	10,923	79,324	79,324	79,324
5999	Expense Suspense	-	-	-	-	-	-
<b>5000</b>	<b>Subtotal</b>	<b>\$ 1,085,099</b>	<b>\$ 1,304,609</b>	<b>\$ 381,620</b>	<b>\$ 2,771,328</b>	<b>\$ 2,771,328</b>	<b>\$ 3,276,545</b>

Capital Outlay

6900	Depreciation Expense	-	-	-	-	-	-
<b>6000</b>	<b>Subtotal</b>						

Other Outgoing

7010	Special Education Encroachment	-	-	-	-	-	-
7438	Debt Service - Interest	-	-	-	-	-	-
<b>7000</b>	<b>Subtotal</b>						

Total Non-Personnel Expenses

<b>\$ 2,415,372</b>	<b>\$ 2,903,989</b>	<b>\$ 849,467</b>	<b>\$ 6,168,828</b>	<b>\$ 6,168,828</b>	<b>\$ 6,769,417</b>
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Total Expenses

<b>\$ 4,973,443</b>	<b>\$ 5,979,544</b>	<b>\$ 1,749,119</b>	<b>\$ 12,702,106</b>	<b>\$ 12,702,106</b>	<b>\$ 6,769,417</b>
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