** PUBLIC DISCLOSURE COPY **

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)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990. It ax year beginning JUL 1, 2016 and ending JUN 30.

6

OMB No. 1545-0047

| | | | ending 0 | D Franciscon identifi | |
|--------------------------------|--|---|----------------|--|---|
| В | Check if applicabl | e: C Name of organization | | D Employer identific | cation number |
| | Addre: | | | | |
| | Name chang | Doing business as | | 46-0 | 693776 |
| | Initial return | | Room/suite | E Telephone numbe | r |
| | Final return | 220 VENULDE CIPCIE | | | 724-0705 |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 3,748,052. |
| | Ameno | NASHVIDDE, IN 37220 | | H(a) Is this a group re | |
| | Application pendir | F Name and address of principal officer: LAGRA NEWHAN | | for subordinates | |
| | | SAME AS C ABOVE | | 1 | ncluded? Yes No |
| | | empt status: X 501(c)(3) 501(c) () | or 527 | · · · · · · · · · · · · · · · · · · · | list. (see instructions) |
| | | te: WWW.PURPOSEPREP.ORG | | H(c) Group exemptio | |
| | | organization: X Corporation Trust Association Other ► | L Year | of formation: ZUIZ N | 1 State of legal domicile: $\mathbf{T}\mathbf{N}$ |
| P | art I | Summary | CCHEDI | IT E () | |
| <u>e</u> | 1 | Briefly describe the organization's mission or most significant activities: ${f SEE}$ | <u> ВСПЕДО</u> | TE O. | |
| Activities & Governance | | Check this box if the organization discontinued its operations or dispose | and of more | than 25% of its not as | no oto |
| Ver | 1 | | | _ | 11 |
| ၓၟ | | Number of independent voting members of the governing body (Part VI, line 1a) | | | 11 |
| ళ | | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | | 45 |
| ij | | | | | 200 |
| Ę | 6 | Total number of volunteers (estimate if necessary) | | 7a | 0. |
| Ă | | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| _ | | Net unrelated business taxable income norm of one 390-1, line 34 | ····· | Prior Year | Current Year |
| - | 8 | Contributions and grants (Part VIII, line 1h) | | 2,736,377. | 3,734,978. |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| š | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 198. | -87,257. |
| æ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 8,238. | 12,816. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,744,813. | 3,660,537. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| s | | | | 1,340,210. | 1,848,588. |
| Expenses | 16a | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 28,3 | | 0. | 0. |
| be | b | Total fundraising expenses (Part IX, column (D), line 25) 28,3 | 62. | | |
| ŵ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,229,710. | 1,512,331. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,569,920. | 3,360,919. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 174,893. | 299,618. |
| Or Sec | 3 | | | ginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 1,100,227. | 4,582,176. |
| ASS | 21 | Total liabilities (Part X, line 26) | | 633,412. | 3,815,743. |
| Net Assets or Find Balances | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 466,815. | 766,433. |
| P | art II | Signature Block | | | |
| Unc | der pena | lties of perjury, I declare that I have examined this return, including accompanying schedule | s and statem | ents, and to the best of m | y knowledge and belief, it is |
| true | e, correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | nich preparer | has any knowledge. | |
| | | | | | |
| Sig | ın | Signature of officer | | Date | |
| He | re | LAGRA NEWMAN, FOUNDER | | | |
| | | Type or print name and title | | Oata I | T DTIN |
| _ | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Pai | | | mer! | $\frac{4/27/18}{ _{\text{self-employed}}}$ | |
| | parer | Firm's name CROSSLIN, PLLC | | Firm's EIN | 27-5360847 |
| Use | Only | Firm's address 3803 BEDFORD AVENUE, SUITE 103 | | - 10 | 15\ 220 5502 |
| _ | | NASHVILLE, TN 37215 | | Phone no. (6 | |
| Ма | y the IF | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

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Form 990 (2016)

Total program service expenses ▶

Form 990 (2016) PURPOSE PREP. Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | v | |
| _ | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | |
| 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 | | Х |
| 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, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| Ч | 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 | 110 | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | 7- |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 44. | | v |
| 45 | 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 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 13 | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 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 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |

Form 990 (2016) PURPOSE PREPARATOR Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------------------|---|-----|-----|-------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | ., |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 00 | | х |
| 242 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | -21 |
| 2 4 a | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | ,, |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | Х |
| 00 | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| Ū | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | v |
| 0= | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| a | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)3 If "Yes," complete Schedule R. Part V. line 3 | 2Eh | | |
| 36 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 35b | | |
| 30 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | |
| ٠. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | J. | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

Porm 990 (2016) PURPOSE PREPARATORY ACADEMY, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

