## EXTENDED TO FEBRUARY 15, 2017

Form **990** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

3 CI ap	heck if	THE FOUNDERS ACADEMI		D Employer identific	cation number
	Addres change Name	PUBLIC CHARIER SCHOOL		163	442950
느	Name change		Deem/auita		
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 5 PERIMETER ROAD	Room/suite	E Telephone number	952-4705
L	return/ termin- ated			G Gross receipts \$	1,347,623.
	Amend			H(a) Is this a group re	
<u></u>	Jreturn ∏Applic			for subordinates	? Yes X No
	Jtion pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
ı T	0V-0V	empt status: X 501(c)(3)	or 527	<b>-</b>	list. (see instructions)
1 10	Johnit	e: WWW.THEFOUNDERSACADEMY.ORG		H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: NH
	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: THE	FOUNDE	ERS ACADEMY	IS A PUBLIC
Activities & Governance		CHARTERED SCHOOL ENCOMPASSING GRADES 6 -	12 THA	AT IS FREE A	ND OPEN TO
ern		Check this box  if the organization discontinued its operations or dispo		t l	ssets. 8
8		-		3	8
×		Number of independent voting members of the governing body (Part VI, line 1b)			31
ies		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			16
Ξ		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
		O I II I'm and assert (Dest) (III I'm 4b)	-	416,775.	148,387.
ne	i	Contributions and grants (Part VIII, line 1h)	l l	568,023.	1,199,236.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	ŧ	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	984,798.	1,347,623.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), lines 1-3)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		162,868.	843,009.
Expenses	ł	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en		Total fundraising expenses (Part IX, column (A), line 25)	0.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		702,670.	443,153.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		865,538.	1,286,162.
		Revenue less expenses. Subtract line 18 from line 12		119,260.	61,461.
ces		Trevenue 1655 expenses, cubitast into 16 from the 12	В	eginning of Current Year	End of Year
ets lanc		Total assets (Part X, line 16)		251,188.	337,014.
Ass		Total liabilities (Part X, line 26)	·····	95,237.	119,602.
ള	22	Net assets or fund balances. Subtract line 21 from line 20		155,951.	217,412.
lΡε	art II	∥ Signature Block			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	nents, and to the best of m	y knowledge and belief, it is
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
Sigi	n	Signature of officer		Date	
Her	e	KIMBERLY LAVALLEE, TREASURER			
		Type or print name and title		Doto	II DTIN
		Print/Type preparer's name Preparer's signature	ĺ	Date Check	POLADODE
Paid		KELLI D'AMORE		self-employ	P01402985
	parer	Firm's name NATHAN WECHSLER & COMPANY, P.A.		Firm's EIN	02-0327524
Use	Only	Firm's address 70 COMMERCIAL STREET, 4TH FLOOR	_	, co	2 224 5257
		CONCORD, NH 03301		Phone no. 6 U	3-224-5357
May	v the l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	THE FOUNDERS ACADEMY		
orm	990 (2015) PUBLIC CHARTER SCHOOL	46-3442950	Page 2
Par	t III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE FOUNDERS ACADEMY IS A PUBLIC CHARTERED SCHOOL ENCO	MPASSING GRAI	DES
	6 -12 THAT IS FREE AND OPEN TO ALL NEW HAMPSHIRE STUD		DEMY
	DEVELOPS LEADERS WHO UNDERSTAND AND APPLY THE LESSONS	OF THE PAST,	
	DEMONSTRATE EXCEPTIONAL CHARACTER AND LEAD BY EXAMPLE	. THE ACADEMY	
2	Did the organization undertake any significant program services during the year which were not listed on		[TZ] .
	the prior Form 990 or 990-EZ?	Yes	s 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 service	es?Yes	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	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.	evenue \$ 1,116	712 .
4a			, / 1 4 • )
	THE ESTABLISHMENT OF A CHARTER SCHOOL FOR GRADES 6-12	· FOR CRAPEC (	
	INSTRUCTIONAL: OPEN-ENROLLMENT CHARTERED PUBLIC SCHOOL		<u> </u>
	THROUGH 12, FOCUSING ON A CLASSICAL EDUCATION INCLUDING THROUGH 12, FOCUSING TH	VICE CLYCCLC	λ T.
	HISTORY, LEADERSHIP, ETHICS, DEBATE, BUSINESS AND FINAL LITERATURE AS WELL AS THE STANDARD HIGH SCHOOL CURRICULARY	TITM OF MATH	<u>л</u>
		JHOM OF MAIN,	
	SCIENCE, LANGUAGES AND THE ARTS.		
			•
4b	(Code: ) (Expenses \$ 56,210 • including grants of \$ ) (F	Revenue \$ 82	,524.)
40	(Code:) (Expenses \$ 50,210. including grants of \$) (F STUDENT ACTIVITIES: THERE IS A WIDE VARIETY OF ACTIVITIES.)		
	THE FOUNDER'S ACADEMY STUDENTS, INCLUDING, BUT NOT LI	MITED TO: DRAJ	MA,
	BAND AND CHORUS, DANCE, SOCCER, AND THE FIRST LEGO LE.	AGUE WHICH IS	A
	ROBOTICS PROGRAM.		
4c	(Code: ) (Expenses \$ including grants of \$ ) (F	Revenue \$	)
4d	Other program services (Describe in Schedule O.)		

