	000
Form	330

## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Nufermation about Form 000 and its instructions is at . . . . 10 

201Open to Public

OMB No. 1545-0047

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B       Check if applicable Doing builters as       Demployer identification number 47.3965219         Address change       Doing builters as       47.3965219         Name change       Number and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         Initial return       2211 North Broad Street       Bom/suite       E Telephone number         Amended return       Philadelphia, PA, 19103       Gross receipts \$ 4,462,1         Amended return       3409 West Coulter Street, Philadelphia, PA 19129       Hgl ke a group statuto:       Soft(g(s)         J       Tax-exempt status:       Soft(g(s)       Soft(g(c)       4(insert no.)       4947(a)(1) or       Sar         J       Tax-exempt status:       Soft(g(s)       Soft(g(c)       6(insert no.)       4947(a)(1) or       Sar         J       Tax-exempt status:       Soft(g(s)       Soft(g(c)       4(insert no.)       4947(a)(1) or       Sar         J       Tax-exempt status:       Soft(g(s)       Soft(g(c)       4(insert no.)       4947(a)(1) or       Sar         J       Wester:        http://techfreire.org/       L Sar of insert address and of insert address and ad			nue Service	▶ Information about Form 990 and its instructions is at WWW.I				Inspection
Address drange       Doing business as       47.3965219         Name change       Number and steret (or P.O. box if mall is not delivered to street address)       Room/suite       E Telephone number         Initial return terminates       City or town, state or province, country, and ZIP or foreign postal code       G cross receipts \$ 4,462,1         Praid return terminates       City or town, state or province, country, and ZIP or foreign postal code       G cross receipts \$ 4,462,1         Application pendic       FNAme and address of principal officer:       Scott Solomon       High the agoup return for solomizer       Yes [N]         Maxempt status:       G stot(s)       0 (insert no.)       4947(a)(1) or       527       If Ho? attach a list, lese instructions)         If Briefly describe the organization's mission or most significant activities:       The mission of TECH Freire Charter School is to provide a college-preparatory learning experience specializing in computer science and entrepreneurship with a focus on (Continued on Schedule O, Statement 1)         2       Check this box  > if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 2a)       5         5       Total number of inductas employed in calendar year 2016 (Part VI, line 2a)       5 </th <th><u>A</u></th> <th>For the</th> <th>e 2016 cale</th> <th></th> <th>ing</th> <th></th> <th></th> <th>, 20 17</th>	<u>A</u>	For the	e 2016 cale		ing			, 20 17
Name change       Number and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         Initial return       221 North Broad Street       227-563-4458         Application perding       PNIadelphia, PA, 19103       G Gross meeipts S       4,462,1         Amended return       3409 Wesi Coutter Street, Philadelphia, PA 19129       He) khe a group return for subcrines?       Yes D N         J Website: >       http://techfreite.org/       He) Kreet Coutter Street, Philadelphia, PA 19129       He) Kreet Street Street       Yes D N         J Website: >       http://techfreite.org/       He) Kreet Street St	В	Check if	if applicable:			D	Employe	
Image: State of province, country, and ZIP or foreign postal code       267-583-4458         Image: Instructure income of the state or province, country, and ZIP or foreign postal code       9 Gross receipts \$ 4,462.1         Amended return       Philadelphia, PA, 19103       9 Gross receipts \$ 4,462.1         Application pending       FName and address of principal officer.       Scott Solomon         High State or province, country, and ZIP or foreign postal code       9 Gross receipts \$ 4,462.1         Image: State S		Address	s change					
□       Prod return terminated       City or town, state or province, country, and ZIP or foreign postal code       □       □       C Gross receipts \$ 4,462,1         □       Application pending       F Name and address of principal officer.       Scott Solomon       Hajk the a group network resubordiate?       Yes □ N         □       Application pending       F Name and address of principal officer.       Scott Solomon       Hajk the a group network resubordiate?       Yes □ N         □       Tax-exempt status:       □ Solic(3)       □ Solic()       (insert no.)       4947(a)(1) or □ sez       If "No," attach a list. (see instructions)         ■       Website: ►       http://techtreire.org/       H(c) Croup exemption number ►         I       Briefly describe the organization Trust       Association □ other ►       L Year of formation:       2014       M State of legal domicile:       PA         1       Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.       3       Number of voting members of the governing body (Part VI, line 1a)       3       4         2       Check this box ►       if the organization discontinued its operations or disposed of more than 25% of its net assets.       5       5         3       Number of voting members of the governing body (Part VI, line 1a)       1       4       4       5 <tr< th=""><th></th><th>Name c</th><th>change</th><th>Number and street (or P.O. box if mail is not delivered to street address)</th><th>E</th><th>Telephor</th><th>ie number</th></tr<>		Name c	change	Number and street (or P.O. box if mail is not delivered to street address)	E	Telephor	ie number	
Amended return       Philadelphia, PA, 19103       G Gross receipts 3       4.462,1         Application pending       F Name and address of principal officer:       Scott Stott       Net Ves 2       N		Initial re	eturn					267-583-4458
Application pending       F Name and address of principal officer:       Scott Solomon       High is this agroup return for subordinates?       Yes       N         I Tax-exempt status:       \$ 5010(3)       \$ 5010(3)       \$ 5010(3)       \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
3409 West Coulter Street, Philadelphia, PA 19129       H(b) Are all subordinates included? \rightarrow \righta								