| Ves No Ves | | Check if Scriedule O Contains a response of note to any line in this Part v | | | | | Ш |
|---|-----------------|--|---------|------------------------|-----|-----|------|
| b Enter the number of Forms W2G included in line 1a. Enter 9-if not applicable | | | ı | 1 07 | | Yes | No |
| C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 If all each or is reported on line 2a, did the organization file all required federal employment tax returns? 2 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8 Did the organization have unrelated business gross income of \$1 All 000 or more during the year? 9 3 A X 9 If "Yes," has it flied a Form 990-T for this year? If "No," to line 2b, provide an explanation in Schedule O 9 4 A rary time during the calendary 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 accounts) 5 If "Yes," and the true man of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 Was the organization a parry to a prohibited tax shelter transaction at any time during the tax year? 5 B Did any taxable party notify the organization file Form 8888-17 5 C If "Yes," to line 5a or 5b, did the organization file Form 8888-17 5 C If "Yes," to line 5a or 5b, did the organization file Form 8888-17 6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Diff the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10 Diff the organization sective a payment in excess of \$15 made party to a prohibition and party for goods and services provided? 10 Diff the organization sective a payment in excess of \$15 made party sa contribution and party for goods and services provided to the payor? 10 Diff the organization secti | | | | | | | |
| Gambling) winnings to prize winners? 2 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 5 If a least one is reported on line 2.a. did the organization line all required federal employment tax returns? 5 If a least one is reported on line 2.a. did the organization line all required federal employment tax returns? 5 If a least one is reported on line 2.a. did the organization in a required to e-fife (see instructions) 5 If If Yes, 1 and 1 fine a firm 900 For for this year If 1/%, 1 for line 3 year required to e-fife (see instructions) 5 If If Yes, 2 enter the name of the foreign country. If 1/%, 1 fine 3 year provide an explanation in Schedule 0 5 If Yes, 2 enter the name of the foreign country. If 1/%, 1 fine 3 year part of a prohibited tax shall be used to a part of the search of th | | | | | | | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wige and Tax Statements, flidd for the calendar year anding with or within the year covered by this return. 2a 45 b If all tests one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Id the organization have unretated business gross income of \$1,000 or more during the year? 3a X X b If *Yes,* has if filed a Form 990-T for this year? If *No,* to file 3b, provide an explanation in Schedule O 3b Id an A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. ▶ 5ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 5b X X b Id any taxebule party notify the organization file Form 8866-17 6c If *Yes,* to line 5a or 5b, did the organization file Form 8866-17 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If *Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If *Yes,* did the organization moreive any funds, directly or indirectly, to pay premium any parts to prohibited the promium of the value of the goods or services provided ? 7d Organizations that may receive deductible contributions under section 170(c). 8d If the organization organization services of \$75 made partly as a contribution and partly | С | | | | 4. | v | |
| file and for the calendary year ending with or within the year covered by this return. 2a 45 X | 0- | | I | | 10 | Λ | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 bid the organization have unrelated business gross income of \$1,000 or more during the year? 31 bid **Yeas,** has it flied a Form 990 TI or this year* If "No," to line 3b, provide an explanation in Schedule 0 32 bid **Yeas,** has it flied a Form 990 TI for this year* If "No," to line 3b, provide an explanation in Schedule 0 35 bid **Yeas,** has it flied a Form 990 TI for this year* If "No," to line 3b, provide an explanation in Schedule 0 36 bid **Yeas,** enter the name of the foreign country; ★ a transmission of the foreign | Za | | 00 | 45 | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a X 3b 1f 'ves, 'nate if the of sum of sum of the part of the organization have unrelated business gross income of \$1,000 or more during the year? 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 is when as a bank account, a count of the organization country is when as a bank account, a country or other financial accountry over, a financial account in a foreign country is when as a bank account, a country of the foreign country is when a bank account, a country of the foreign country is when a bank account, a country of the foreign country is when a bank account, a country is when a bank account is offering and accountry or other authority over, a financial accountry or a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature or other authority over, a financial accountry or a signature | h | | | | 26 | x | |
| 3a X b if Yes, that if field a Form 990 F for this year? if Yo, "to line 3b, provide an explanation in Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X X b if Yes, "to line the threa mane of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization at a shelter transaction at any time during the tax year? 5a X X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X X C if Yes, "to line 5a or 5b, did the organization line Form 3886-17 6a Does the organization shall were not 1ax deductible as charitable contributions? 6a X Were not 1ax deductible? Comparization include with every solicitation an express statement that such contributions or gifts were not 1ax deductible? Organization shall many receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If Yes, "did the organization notify the donor of the value of the goods or services provided? 7b To If Yes, "indicate the number of Forms 8282 field during the year If If Yes, "indicate the number of Forms 8282 field during the year If If Yes, "indicate the number of Forms 8282 field during the year If If Yes, "If If Yes, "Indicate the number of Forms 8282 field during the year If If Yes, "If If Yes, "Indicate the number of Forms 8282 field during the year If If Yes, "If If Yes, "Indicate the number of Forms 8282 field during the year If If Yes, "If If Yes, "Indicate the number of Forms 8282 field during the year If If Yes, "If If Yes, "If If Yes, "If If Yes, "If If | b | | | | 20 | -25 | |
| the fif "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a 5b If "Yes," enter the name of the foreign country; ▶ 5ce instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial accountry? 5ce instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for this requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for this requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5d Was the organization a party to a prohibited tax shelter transaction? 5c If "Yes," the ine Sac P5, did the organization file Form 8866?? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and the receipts and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Very organizations that may receive deductible contributions under section 170(c). 6d If "Yes," did the organization notity the donor of the value of the goods or services provided? 6d If "Yes," did the organization notity the donor of the value of the goods or services provided? 7d If "Yes," did the organization on only the donor of the value of the goods or services provided? 7e Value of the Form 8282? 6d If "Yes," included the number of Forms 8282 filed during the year 9 bid the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 7e Value or | 22 | | | | 22 | | x |
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| 9 Sponsoring organizations maintaining donor advised funds. 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? 9b Initiation fees and capital contributions included on Part VIII, line 12 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 10b Section 501(c)(12) organizations. Enter: 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.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 125 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 organization is licensed to issue qualified health plans 13b 15c 15d | 8 | | by th | ne | | | |
| 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? 9b | _ | | | | 8 | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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 10b Section 501(c)(12) organizations. Enter: 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a X | | | | | | | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| 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 10b 11 Section 501(c)(12) organizations. Enter: 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X | | | | | 96 | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. 13b | | | 100 | | | | |
| 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | | | _ | | | | |
| 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X | | | Lion | | | | |
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| amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a X | | | | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | 11b | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X | 12a | 7 | | ? | 12a | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X | | | I | | | | |
| 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X | 13 | | | • | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X | | | | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | | | | | | | |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | b | | | | | | |
| c Enter the amount of reserves on hand | | | 13b | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | С | | 13c | | | | |
| | | | | | 14a | | X |
| | | | eО | | 14b | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|------------|--|---------|----------|------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | 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 1 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | <u> </u> | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | ا ۔۔ |
| | in Schedule O how this was done | 12c | | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | _ | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (| availab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | EDTEC, INC (615)763-5950 209 10TH AVENUE S SHITTE 416 NASHVILLE TN 37203 | | | |

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.