(Expenses \$

4e Total program service expenses ▶

) (Revenue \$

including grants of \$
1,003,638.

# THE FOUNDERS ACADEMY Form 990 (2015) PUBLIC CHARTER SCHOOL Part IV Checklist of Required Schedules

	Oneokiist of ricquired confedence		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1.2223478.61
а		11a	Х	
	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			<b></b> -
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.2		l
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's separate of consolidated illianoid statements of the tax year illiance at the area to the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
		1		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	1	X

### THE FOUNDERS ACADEMY PUBLIC CHARTER SCHOOL

Form 990 (2015)

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

Form	990 (2015) FUBLIC CHARLER SCHOOL	40 3442	750	P	age u		
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance						
1.000.000	Check if Schedule O contains a response or note to any line in this Part V						
-				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3	30				
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable						
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?		1c	Х			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 31					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			See See		
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?						
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						
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
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).		E. September			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	5b		X		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		ļ		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit					
	any contributions that were not tax deductible as charitable contributions?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts					
	were not tax deductible?		6b		ļ		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	as required	1	l			

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b

organization is licensed to issue qualified health plans 

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against

amounts due or received from them.)

to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?...

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

sponsoring organization have excess business holdings at any time during the year?

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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7с

7е

7f

7g

7h

8

9a

9b

12a

14a

10a

X

Form 990 (2015) PUBLIC CHARTER SCHOOL

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

	to line out out out of the period, account the end of t			X
	Check if Schedule O contains a response or note to any line in this Part VI		•••••	A
Sec	tion A. Governing Body and Management			
	1.1	o F	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	36.00		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1000		
	The governing body?	8a	Х	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
000	tion b. I oncide (mis dection b requests information about policide net required b) the internal research		Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
_	The state of the s	114	70535	
b		12a	Х	3304 (300 SS
12a		12a	X	-
b		120	1	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
	in Schedule O how this was done	12c	<u> </u>	Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Marie (	Λ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Ų
		15a		X
b	Other officers or key employees of the organization	15b	Date Stand	^
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		B.	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NH			
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)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KIMBERLY LAVALLEE - 603-952-4705			
	5 PERIMETER ROAD, MANCHESTER, NH 03103			

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Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 organiz	(B)	T g		(C		. 1001	···	(D)	(E)	(F)
Name and Title	Average		Position				Reportable	Reportable	Estimated	
Name and the	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week	offi				r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	, n			ated		organization	(W-2/1099-MISC)	from the organization
	related	stee	truste		20	suadi		(W-2/1099-MISC)		and related
	organizations below	la I	ional		ploye	t con				organizations
	line)	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			J
(1) KIMBERLY LAVALLEE	50.00	Ī	一	٦	Ê					
TREASURER	2.00	$\mathbf{x}$		х				62,408.	0.	0.
(2) PATRICIA HUMPHREY	40.00									
DIRECTOR	1.00	$\mathbf{x}$						0.	0.	0.
(3) LENKA STEIGER	1.00	1								_
DIRECTOR		$\mathbf{x}$						0.	0.	0.
(4) RICHARD HYOTTE	10.00									
BOARD CHAIR	1.00	X		X				0.	0.	0.
(5) SHARON CARSON	1.00							_		
DIRECTOR		X	_	L	<u></u>			0.	0.	0.
(6) JOELLE HENRY	1.00						l			
DIRECTOR		Х		<u> </u>		<u> </u>	_	0.	0.	0.
(7) BRENDA LOMBARDOZZI	10.00						١			0.
DIRECTOR		X		<u> </u>		_	┖	0.	0.	0.
(8) MAUREEN MOONEY	60.00					l		62.022	0.	0.
DEAN OF STUDENTS	1 00	X	↓_		┺	_	╄	63,023.	0.	0.
(9) KIMBERLY WHITWORTH	1.00							0.	0.	0.
DIRECTOR		X	$\vdash$	-	╀	╄-	╁	1 0.	<u> </u>	
	<u></u>	4	ĺ			1	Ì			
to the state of th		+	+	╄┈	╄	+-	╀			
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		7								
										E 000 (004)

Form **990** (2015)

Part VII Section A. Officers, Directors, Tru					ı Hi	ahe	et C	ompensated Employe	es (continued)			3 -
(A)  Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one h an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation			nated unt of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		compe from organi and re	ner nsation n the ization elated zations
				_								
		_										
		1										
						_	_					
		1_			-	-	-					
d o b tal		1_				<u> </u>		125,431.	,	0.		0
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A							125,431	,	0.		0 0
Total number of individuals (including but compensation from the organization	t not limited to	thos	e list	ted a	abov	/e) w	/ho i	received more than \$10	0,000 of reportab	le		
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo	er, director, or t	ruste	ee, k	ey e	mpl	loye	e, or	highest compensated	employee on		3	res No
4 For any individual listed on line 1a, is the and related organizations greater than \$	sum of reporta	ble c	com	pens	atic	n ar	nd o	ther compensation fron	n the organization		4	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	r accrue comp	ensa	ation	fror	n ar	ny ur	rela	ited organization or indi	vidual for services		5	_   x
Section B. Independent Contractors										npen	sation fro	om
1 Complete this table for your five highest the organization. Report compensation f	or the calendar	yea	r en	ding	with	n or	with	in the organization's tax	c year.	•		
(A) Name and busine	ss address	N	101.	Œ				(B) Description of	services		(C) Compens	
2 Total number of independent contractor		t not	limi	ted t	to th	nose	liste	ed above) who received	more than			
\$100,000 of compensation from the org	anization 🕨					0				188888		000 (00)