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|------------------------------|--|--------------------------------|-----------------------|----------------|----------------|------------------------------|--------------|--|----------------------------------|--|
| Name and Title | Average | | not c | | more | than | | Reportable | Reportable | Estimated |
| | hours per week | offi | , unle cer ar | ss pe d a d | rson irecto | is bot or/trus | n an tee) | compensation from | compensation from related | amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) GINNY POPE | 1.00 | | | | | | | | 0 | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0 |
| (2) PERRY GOOCH | 1.00 | ١ | | | | | | | | • |
| CHAIR | 1 00 | Х | | Х | | | | 0. | 0. | 0 |
| (3) ASHLEY NORTHINGTON | 1.00 | Į., | | | | | | | 0 | 0 |
| DIRECTOR (4) ERIC RUBINSTEIN | 1.00 | Х | | | | | | 0. | 0. | 0 |
| TREASURER | 1.00 | X | | х | | | | 0. | 0. | 0 |
| (5) CHARLANDRA WATSON | 1.00 | 122 | | | | | | 0. | 0. | 0 |
| SECRETARY | 1.00 | x | | х | | | | 0. | 0. | 0 |
| (6) VINCE DURNAN | 1.00 | | | | | | | • | • | |
| VICE CHAIR | | x | | x | | | | 0. | 0. | 0 |
| (7) WILL JACKSON | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (8) JANNA SMITH | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (9) RYANN CASEY | 1.00 | | | | | | | | | _ |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0 |
| (10) SALLY NORTON | 1.00 | ١ | | | | | | | | 0 |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0 |
| (11) CHARLANE OLIVER | 1.00 | Į., | | | | | | | 0 | 0 |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
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Page 8

| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | /ees | , an | d Hi | ighe | st C | Compensated Employe | es (continued) | | | | |
|-----|---|-------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|----------|---------------------------|---------------------------|-------|-------|-----------------|------|
| | (A) | (B) | | | • | C) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | | Pos heck | | 1 than | one | Reportable | Reportable | | Es | stimate | ed |
| | | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | compensation | | ar | nount | of |
| | | week (list any | | 1 | <u> </u> | T | 1 | 1 | from the | from related organization | | | other | tion |
| | | hours for | direct | | | | , | | | (W-2/1099-MIS | | | pensa om the | |
| | | related | ee or | stee | | | nsate | | (W-2/1099-MISC) | (** 27 1000 11110 | , | | anizat | |
| | | organizations | trust | nal tru | |)yee | ompe | | | | | an | d relat | ed |
| | | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | mer | | | | orga | anizati | ons |
| | | line) | 빌 | lus | JJ0 | Key | Hig en | 휸 | | | | | | |
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| | Sub-total | | | | | | | | 0. | | 0. | | | 0. |
| | Total (add lines the and to) | | | | | | | | 0. | | 0. | | | 0. |
| u | Total (add lines 1b and 1c) Total number of individuals (including but n | | | | | | | | | 000 of reportab | - | | | • |
| _ | compensation from the organization | ot miniou to ti | .000 | , ,,,,,,, | Juu | | o, | 10 1 | | ,,000 01 10001140 | | | | 0 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director, or tru | ıste | e, ke | ey er | nplo | oyee | , or | highest compensated e | mployee on | | | | |
| | line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the su | - | | - | | | | | • | the organization | | | | 37 |
| _ | and related organizations greater than \$150 | | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or a | • | | | | • | | | ted organization or indiv | idual for services | , | _ | | Х |
| Sec | rendered to the organization? If "Yes," combined to the organization? If "Yes," combined to the organization? | piete Scriedui | e | OI S | исп | pers | SOIT | | | | | 5 | | 21 |
| 1 | Complete this table for your five highest co | mpensated inc | dep | ende | ent c | ont | racto | ors t | that received more than | \$100.000 of con | npens | ation | from | |
| | the organization. Report compensation for | | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | | ((| | |
| | Name and business | address | N | INC | E | | | | Description of s | ervices | | ompe | nsatio | n |
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| 2 | Total number of independent contractors (i \$100,000 of compensation from the organi | | ot li | mite | d to | tho | se li: | stec | d above) who received n | nore than | | | | |
| | φτου,σου οι compensation from the organi | ∠aliUII / | | | | | <u> </u> | | | | | | | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d 1e 3,349,470. e Government grants (contributions) f All other contributions, gifts, grants, and 385,508 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 3,734,978. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 258. 258. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... \triangleright 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis 87,515 and sales expenses -87,515. c Gain or (loss) -87,515. -87,515.d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other 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 **b** c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 12,816. 12,816. b d All other revenue 12,816. e Total. Add lines 11a-11d 3,660,537. -74,699. Total revenue. See instructions. 258.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 93,309. 93,309. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,351,906. 1,079,554. 272,352. Other salaries and wages 7 Pension plan accruals and contributions (include 111,168. 83,041. 28,127. section 401(k) and 403(b) employer contributions) 139,224. 47,158. 186,382. Other employee benefits 9 105,823. 79,048. 26,775. 10 Payroll taxes Fees for services (non-employees): 11 a Management Legal 14,500. 14,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 63,600. 63,600. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 151,999 99,302. 52,697. column (A) amount, list line 11g expenses on Sch O.) 1,400. 1,400. Advertising and promotion 12 58,810. 58,810. 13 Office expenses 14 Information technology 15 Royalties 166,306. 31,701. 134,605. 16 Occupancy 167,845. 167,845. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 48,664. 48,664. Interest 20 21 Payments to affiliates 28,723. 191,487. 162,764. Depreciation, depletion, and amortization 22 43,105. 43,105. 23 Other expenses. Itemize expenses not covered 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.) 312,418. 312,418. FOOD SERVICES 90,299. STAFF DEVELOPMENT 90,299. 86,213. OTHER EXPENSES 86,213. 77,704. d INSTRUCTIONAL EXPENSES 77,704. 37,981. 9,619. 28,362. e All other expenses 3,360,919. 2,435,423. 897,134. 28,362. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2016) Part X Balance Sheet

| ı uı | ιΛ | balance sheet | | | |
|---------------|-----|---|---------------------------------|-----|---------------------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 446,044. | 1 | 911,854. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 66,398. | 4 | 197,975. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| δ | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 150,472. | 9 | 158,436. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 3,735,648. | | | |
| | b | Less: accumulated depreciation 10b 503,277. | 398,633. | 10c | 3,232,371. |
| | 11 | Investments - publicly traded securities | · | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 38,680. | 15 | 81,540. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,100,227. | 16 | 4,582,176. |
| | 17 | Accounts payable and accrued expenses | 100,894. | 17 | 970,814. |
| | 18 | Grants payable | · | 18 | · |
| | 19 | Deferred revenue | 437,468. | 19 | 163,250. |
| | 20 | Tax-exempt bond liabilities | · | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| ű | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employees, and disqualified persons. | | | |
| abil | | Complete Part II of Schedule L | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | 2,629,813. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | · · · · · · · · · · · · · · · · · · · |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | | Schedule D | 95,050. | 25 | 51,866. |
| | 26 | Total liabilities. Add lines 17 through 25 | 633,412. | 26 | 3,815,743. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and | | | |
| S | | complete lines 27 through 29, and lines 33 and 34. | | | |
| nce | 27 | Unrestricted net assets | | 27 | |
| ala | 28 | Temporarily restricted net assets | | 28 | |
| Fund Balances | 29 | Permanently restricted net assets | | 29 | |
| Ë | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ | | | |
| | | and complete lines 30 through 34. | | | |
| ts | 30 | Capital stock or trust principal, or current funds | 0. | 30 | 0. |
| SSE | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. |
| Net Assets or | 32 | Retained earnings, endowment, accumulated income, or other funds | 466,815. | 32 | 766,433. |
| ž | 33 | Total net assets or fund balances | 466,815. | 33 | 766,433. |
| | 34 | Total liabilities and net assets/fund balances | 1,100,227. | 34 | 4,582,176. |
| | | | | | |

| Pa | rt XI Reconciliation of Net Assets | | | | |
|----|---|------------|------|-----|-----|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,66 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,36 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 18. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 46 | 6,8 | 15. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 76 | 6,4 | 33. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | | _X_ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | . 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | . 3b | | |

Form **990** (2016)

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

Open to Public Inspection

Name of the organization

Employer identification number

| | | | OSE PREPA | | | | | | | 6-0693776 |
|------|-------|---|---------------------------------------|-----------------------------|-----------------------|--------------------|------------------------------|------------------|---------------|----------------------------|
| Pa | rt I | Reason for Public (| Charity Status | (All organizat | ions must co | mplete th | is part.) S | ee instructions | S. | |
| The | organ | ization is not a private found | dation because it is: | (For lines 1 t | hrough 12, c | heck only | one box.) | | | |
| 1 | | A church, convention of ch | nurches, or associat | ion of church | nes describe | d in sectio | n 170(b)(| 1)(A)(i). | | |
| 2 | X | A school described in secti | tion 170(b)(1)(A)(ii). | (Attach Sche | edule E (Forn | n 990 or 99 | 90-EZ).) | | | |
| 3 | | A hospital or a cooperative | hospital service or | ganization de | scribed in s e | ection 170 | (b)(1)(A)(i | ii). | | |
| 4 | | A medical research organiz | zation operated in c | onjunction wi | ith a hospita | described | d in sectio | n 170(b)(1)(A) | (iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a c | ollege or univ | ersity owned | d or opera | ted by a g | overnmental u | ınit descrik | ped in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 | | A federal, state, or local gov | vernment or govern | mental unit d | described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | | An organization that norma | ally receives a subst | antial part of | its support f | rom a gov | ernmental | unit or from t | he general | public described in |
| | | section 170(b)(1)(A)(vi). (C | Complete Part II.) | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b |)(1)(A)(vi). (C | omplete Par | t II.) | | | | |
| 9 | | An agricultural research org | ganization describe | d in section : | 170(b)(1)(A)(| ix) operate | ed in conju | unction with a | land-grant | college |
| | | or university or a non-land-g | grant college of agr | culture (see i | instructions). | Enter the | name, city | y, and state of | the colleg | je or |
| | | university: | | | | | | | | |
| 10 | | An organization that norma | ally receives: (1) mo | re than 33 1/3 | 3% of its sup | port from | contributi | ons, members | ship fees, a | and gross receipts from |
| | | activities related to its exen | mpt functions - subj | ect to certain | exceptions, | and (2) no | more tha | ın 33 1/3% of | its suppor | t from gross investment |
| | | income and unrelated busin | iness taxable incom | e (less sectio | n 511 tax) fr | om busine | sses acqu | uired by the or | ganization | after June 30, 1975. |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | | |
| 11 | Щ | An organization organized a | and operated exclu | sively to test | for public sa | fety. See | section 50 | 09(a)(4). | | |
| 12 | Ш | An organization organized a | and operated exclu | sively for the | benefit of, to | perform t | the function | ons of, or to ca | arry out the | e purposes of one or |
| | | more publicly supported or | rganizations describ | ed in sectior | n 509(a)(1) o | r section : | 509(a)(2). | See section 5 | 509(a)(3). (| Check the box in |
| | _ | lines 12a through 12d that | describes the type | of supporting | g organizatio | n and com | nplete line | s 12e, 12f, and | d 12g. | |
| а | | | · · · · · · · · · · · · · · · · · · · | | | • | | - | | |
| | | the supported organization | | | | a majority | of the dire | ctors or truste | es of the s | supporting |
| | | organization. You must o | - | | | | | | | |
| b | | | • | | | | | _ | | - |
| | | control or management o | | _ | | ame perso | ons that co | ontrol or mana | ige the sup | pported |
| | | organization(s). You mus | | | | | | | | |
| С | | | | | - | | | | lly integrate | ed with, |
| | | its supported organization | . , . | • | • | • | | • | | |
| d | | ☐ Type III non-functionally | | | | | | | - | |
| | | that is not functionally int | | · · | • | • | | • | an attent | iveness |
| _ | | requirement (see instruct | | | | | | | II. Tuna III | |
| е | | Check this box if the orga functionally integrated, or | | | | | | атурет, туре | ii, Type iii | |
| | Ente | er the number of supported o | | | | ing organi | zation. | | | |
| | | vide the following information | | ted organizati | | | | | | |
| 9 | | i) Name of supported | (ii) EIN | | organization | (iv) Is the orga | nization listed ng document? | (v) Amount of | monetary | (vi) Amount of other |
| | | organization | | (described of above (see in | on lines 1-10 | Yes | No | support (see in | structions) | support (see instructions) |
| | | | | above (see i | HStructions)) | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| Tota | ıl | | | | | | | | | |