Page 9

THE FOUNDERS ACADEMY PUBLIC CHARTER SCHOOL

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (**D)** Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations ..... 1d 25,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 123,387 similar amounts not included above 1f 16,774 g Noncash contributions included in lines 1a-1f: \$ 148,387 h Total. Add lines 1a-1f Business Code 1,110,826,1,110,826 2 a STATE PER PUPIL AID 611110 Program Service Revenue 900099 82,524. 82,524. b STUDENT ACTIVITIES 5,100. 5,100. 611600 SUMMER SCHOOL 786. 786. 480000 OTHER INCOME All other program service revenue 1,199,236. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ....... c Rental income or (loss) ..... d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses ....... c Gain or (loss) d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 347,623.1,199,236. 0. Total revenue. See instructions.

### THE FOUNDERS ACADEMY PUBLIC CHARTER SCHOOL

Form 990 (2015) PUBLIC CHARTE

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		ner organizations must o	omplete column (4)	
Section	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			500 - 100 -	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				The second secon
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			70 00 00 00 00 00 00 00 00 00 00 00 00 0	
5	Compensation of current officers, directors,	405 404		105 434	
	trustees, and key employees	125,431.		125,431.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	CEO 165	FF0 0FF	04 110	
7	Other salaries and wages	653,165.	559,055.	94,110.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2 467		2 167	
9	Other employee benefits	3,467. 60,946.	43,794.	3,467. 17,152.	
10	Payroll taxes	60,946.	43,194.	17,132.	
11	Fees for services (non-employees):				
	Management				
	Legal	16,000.		16,000.	
	Accounting	10,000.		10,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10 570	5,225.	14,345.	
	column (A) amount, list line 11g expenses on Sch O.)	19,570. 4,937.	4,937.	14,343.	
12	Advertising and promotion	18,229.	13,250.	4,979.	
13	Office expenses	10,449.	13,430.	4,313.	
14	Information technology				
15	Royalties	281,388.	281,388.		
16	Occupancy	201,300.	201,300.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	35,209.	35,209.		
22	Depreciation, depletion, and amortization	5,907.	33,203.	5,907.	
23 24	Insurance Other expenses, Itemize expenses not covered	3,501.			
24	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.)				
_	STUDENT ACTIVITIES	56,210.	56,210.		Commence of the particle weeks according
i L	EQUIPMENT & FURNISHINGS	4,570.	4,570.		
D	OTHER EXPENSES	808.	2,0.00	808.	
d d	DUES AND FEES	325.		325.	
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,286,162.	1,003,638.	282,524.	0.
26	Joint costs. Complete this line only if the organization	_,,	, , , , , , , ,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			•		Form <b>990</b> (2015)

# THE FOUNDERS ACADEMY PUBLIC CHARTER SCHOOL

Form 990 (2015)

	Check if Schedule O contains a response or no	te to any lin	ne in this Part X			
				<b>(A)</b> Beginning of year		(B) End of year
1	Cash - non-interest-bearing		67,769.	1	90,386.	
2	Savings and temporary cash investments			2		
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net	••••		30,781.	4	106,350
5	Loans and other receivables from current and f	ormer office	ers, directors,			
	trustees, key employees, and highest compens					
	Part II of Schedule L		5			
6	Loans and other receivables from other disqua	ified persor	ns (as defined under			
	section 4958(f)(1)), persons described in sectio					
	employers and sponsoring organizations of sec			TOTAL CONTROL OF THE		TOTAL STATE OF THE
	employees' beneficiary organizations (see instr		6			
7	Notes and loans receivable, net	1		7		
8	Inventories for sale or use	1		8		
9	Prepaid expenses and deferred charges	3,005.	9	5,817		
102						TOTAL
	basis. Complete Part VI of Schedule D	10a	195,838.			524
l	Less: accumulated depreciation	10b	61,377.	149,633.	10c	134,461
11	Investments - publicly traded securities			11		
12	Investments - other securities. See Part IV, line		12			
13	Investments - program-related. See Part IV, line			13		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		The state of the s		15	
16	Total assets. Add lines 1 through 15 (must eq			251,188.	16	337,014
17	Accounts payable and accrued expenses		25,682.	17	42,078	
18	Grants payable		18			
19	Deferred revenue	2,840.	19	4,520		
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete		21			
22	Loans and other payables to current and forme		£			
	key employees, highest compensated employe					200 A CONTRACTOR OF THE CONTRA
	Complete Part II of Schedule L			35,000.	22	
23	Secured mortgages and notes payable to unre				23	40,000
24	Unsecured notes and loans payable to unrelat				24	
25	Other liabilities (including federal income tax, p		ľ			
	parties, and other liabilities not included on line					
	Schedule D			31,715.	25	33,004
26	Total liabilities. Add lines 17 through 25			95,237.	26	119,602
+	Organizations that follow SFAS 117 (ASC 95	8), check h	nere X and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100
	complete lines 27 through 29, and lines 33 a		,			
27	Unrestricted net assets			151,096.	27	210,726
28	Temporarily restricted net assets			4,855.	28	6,686
29					29	
	Organizations that do not follow SFAS 117 (					10 10 10 10 10 10 10 10 10 10 10 10 10 1
	and complete lines 30 through 34.	,,	·			18 18 184 1
30		s			30	Name of Marie Association (Marie Marie Association Co. )
1 55					31	
21					32	
31	Retained earnings, endowment, accumulated	income. or a	other funds		OL	
31 32 33				155,951.	33	217,412

Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>		
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	1,34 1,28	7,6	62. 61.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			7,4	4.0		
	column (B))						
Pai	t XIII Financial Statements and Reporting				[47]		
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No		
	Accounting method used to prepare the Form 990:						
За	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  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.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b 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						
	or addition oxposition may in obstitudate or an addoction and other section to a section and a section of the s		Form	990	(2015)		

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 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.

OMB No. 1545-0047

2015

Open to Public Inspection

THE FOUNDERS ACADEMY **Employer identification number** Name of the organization 46-3442950 PUBLIC CHARTER SCHOOL 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. \_\_\_\_\_ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type 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). (iv) Is the organization (vi) Amount of (v) Amount of monetary (i) Name of supported (iii) Type of organization (ii) EIN listed in your (described on lines 1-9 support (see other support (see organization governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 PUBLIC CHARTER SCHOOL 46-3442950 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		-				
	The portion of total contributions				- 100 (100 (100 (100 (100 (100 (100 (100	200	
_	by each person (other than a				100000 1000000 10000000000000000000000		
	governmental unit or publicly		1900 1900 1900 1900		200		
	supported organization) included						
	on line 1 that exceeds 2% of the	15.6	BARTELL SERVICE SERVICE				
	amount shown on line 11,						
	column (f)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ELEADS ELECTRIC			
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4						
	Gross income from interest.						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					]	
11	Total support. Add lines 7 through 10		5200 E				
	Gross receipts from related activities	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is fo						
	organization, check this box and stop					.,,,,,	▶□
Se	ction C. Computation of Publ						
14	Public support percentage for 2015 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	າ			▶□
b	33 1/3% support test - 2014. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
Ł	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						<b>&gt;</b> □
18	Private foundation. If the organization						s <b>▶</b> □
					****	dule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2015 PUBLIC CHARTER SCHOOL 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and				_		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,				1		
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge			-			
	Total. Add lines 1 through 5						
18	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>F</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				1		
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	1,555			72		
	ction B. Total Support	2020 Co.	The state of the s				
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income		7000				
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)			ļ <u>.</u>			
13	Total support. (Add lines 9, 10c, 11, and 12.)						L
14	First five years. If the Form 990 is for						
	check this box and stop here						<u> </u>
	ction C. Computation of Pub					Tarl	
	Public support percentage for 2015					15	%
	Public support percentage from 201					16	%
	ction D. Computation of Inve					17	0/
	Investment income percentage for 2						<u>%</u>
18	Investment income percentage from	2014 Schedule A	, Part III, line 1/	on line 14 and the	15 in more than	18   33 1/3% and line	
19	a 33 1/3% support tests - 2015. If the	e organization did	not check the box	on line 14, and lir	ie io is more than	oo 1/o70, anu iine zation	I IS HOL
	more than 33 1/3%, check this box	and stop here. Ih	e organization qua	nnes as a publicly	aupported organi	ore than 33 1/30/	and
	b 33 1/3% support tests - 2014. If the	e organization did	HOLCHECK & DOX O	name 14 of line 18	za, anu ime 10 is ii e ae a nublick euro	norted organization	, a.iu
	line 18 is not more than 33 1/3%, cherivate foundation. If the organization	eck this dox and s	stop nere. The org	janization qualifies	this hav and see i	porteu organizatioi netriictione	
20	Private foundation. If the organizati	ion ala not check a	LDOX ON IINE 14, I	ea, or 190, check	ring nov gila 266 k	134 UULIUI 13	

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		18 V.
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c 6		
7	- 1925 - 1925 - 1925 - 1927	
8	l	
9a		
9b	l	i
9c		Ē.
10a		

Schedule A (Form 990 or 990-EZ) 2015 PUBLIC CHARTER SCHOOL

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
		SSESSEC	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	
		951016880898	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4	200005	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	530000	752533
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,	2	385X	<u> </u>
<u></u>	supervised, or controlled the supporting organizations.			
<u> 5ec</u>	tion C. Type II Supporting Organizations		Yes	No
_	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	E408	. 00	
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	5525		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	HE 61394E1	<u> </u>
Sec	ction D. All Type III Supporting Organizations			
000	Mon Di Aii 13po in oupporting 01322410		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	10.00		
	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		1000	
	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	L	<u> </u>
Sec	ction 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 yea(see instructions):			
а				
b		.4	,	
C		tructions		Гъ.
2	Activities Test. Answer (a) and (b) below.	50.50000	Yes	No
a				
	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	2a		
	that these activities constituted substantially all of its activities.		SEE SE	
k	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		1.050222
	Parent of Supported Organizations. Answer (a) and (b) below.			
3	The state of the options of the options of the officers directors or			
ē.	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a	• 444-54135000.	Janua 1998
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			0.000
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b	- contestions	1015 1 M. J. S.