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------------|----------------------|---------------------------|-----------------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | _ |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | _ |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | s first, second, thi | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) | |
| | organization, check this box and stop | here | | | | | > |
| Sec | ction C. Computation of Publi | c Support Pe | rcentage | | | | |
| | Public support percentage for 2016 (li | | | | | 14 | % |
| | Public support percentage from 2015 | | | | | 15 | % |
| 16a | 33 1/3 % support test - 2016. If the o | rganization 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 organizatior | ١ | | | ▶□ |
| b | 33 1/3% support test - 2015. If the o | rganization did no | ot check a box on | line 13 or 16a, and | d line 15 is 33 1/3% | or more, check th | nis box |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | : - 2016. If the org | anization did not | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | ts-and-circumstan | ces" test, check t | his box and stop h | nere. Explain in Par | rt VI how the organ | ization |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supporte | d organization | | ▶□ |
| b | 10% -facts-and-circumstances test | : - 2015. If the org | anization did not | check a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | - | | |
| | organization meets the "facts-and-circ | umstances" test. | The organization | qualifies as a publi | icly supported orga | anization | ▶∐ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17 | b, check this box a | ınd see instruction | s ▶□ |

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

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

| Se | ction A. Public Support | clow, picase com | piete i dit ii.) | | | | |
|---------|--|--------------------------|---------------------------|----------------------|---------------------|---------------------|-----------|
| | endar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Gifts, grants, contributions, and | , , | ` , | 1 ' | , , | 1 | `` |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| Ī | 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 | | | | - | 1 | |
| 7: | A Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| I | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | _ | |
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| ı | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | <u> </u> | <u> </u> | <u> </u> | | | <u> </u> |
| 14 | First five years. If the Form 990 is for | • | • | | • | . , . , | |
| <u></u> | check this box and stop here | | | | | | _ |
| | ction C. Computation of Publ | | | | | 11 | |
| | Public support percentage for 2016 (I | | | | | 15 | % |
| | Public support percentage from 2015 ction D. Computation of Inves | | | | | 16 | % |
| | • | | | | | 147 | 0.4 |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 198 | a 33 1/3% support tests - 2016. If the | | | | | | |
| ı | more than 33 1/3%, check this box as 33 1/3% support tests - 2015. If the | organization did | not check a box or | n line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | ck this box and s | stop here. The org | anization qualifies | as a publicly supp | oorted organization | ▶∐ |
| 20 | Private foundation. If the organization | n did not check a | hox on line 14 10 | a or 19h check t | his hox and see ir | estructions | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | Yes | No |
|-----|----------|--------|------|
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| | 1 | | |
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| | 2 | | |
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| | 10a | | |
| | . Ju | | |
| | 10b | | |
| m 9 | 90 or 99 | 90-EZ) | 2016 |