Schedule A (Form 990 or 990-EZ) 2015 PUBLIC CHARTER SCHOOL

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. <b>See instru</b> d	tions. All
	other Type III non-functionally integrated supporting organizations must co	mplete 9	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		1000 1000 1000 1000 1000 1000 1000 100	The second secon
_	instructions for short tax year or assets held for part of year):		700 CONT.	
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	2012/2013 2012/2013	Residence of the second	
-	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			· · · · · · · · · · · · · · · · · · ·
-	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	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	991	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		100 T	
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integr	rated Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 PUBLIC CHARTER SCHOOL

Part	V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	mzauons (continued)	
	n D - Distributions			Current Year
1 .	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			W-1
	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	Ellio o amount dividou s) amount	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable Amount for 2015
Section	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Underdistributions, if any, for years prior to 2015			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
	Excess distributions carryover, in any, to 2010.			
<u>a</u> b				
<u>c</u>	From 2013		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	From 2014	PROFESSIONAL CONTRACTOR OF STREET		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount  Carryover from 2010 not applied (see instructions)			
_ <u>:</u>		Contraction of the contraction o		
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Applied to underdistributions of prior years	74. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		196-1970 - 198-1970 - 198-1970 - 198-1970 - 198-1970 - 198-1970 - 198-1970 - 198-1970 - 198-1970 - 198-1970 -
	Applied to 2015 distributable amount			
	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	Excess distributions carryover to 2016. Add lines 3j			192 <u>1935</u> 1935
	and 4c.		SEA 3 5 5	
_8_	Breakdown of line 7:			F 35 61
a				
<u>b</u>				
С	Excess from 2013			100
<u>d</u>	Excess from 2014			
е	Excess from 2015			

# THE FOUNDERS ACADEMY 1990 or 990 EZ 2015 PUBLIC CHARTER SCHOOL

Schedule A	(Form 990 or 990-EZ) 2015 PUBLIC CHARTER SCHOOL	46-3442950 Page 8	В
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additice instructions.)	or 17h: Part III. line 12:	
		Marie Control of the	_
			_
			_
			_
			_
			_
		•	
			_
			_
			_

### **SCHEDULE D**

(Form 990)

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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FOUNDERS ACADEMY PUBLIC CHARTER SCHOOL Employer identification number 46-3442950

Par			ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	DOM:	
2	Aggregate value of contributions to (during year)	- CANADA - C	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		[]
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
r e			
	t II Conservation Easements. Complete if the org		, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
b	Total acreage restricted by conservation easements		1 1
	Number of conservation easements on a certified historic str	, ,	
a	Number of conservation easements included in (c) acquired a		1 1
•	listed in the National Register		
3	_	leased, extinguished, or terminated by t	the organization during the tax
4	year ▶Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		- of
3	violations, and enforcement of the conservation easements is		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
_	<b>&gt;</b>	, ,	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year
	<b>▶</b> \$		-
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	oublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		cial gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

	THE FOU	NDERS ACAD	EMY					
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Par	t III Organizations Maintaining C			easures, or Oth	er Similar Asse	ts(continue	ed)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant use of its	collection it	ems	
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's exe	empt purpose in Par	t XIII.		
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990, Part IV,	line 9, or		
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi						_	
	on Form 990, Part X?		•••••			J Yes □		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			<del></del>		
						Amount		
C	Beginning balance							
d	Additions during the year				I L			
	Distributions during the year							
	Ending balance					1		
	Did the organization include an amount on F					」Yes □		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation has beer	provided on Part XI	<u>                                     </u>			
Par	t V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars D	ack
1a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur			a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
C	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered for	the organization	<u></u>		
	by:					T	es	No
	(i) unrelated organizations					1	$\dashv$	
	(ii) related organizations						$\dashv$	
b	If "Yes" on line 3a(ii), are the related organization			'		.   3b		
4	Describe in Part XIII the intended uses of the	e organization's end	owment 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. (a) Cost or other (c) Accumulated (d) Book value Description of property (b) Cost or other depreciation basis (other) basis (investment) 1a Land \_\_\_\_\_ **b** Buildings c Leasehold improvements ..... 195,838. 61,377. 134,461. d Equipment e Other 134,461. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2015

THE FOUNDER			1.0	2442050 - 4
Schedule D (Form 990) 2015 PUBLIC CHAR	TER SCHOOL		40-	3442950 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, F	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	lluation: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				ANGO TATA SERIEM ANGO TERRITORISM AND
Part VIII Investments - Program Related.			- · · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, I	Part X, line 13. aluation: Cost or end-	of year market value
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end-	Oi-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			2000	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			Fig.	7 (1) 7 (1)
Part IX Other Assets.		The state of the s		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990	Part X. line 15.	
	Description	7 114. 000 1 0111 000,	, are riginite yes	(b) Book value
	Description			
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes	on Form 990, Part IV, line	e 11e or 11f. See Forn	n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				100 ET 1755 100 ET 1755 100 ET 1755 100 ET 1755
(2) PAYABLES TO RELATED PARTY	Z	33,004.		
(3)				

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLES TO RELATED PARTY	33,004.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 33,004.