| Par | t IV | Supporting Organizations (continued) | | | |
|-----|-----------|--|---------|-----|----|
| | | ··· · · · · · · · · · · · · · · · · · | | Yes | No |
| 11 | Has the | organization accepted a gift or contribution from any of the following persons? | | | |
| а | | n who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | | he governing body of a supported organization? | 11a | | |
| b | A family | member of a person described in (a) above? | 11b | | |
| С | A 35% | controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. | Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did the | directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly | y appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year | ? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlle | ed the organization's activities. If the organization had more than one supported organization, | | | |
| | describe | e how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organiza | ations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the | organization operate for the benefit of any supported organization other than the supported | | | |
| | organiza | ation(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, | | | |
| | | sed, or controlled the supporting organization. | 2 | | |
| Sec | tion C. | Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Were a | majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or truste | ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or mana | gement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | ported organization(s). | 1 | | |
| Sec | tion D. | All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | | organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | • | ation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | _ | | |
| • | - | ation's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | | ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | _ | | |
| 3 | _ | anization maintained a close and continuous working relationship with the supported organization(s). on of the relationship described in (2), did the organization's supported organizations have a | 2 | | |
| 3 | , | ant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | • | or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | ed organizations played in this regard. | 3 | | |
| Sec | | Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | he box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). | | | |
| а | | ne organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | ne organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | ☐ TH | ne organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr | uctions |). | |
| 2 | Activitie | s Test. Answer (a) and (b) below. | | Yes | No |
| а | Did sub | stantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the sup | ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those su | upported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the | organization was responsive to those supported organizations, and how the organization determined | | | |
| | that the | se activities constituted substantially all of its activities. | 2a | | |
| b | Did the | activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the o | rganization'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 | | | |
| | | s but for the organization's involvement. | 2b | | |
| 3 | Parent of | of Supported Organizations. <i>Answer (a) and (b) below.</i> | | | |
| а | | organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | | s of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | | organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its su | pported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orga | anizations | |
|------|---|------------|------------------------------|---------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust o | n Nov. 20, 1970 (explain in | Part VI.) See instructions. All |
| | other Type III non-functionally integrated supporting organizations must co | mplete S | Sections A through E. | |
| Sect | 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 | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | y integra | ated Type III supporting ord | janization (see |
| | instructions). | . . | | · |

Schedule A (Form 990 or 990-EZ) 2016

| Par | TV Type III Non-Functionally Integrated 509 | (a)(3) Supporting Org | anizations _(continued) | | | |
|-------|--|------------------------------|-----------------------------------|-----------------|--|--|
| Secti | on D - Distributions | | | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported | | | | | |
| | organizations, in excess of income from activity | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | าร | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsiv | e | | | |
| | (provide details in Part VI). See instructions | | | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | | |
| | | (i) | (ii) | (iii) | | |
| 04 | - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable | | |
| Secti | on E - Distribution Allocations (see instructions) | | Pre-2016 | Amount for 2016 | | |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | | | |
| | able cause required- explain in Part VI). See instructions | | | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | | | |
| а | | | | | | |
| b | | | | | | |
| | From 2013 | | | | | |
| d | From 2014 | | | | | |
| е | From 2015 | | | | | |
| f | Total of lines 3a through e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2016 distributable amount | | | | | |
| i | Carryover from 2011 not applied (see instructions) | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | |
| 4 | Distributions for 2016 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| а | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2016 distributable amount | | | | | |
| С | Remainder. Subtract lines 4a and 4b from 4 | | | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| | than zero, explain in Part VI. See instructions | | | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions | | | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | | | |
| | and 4c | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| а | | | | | | |
| b | Excess from 2013 | | | | | |
| С | Excess from 2014 | | | | | |
| d | Excess from 2015 | | | | | |
| e | Excess from 2016 | | | | | |

Schedule A (Form 990 or 990-EZ) 2016

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

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

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

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

2016

Name of the organization

Employer identification number

PURPOSE PREPARATORY ACADEMY, INC. 46-0693776

Organization type (check one):

| o. g | | | | | |
|-------------------|--|--|--|--|--|
| Filers of | : | Section: | | | |
| Form 99 | 0 or 990-EZ | X 501(c)(3) (enter number) organization | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | |
| | | 527 political organization | | | |
| Form 99 | 0-PF | 501(c)(3) exempt private foundation | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | |
| | | 501(c)(3) taxable private foundation | | | |
| | | | | | |
| | | covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | |
| General | Rule | | | | |
| X | | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | |
| Special | Rules | | | | |
| | sections 509(a)(1) a any one contributor | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from a during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II. | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\bigs\sum_{\text{sub}}\$ | | | | |
| but it m ı | ust answer "No" on I | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | |

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

Name of organization Employer identification number

PURPOSE PREPARATORY ACADEMY, INC.

46-0693776

| Part I | Contributors (See instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|----------------------------------|--|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | | \$52,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 3,017,362. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 280,107. | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. 4 | Name, address, and ZIP + 4 | Total contributions \$ 200,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$36,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | Traine, addi 655, dila Eli ^e T T | \$ 54,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

PURPOSE PREPARATORY ACADEMY, INC.

46-0693776

| Part I | Contributors (See instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|--------------------------------|--|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 7 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 10 | Name, address, and ZIP + 4 | Total contributions \$ 5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | | \$30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 140. | Ivallie, duul ess, diiu ZiF + 4 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

PURPOSE PREPARATORY ACADEMY, INC.

46-0693776

| Part II | Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|------------------------------|---|--|----------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | |
| | | \$ | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Name of organization Employer identification number 46-0693776 PURPOSE PREPARATORY ACADEMY, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PURPOSE PREPARATORY ACADEMY, INC.

Employer identification number 46-0693776

OMB No. 1545-0047

| Par | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Accounts. Complete if the |
|-----|--|---|---|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advi | sed funds |
| | are the organization's property, subject to the organization's | s exclusive legal control? | Yes |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be | e used only |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for any other purpose | e conferring |
| | impermissible private benefit? | | |
| Par | | • | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | tion (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or | education) Preservation of a his | torically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | Total acreage restricted by conservation easements | | |
| С | Number of conservation easements on a certified historic st | | |
| d | Number of conservation easements included in (c) acquired | • | |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the | ne organization during the tax |
| _ | year > | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | |
| _ | violations, and enforcement of the conservation easements | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , handling of violations, and enforcing cor | nservation easements during the year |
| _ | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserv | ation easements during the year |
| | | antinfictly and many income and a section 17 | 0/5/4//D/6/ |
| 8 | Does each conservation easement reported on line 2(d) abo | | |
| 0 | and section 170(h)(4)(B)(ii)? | | |
| 9 | | • | |
| | include, if applicable, the text of the footnote to the organiza | ation's illiancial statements that describes | s the organization's accounting for |
| Par | conservation easements. rt III Organizations Maintaining Collections o | of Art. Historical Treasures, or C | Other Similar Assets |
| | Complete if the organization answered "Yes" on Forn | • | 7,000.0. |
| 1a | If the organization elected, as permitted under SFAS 116 (A) | | ement and halance sheet works of art |
| | historical treasures, or other similar assets held for public ex | • | |
| | the text of the footnote to its financial statements that descri | | arios of pashe service, provide, in real count, |
| b | If the organization elected, as permitted under SFAS 116 (Al | | nt and balance sheet works of art, historical |
| - | treasures, or other similar assets held for public exhibition, e | | |
| | relating to these items: | radication, of roccaron in factorial color pr | able correct, provide the relieving amounts |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | | | |
| 2 | If the organization received or held works of art, historical tre | | |
| _ | the following amounts required to be reported under SFAS 1 | | g, p. 5 g |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | |

| Pai | t III Organizations Maintaining C | collections of Ar | t, Historic | al Treas | sures, c | r Other | Similar A | ssets(cont | inued) | |
|-------|--|------------------------|------------------|-------------------|-------------|--------------|------------------|-----------------|--|------|
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check any | of the follo | owing that | t are a sig | nificant use o | f its collecti | on items | |
| | (check all that apply): | | | | | | | | | |
| а | a Public exhibition d Loan or exchange programs | | | | | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| С | | | | | | | | | | |
| 4 | 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. | | | | | | | | | |
| 5 | During the year, did the organization solicit of | r receive donations of | of art, historic | al treasure | es, or othe | er similar a | assets | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of t | he organizati | on's collec | tion? | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arran | | | | | | | t IV, line 9, d | or | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | iary for contr | ibutions o | r other as: | sets not ir | ncluded | | | |
| | on Form 990, Part X? | | | | | | | Yes | X | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | - | • | • | | | | | Amou | nt | |
| С | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on F | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | 🔲 | |
| Pai | | | | | | | | | | |
| | · | (a) Current year | (b) Prior y | | - | | 1) Three years b | ack (e) Fo | ur years ba | ack |
| 1a | Beginning of year balance | (, , | (-, , , , , , , | | , , | | -, , | 1 -7 | | |
| | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| C | · | | | | | | | | | |
| | . • | | | | | | | | | |
| | Administrative expenses End of year balance | | | | | | | | | |
| _ | Provide the estimated percentage of the cur | ront year and balance | o (lino 1 a oo | ump (a)) b | old oo: | I | | | | |
| 2 | | | | ullill (a)) II | eiu as. | | | | | |
| | Board designated or quasi-endowment | % | _% | | | | | | | |
| | Permanent endowment | i | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c sho | | | la al al ava al v | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiza | ition that are | neid and a | administe | rea for the | e organization | | V 1 | \1 - |
| | by: | | | | | | | 0-43 | | No |
| | (i) unrelated organizations | | | | | | | | 1 1 | |
| | (ii) related organizations | | | | | | | | | |
| _ | If "Yes" on line 3a(ii), are the related organiza | | | | | | | 3b | | |
| Bo: | Describe in Part XIII the intended uses of the | | wment funds | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | . D D. / P | 44 0 | | D | 40 | | | |
| | Complete if the organization answere | | | | | | | | | |
| | Description of property | (a) Cost or ot | | Cost or | | | cumulated | (d) Bo | ok value | |
| | | basis (investr | nent) | basis (oth | | depr | eciation | 0.0 | -0 00 | _ |
| | Land | | | | 000. | | 0 055 | | 0,00 | |
| | Buildings | | | | 647. | 2 | 8,955. | | $\frac{51,69}{100}$ | |
| | Leasehold improvements | | | | 416. | | 96,921. | | $\frac{21,49}{12,12}$ | |
| | Equipment | | | | 539. | | 97,401. | | 73,13 | |
| | Other | | | ,416, | | | | | 16,04 | |
| Total | . Add lines 1a through 1e. (Column (d) must e | gual Form 990, Part | X, column (B) | , line 10c.) |) | | | 3,23 | 32,37 | ⊥. |

Schedule D (Form 990) 2016

| <u>S</u> | chedule D (Form 9 | 90) 2016 | PURPOSE | PREPARATOR | Y ACADEMY, | INC. | 4 |
|----------|-------------------|------------------|------------------|------------------------|-----------------------|----------------|-----------------|
| F | Part VII Inves | tments - Ot | her Securiti | es. | | | |
| | Compl | ete if the organ | ization answered | l "Yes" on Form 990, l | Part IV, line 11b. Se | e Form 990, Pa | art X, line 12. |

| complete it the organization and its | | |
|--|----------------|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |
| Part VIII Investments - Program Related | | · |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| o o i i proto ii ti o o i gai ii attori ali o i o o | | |
|---|----------------|---|
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Other Liabilities. Part X

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

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | NET PENSION LIABILITY | 51,866. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 51,866. |