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 X Schedule D (Form 990) 2015 PUBLIC CHARTER SCHOOL 46-3

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

7850	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			- 1	·-
1				1	1,351,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	••••••			
	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	4,000.		
C	Recoveries of prior year grants		1,0001		
d	Other (Describe in Part XIII.)				
e				2e	4,000.
3	•			3	1,347,623.
4	Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:	••••••		3	2/31//023.
ът а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C				4c	0.
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)			5	1,347,623.
	t XII Reconciliation of Expenses per Audited Financial Stateme				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		·· maporioco por		
1	Total expenses and losses per audited financial statements			1	1,290,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••		,
a	Donated services and use of facilities	2a	4,000.		
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	4,000.
3	Subtract line 2e from line 1			3	1,286,162.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	• • • • • • • • • • • • • • • • • • • •		\$2000	<del></del>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		· ····		
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,286,162.
Pa	t XIII Supplemental Information.			•	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	•	•	1; Part	X, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	onal Intor	mation.		
PAI	RT X, LINE 2:				
TH:	E SCHOOL HAS ADOPTED THE PROVISIONS OF FASB	ASC	740, ACCOU	NTIN	NG FOR
UN	CERTAINTY IN INCOME TAXES. ACCORDINGLY, MAN	AGEME	NT HAS EVA	LUAT	TED THE
SC	HOOL'S TAX POSITIONS AND CONCLUDED THE SCHO	OL HA	D MAINTAIN	ED :	ITS
TA	K-EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFIC	ANT U	NRELATED B	USI	NESS INCOME
					_
AN]	O HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT	REQU	IRE ADJUST	MENT	r or
DI	SCLOSURE IN THE FINANCIAL STATEMENTS. WITH	FEW E	EXCEPTIONS,	THI	E SCHOOL IS
NO	LONGER SUBJECT TO INCOME TAX EXAMINATIONS	BY TH	E U.S. FED	ERAI	OR STATE
TA	K AUTHORITIES FOR YEARS BEFORE 2013.				

# THE FOUNDERS ACADEMY 46-3442950 Page 5 PUBLIC CHARTER SCHOOL Schedule D (Form 990) 2015 PUBLIC CHA Part XIII Supplemental Information (continued)

### **SCHEDULE E**

(Form 990 or 990-EZ)

Name of the organization

**Schools** 

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE FOUNDERS ACADEMY Emplo PUBLIC CHARTER SCHOOL

**Employer identification number** 46-3442950

5,00	FUBLIC CHARLES SCHOOL 100			
Par	t1s		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		37	
	other governing instrument, or in a resolution of its governing body?	1	Х	1000
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	ASSET	37	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	EASES.
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.	3	X	
	If you need more space, use Part II THE SCHOOL'S NOTICE OF NONDISCRIMINATION POLICY AS TO	3		565
	STUDENTS IS STATED ON THE SCHOOL'S WEBSITE.			
	STODENTS IS STATED ON THE SCHOOL S WEDSTIE.			
4	Does the organization maintain the following?		1,32	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? $\dots$	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	1	۱	
	admissions, programs, and scholarships?	4c	X	<u></u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	X	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Σ
b	Admissions policies?	5b		2
С	Employment of faculty or administrative staff?	5c	ļ	2
d	Scholarships or other financial assistance?	5d		2
е	Educational policies?	5e		2
f	Use of facilities?	5f	├	2
_	Athletic programs?	5g	<del>                                     </del>	1
h	Other extracurricular activities?	5h	150550	
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
			l	
ີລຸຂ	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
	Has the organization's right to such aid ever been revoked or suspended?	6b		1
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	1

# THE FOUNDERS ACADEMY

Schedule E (Form 990 or 990-EZ) (2015) PUBLIC CHARTER SCHOOL	46-3442950	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7,		
Also provide any other additional information.		<u> </u>
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		<u></u>
THE SCHOOL RECEIVES PER PUPIL AID FROM THE STATE GOVERNMENT	. FOR THE	
CURRENT SCHOOL YEAR THE AMOUNT OF AID WAS \$5,597 PER STUDEN	г.	
		- S.
		,