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

| Par | t XI Reconciliation of Revenue per Audited Financial St | atements With | Revenue per R | eturn | · |
|-----|--|---------------------------------------|---------------|---------|---------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | ine 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,748,052. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 87,515. | | |
| е | Add lines 2a through 2d | | | 2e | 87,515. |
| | Subtract line 2e from line 1 | | | 3 | 3,660,537. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | • |
| | Add lines 4a and 4b | | | 4c | 0. |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | | | 5 | 3,660,537. |
| Par | t XII Reconciliation of Expenses per Audited Financial S | | Expenses per | Retu | rn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | | | | 2 440 424 |
| | Total expenses and losses per audited financial statements | | | 1 | 3,448,434. |
| | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | | | |
| | Donated services and use of facilities | | | | |
| | Prior year adjustments | | | | |
| | Other losses | | 87,515. | | |
| | Other (Describe in Part XIII.) | · · · · · · · · · · · · · · · · · · · | | 0- | 87,515. |
| | Add lines 2a through 2d | | | 2e 3 | 3,360,919. |
| | Subtract line 2e from line 1 | | | 3 | 3,300,919. |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | ا مه ا | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | | | | |
| | | | | 4c | 0. |
| | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | | | 5 | 3,360,919. |
| | t XIII Supplemental Information. | 10.) | | 3 | 3,300,3131 |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | | | 1; Part | X, line 2; Part XI, |
| PAR | RT XI, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| LOS | SS ON SALE OF BUILDING | | | | 87,515. |
| PAR | RT XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| LOS | SS ON SALE OF BUILDING | | | | 87,515. |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PURPOSE PREPARATORY ACADEMY, INC.

Employer identification number 46-0693776

| | TORTOBE TREFARATORY ACADEMY, THE: | , 0 , 3 | , , , | |
|----|--|---------|---|----|
| Pa | rt I | | YES | NO |
| | | | TES | NO |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | _ | х | |
| _ | other governing instrument, or in a resolution of its governing body? | 1 | | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | Х | |
| _ | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | | |
| 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. | | Х | |
| | If you need more space, use Part II PURPOSE PREPARATORY UTILIZES THE PUBLIC LOTTERY SYSTEM AND | 3 | | |
| | CORRESPONDING MARKETING EFFORTS THROUGH THE SCHOOL DISTRICT, | | | |
| | | | | |
| | WHICH ENSURES OUR RACIALLY NONDISCRIMINATORY POLICIES FOR | | | |
| | REGISTRATION AND ENROLLMENT ARE PUBLICIZED THROUGHOUT THE | | | |
| | CITY/DISTRICT. | | | |
| 4 | Does the organization maintain the following? | | 1,, | |
| | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | X | 77 |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? \dots | 4b | | Х |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student | | l | |
| | admissions, programs, and scholarships? | 4c | X | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Х | |
| | If you answered "No" to any of the above, please explain. If you need more space, use Part II. NO FINANCIAL ASSISTANCE OR SCHOLARSHIPS AWARDED. PURPOSE | | | |
| | PREPARATORY ACADEMY IS A PUBLIC CHARTER SCHOOL WITH NO | | | |
| | TUITION REQUIREMENT. | | | |
| | | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| а | Students' rights or privileges? | 5a | | Х |
| | Admissions policies? | 5b | | Х |
| | Employment of faculty or administrative staff? | 5c | | х |
| | Scholarships or other financial assistance? | 5d | | Х |
| | Educational policies? | 5e | | Х |
| | Use of facilities? | 5f | | Х |
| | Athletic programs? | 5g | | Х |
| | Other extracurricular activities? | 5h | | Х |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | | |
| | | | | |
| | | | | |
| 62 | 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 | † <u>- </u> | Х |
| J | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | 30 | | |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of | | | |
| ' | | 7 | Х | |
| | Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II | / | Λ | |

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

Schedule E (Form 990 or 990-EZ) 2016

| Sched Part | | Supp | lemer | ntal I | nform | natior | | the exp | | | | EMY , rt I, lines : | | | , and 7, | 46-0 as applica | 693776 able. | Page 2 |
|----------------------|-----|------|-------|--------|-------------|--------|------|---------|------|-------|-----|------------------------|----|-----|----------|--------------------|-----------------|--------|
| LIN | E 6 | | | | | | GOVE | | NT F | INANC | IAL | AID: | | | | | | |
| THE | SC | HOOL | IS | A 1 | PUBL | IC, | TUIT | ION-I | FREE | CHAR | TER | SCHO | OL | AND | REC | EIVES | FUNDS | PER |
| PUP | ΙL | FROM | THE | ∃ S' | TATE | OF | TENN | ESSEI | Ε. | | | | | | | | | |
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PURPOSE PREPARATORY ACADEMY, INC.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 46-0693776

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| THROUGH RIGOROUS CURRICULUM, HIGH-QUALITY INSTRUCTION, AND POSITIVE |
| CHARACTER DEVELOPMENT, PURPOSE PREPARATORY ACADEMY CHARTER SCHOOL |
| ENSURES THAT ALL KINDERGARTEN THROUGH GRADE FOUR STUDENTS ACHIEVE THE |
| ACADEMIC SKILLS, KNOWLEDGE, AND ETHICAL FOUNDATION TO BE SET ON THE |
| PATH TO COLLEGE. |
| |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| FORM 990 IS PREPARED AND REVIEWED BY PURPOSE PREPARATORY ACADEMY'S |
| BACK-OFFICE FINANCIAL PROVIDER. IT IS THEN GIVEN TO PURPOSE PREPARATORY'S |
| EXECUTIVE DIRECTOR AND THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL. ALL |
| OTHER BOARD MEMBERS MAY OBTAIN A COPY FOR REVIEW UPON REQUEST. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: |
| PURPOSE PREPARATORY ACADEMY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST |
| POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST OF THE DIRECTOR |
| OF FINANCE, NOTED ON THE STATE'S WEBSITE, AND ARE PROVIDED TO STAFF. |
| SPECIFIC GOVERNANCE DOCUMENTS MAY NOT BE AVAILABLE TO THE GENERAL PUBLIC |
| AND ARE REVIEWED ON AN AS NEEDED BASIS. |
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