### **SCHEDULE L**

**Transactions With Interested Persons** 

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service

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

		•						.,		1000			ards a control		
Name of the organization	THE FOUND	ERS ACAL	EMY						-	· identi		on nu	mber		
]	PUBLIC CH	ARTER SC	HOC	)L				46	-34	429	50				
Part I Excess Ben	efit Transacti	ons (section 5	01(c)(3	3), secti	ion 501(c)(4), and 50	11(c)(29) orga	nizatio	ns only	<i>'</i> ).						
Complete if the	organization answ	vered "Yes" on	Form 9	990. Pa	art IV, line 25a or 25b	o, or Form 99	O-EZ. P	art V. I	line 40	)b.					
1		Relationship bet				,					(4)	Corre	ted?		
(a) Name of disqualified	person	person and o			(c	c) Description	of trar	nsactio	n		Y		No.		
		<b>P</b>	3								+-'	23	NO		
											+				
											_				
												_			
									,			_			
2 Enter the amount of tax	incurred by the o	rganization mar	nagers	or disc	qualified persons du	ring the year	under								
	=	_							<b>&gt;</b> \$						
3 Enter the amount of tax									\$	-					
3 Enter the amount of tax	, if arry, or line 2,	above, reimburs	seu by	tile Or	garnzation	•••••	•••••		Ψ						
Port II Loons to an	d/or From Int	oractad Bar	conc												
manage and a contraction of															
Complete if the	organization ansv	wered "Yes" on	Form	990-EZ	, Part V, line 38a or l	Form 990, Pa	rt IV, lir	ne 26;	or if th	ne orga	ınizati	on			
reported an am	ount on Form 990									VIL V AD	nround				
(a) Name of	(b) Relationship	(c) Purpose		oan to or	(e) Original			(g) ln (				(h) Api by boa	ard or	(i) W	ritten
interested person	with organization	of loan		ization?	principal amount	1		ult?	comm	ittee?	agree	ment?			
			To	From				Yes	No	Yes	No	Yes	No		
And Andrews and the second sec															
Western and a			+	1											
			+	<b></b>				<u> </u>	-						
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			<b>_</b>							<b>├</b> ──┤			<b>-</b>		
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				<u>l</u> .									ļ		
			1												
Total		<u></u> -			<b>▶</b> \$	<u> </u>									
Part III Grants or A	ssistance Bei	nefitina Inte	reste	d Pe				1				1	.,		
2000 1000 1000 1000 1000 1000 1000 1000	organization ansv	_													
					1	1 (	4) Turar				\ Durn	ose of			
(a) Name of interested	person	(b) Relationship interested per			(c) Amount of assistance		<b>d)</b> Type ssistar				) Furp assist				
		the organiz		IU	83313181100	"	ooiotai	100	l	`	400101	41100			
		the organiz	ution .												
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			*												

Schedule L (Form 990 or 990-EZ) 2015 PUBLIC CHARTER SCHOOL

Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
KIMBERLY LAVALLEE	BOARD TREASURER	63,407	ADMINISTRAT		Х
Part V Supplemental Information	ponses to questions on Schedule L (see	instructions).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u></u>
SCH L, PART IV, BUSINESS			red persons:		
(A) NAME OF PERSON: KIMBE	RLY LAVALLEE				
(D) DESCRIPTION OF TRANSA	CTION: ADMINISTRATIO	N, DEVOTES	40+ HOURS A	WEE	K
TO HER DUTIES AT THE FOUN					
INCLUDE CHARTER APPLICATI					
	OF ALL BOOKS AND RECO				
INCLUDING ANNUAL AUDIT AN					עו
ADMINISTRATION, SCHOOL OF		INCLUDING	CORRICOHOM,		
PERSONNEL, POLICIES, FACI	THITES.	JAME			
	- Andrew Control of the Control of t		1000		
					···

### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE FOUNDERS ACADEMY

Emplo

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC CHARTER SCHOOL

Employer identification number 46-3442950

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ALL NEW HAMPSHIRE STUDENTS. THE ACADEMY DEVELOPS LEADERS WHO UNDERSTAND
AND APPLY THE LESSONS OF THE PAST, DEMONSTRATE EXCEPTIONAL CHARACTER
AND LEAD BY EXAMPLE. THE ACADEMY RECOGNIZES THE IMPORTANCE OF BALANCE
IN THE DEVELOPMENT OF THE WHOLE PERSON, AND RESPECTS EACH STUDENT'S
JOURNEY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RECOGNIZES THE IMPORTANCE OF BALANCE IN THE DEVELOPMENT OF THE WHOLE
PERSON, AND RESPECTS EACH STUDENT'S JOURNEY.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 WAS REVIEWED BY THE BOARD IN DETAIL PRIOR TO FILING. QUESTIONS
WERE ADDRESSED TO THE PREPARER AND RESOLVED TIMELY. A FINAL DRAFT VERSION
OF THE RETURN WAS PROVIDED TO THE FULL BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD MEMBERS MUST DECLARE ANY CONFLICT OF INTEREST ON A YEARLY BASIS
TO THE BOARD. WHEN A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST
ARISES THE EVENT IS DISCLOSED TO THE BOARD AND A BOARD VOTE IS TAKEN SHOULD
IT BE THE NEEDED.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST.

dule O (Form 990 or 990-EZ) (2015)					
Name of the organization THE FOUNDERS ACADEMY PUBLIC CHARTER SCHOOL	Employer identification number 46-3442950				
NO CHANGE FROM PRIOR YEAR.					

### SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  THE FOUNDERS A  PUBLIC CHARTER					Eı	mployer identific 46-34429	ation nu 50	mber				
Part I Identification of Disregarded Entities Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.									
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	r (d) Total incor	(e) me End-of-year	assets	s Direct co	f) ontrolling tity	l 				
								,,,,				
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization a	answered "Yes" on Form 990	), Part IV, line 34 be	ecause it had one o	or more	e related tax-exen	npt					
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Exempt Code Public charity		Exempt Code Public charity		(f) rect controlling entity	t controlling Section 513			
of related organization		loreign country)		501(c)(3))		•	Yes	No				
THE FOUNDERS ACADEMY FOUNDATION - 46-1308375 5 PERIMETER ROAD	SUPPORT THE ESTABLISHMENT AND ONGOING OPERATIONS OF			I	1	FOUNDERS EMY PUBLIC						
MANCHESTER, NH 03103	CHARTER SCHOOLS	NEW HAMPSHIRE	501(C)(3)	11	CHART	rer school	X					
				<del> </del>	<b>—</b>							

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

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 PUBLIC CHARTER SCHOOL

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

	Title 3/11p during the ta					· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	(2)	7.
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	tions?	amount in box	partne	ownersnip
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	្ប
		oodila y/		,					<u> </u>	1.55	1
									}		
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							<u> </u>	ļ		$\vdash$	
								<del> </del>	-	<del> </del>	
											1
											1
						1					
	1							1			

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	0110	
		country)		0, 1, 20,				Yes	No
		277							

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1 During the tax year, did the organization engage in any of the following transaction	ons with one or more re	elated organizations listed	in Parts II-IV?	(1910/07)		Harring.			
During the tax year, did the organization engage in any of the following transaction	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b Gift, grant, or capital contribution to related organization(s)									
Gift, grant, or capital contribution from related organization(s)  Gift, grant, or capital contribution from related organization(s)									
Gift, grant, or capital contribution from related organization(s)  Loans or loan guarantees to or for related organization(s)									
Loans or loan guarantees to or for related organization(s)  Loans or loan guarantees by related organization(s)									
e Loans of loan guarantees by related organization(s)		***************************************		2.160 P					
f Dividends from related organization(s)				1f		X			
g Sale of assets to related organization(s)						Х			
h Purchase of assets from related organization(s)						Х			
i Exchange of assets with related organization(s)						Х			
j Lease of facilities, equipment, or other assets to related organization(s)						X			
Lease of facilities, equipment, of other assets to related organization(s)						vraavii) s			
k Lease of facilities, equipment, or other assets from related organization(s)				1k	X				
						X			
	Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of Services of Membership of fundralising Solicitations by related or	Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
					X				
Sharing of paid employees with related organization(s)									
				1p	21000111	X			
p Reimbursement paid to related organization(s) for expenses				···		X			
q Reimbursement paid by related organization(s) for expenses	•••••				100000	1888			
				1r	i ozorenezi	X			
r Other transfer of cash or property to related organization(s)						X			
s Other transfer of cash or property from related organization(s)		his line, including covered	rolationships and transaction thresholds	1 10		I			
2 If the answer to any of the above is "Yes," see the instructions for information or		1							
(a)  Name of related organization	, <b>(b)</b> Transaction	(c) Amount involved	(d)  Method of determining amount	involved					
Name of related organization	type (a-s)	Amount involved	Wicklind of dotolly mining announce						
	31 ( )								
THE ECHNICED ACADEMY ECHNICATION	K	127.644.	INTERCOMPANY RENT PAID						
1) THE FOUNDERS ACADEMY FOUNDATION	11/	12//0110							
THE ECONORDA AGADEMY ECONDACTON	N	5 192 454.	NET BOOK VALUE OF SHAR	ED FA	CII	TTT			
2) THE FOUNDERS ACADEMY FOUNDATION	11	3,132,434.	HIII BOOK VIIIOE OF SILL						
THE TOTAL PROPERTY HOLDING AND TON	0	60 271	TOTAL SALARY TO SHARED	EMPI	'OYI	ere.			
(3) THE FOUNDERS ACADEMY FOUNDATION		00,271.	TOTAL DAMKE TO DIMED						
THE TOTAL OF A CARDING HOUNDANTON	C	15,000.	CASH						
(4) THE FOUNDERS ACADEMY FOUNDATION		13,000.	CHOLL						
(5)									
(6)	1								

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners 501(c) orgs.	sec. (3)	(f) Share of total income	(g) Share of end-of-year assets	Disprition allocal	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr Yes	ral or Peroging ner? OWI	(k) centage nership
	_												
			:										
	_												
	_												

Part VII Supplemental Information  Provide additional information for responses to questions on Schedule R (see instructions).
SCH R, PART V, LINE 2, EXPLANATION OF RELATED TRANSACTIONS
THE FOUNDERS ACADEMY FOUNDATION IS THE SUPPORTING ORGANIZATION FOR THE
FOUNDERS ACADEMY SCHOOL. THE FOUNDATION OWNS THE BUILDING THAT THE
ACADEMY OCCUPIES AND FOR WHICH THE ACADEMY PAYS A REIMBURSEMENT THAT IS
RECORDED AS RENT. A PAID EMPLOYEE OF THE ACADEMY WORKS FROM AN OFFICE
INSIDE THE BUILDING. A PORTION OF HER TIME IS RELATED TO WORK FOR THE
FOUNDERS ACADEMY FOUNDATION. SHE IS AN OFFICER ON THE BOARD OF
DIRECTORS FOR BOTH THE FOUNDATION AND THE ACADEMY.