1       Tax-exempt status:       ✓ 501(c)(3)       501(c)(1)       4 (insert no.)       1947(a)(1) or       527       H*No." attach a list. (see instructions)         1       Website: ►       http://techtreire.org/       Heig Scrupe exemption number ►         K       Form of organization:       Corporation       Trust       Association       Other ►       L Year of formation:       2014       M State of legal domicile:       PA         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       The mission of TECH Freire Charter School is to       provide a college-preparatory learning experience specializing in computer science and entrepreneurship with a focus on         (continued on Schedule 0, Statement 1)       2       Check this box ►       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       .       .       4         4       Number of individuals employed in calendar year 2016 (Part V, line 2a)       5       5       .         6       Total number of voting members of the governing 900-T, line 34       .       7a       .         7       Total unrelated business revenue from Part VIII, column (C), line 12       .       .       7a         7       Total unrelate		Applicat	tion pending	F Name and address of principal officer: Scott Solomon	H(a) Is	s this a group	return for s	ubordinates? 🗌 Yes 🗹 No
Website:       http://techfreire.org/       It(e) Group exemption number ▶         Website:       http://techfreire.org/       It Second organization:       Corporation       Trust       Association       Other ▶       L Year of formation:       2014       M State of legal domicile:       PA         Part I       Summary       It Briefly describe the organization's mission or most significant activities:       The mission of TECH Freire Charter School is to provide a college-preparatory learning experience specializing in computer science and entrepreneurship with a focus on (Continued on Schedule O, Statement 1)         2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       4         4       Number of individuals employed in calendar year 2016 (Part V, line 2a)       5         5       Total number of voluntees (estimate if necessary)       6         6       Total number of voluntees (estimate if necessary)       7a         7       Doter venue (Part VIII, line 1b)       4         9       Program service revenue (Part VIII, line 2g)       0       3,257,9         9       Program service revenue (Part VIII, line 5, 6d, 8c, 9c, 10c, and 11e)       0       0         10       Other revenue (Part VIII, column (A), lines 5, 4d, 8c, 9c, 10c, and 11e) </th <th></th> <th></th> <th></th> <th>3409 West Coulter Street, Philadelphia, PA 19129</th> <th>H(b)</th> <th>Are all sub</th> <th>ordinates</th> <th>included? 🗌 Yes 🗌 No</th>				3409 West Coulter Street, Philadelphia, PA 19129	H(b)	Are all sub	ordinates	included? 🗌 Yes 🗌 No
K       Form of organization [] Trust ] Association ] Other ▶       L Year of formation:       2014       M State of legal domicile:       PA         Part1       Summary       1       Briefly describe the organization's mission or most significant activities:       The mission of TECH Freire Charter School is to provide a college-preparatory learning experience specializing in computer science and entrepreneurship with a focus on (Continued on Schedule O, Statement 1)         2       Check this box ▶] if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of individuals employed in calendar year 2016 (Part VI, line 1a)       4         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       7a         7a       Total unrelated business taxable income from Form 990-T, line 34       959,988         9       Program service revenue (Form YUII, column (A), lines 3, 4, and 7d)       0       3,257,5         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0       0         12       Total numbars paid (Part IX, column (A), lines 1-3)       0       0         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       0         14       Benefits paid to or for members (Part IX, column (A), line 1-3)       <	<u> </u>	Tax-exe	empt status:	✓ 501(c)(3)	lf "N	o," attach	a list. (se	e instructions)
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: The mission of TECH Freire Charter School is to provide a college-preparatory learning experience specializing in computer science and entrepreneurship with a focus on (Continued on Schedule O, Statement 1)         2       Check this box ▶□ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)	J	Website	e: 🕨 🛛 htt	p://techfreire.org/	H(c)	Group exe	emption	number 🕨
1       Briefly describe the organization's mission or most significant activities: The mission of TECH Freire Charter School is to provide a college-preparatory learning experience specializing in computer science and entrepreneurship with a focus on (Continued on Schedule O, Statement 1)         2       Check this box b [] if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)	_		organization:	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation:	2014	M State	of legal domicile: PA
provide a college-preparatory learning experience specializing in computer science and entrepreneurship with a focus on (Continued on Schedule Q, Statement 1)         2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)	Ρ	art I	Summ	ary				
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco		1	Briefly de	escribe the organization's mission or most significant activities: The	mission	of TECH	Freire	Charter School is to
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	e		provide a	college-preparatory learning experience specializing in computer science	e and en	treprene	urship	with a focus on
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	าลท		(Continu	ed on Schedule O, Statement 1)				
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	/err	2	Check th	is box $\blacktriangleright$ $\Box$ if the organization discontinued its operations or disposed	l of more	than 25	5% of i	ts net assets.
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	90	3	Number	of voting members of the governing body (Part VI, line 1a)			3	8
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	જ	4	Number	of independent voting members of the governing body (Part VI, line 1k	o)		4	8
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	ies	5	Total nur	nber of individuals employed in calendar year 2016 (Part V, line 2a)			5	29
b       Net unrelated business taxable income from Form 990-T, line 34       The second seco	tivit	6					6	15
Prior Year         Current Year           9         Program service revenue (Part VIII, line 1h)	Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7a	0
Prior Year         Current Year           9         Program service revenue (Part VIII, line 1h)		b	Net unre	ated business taxable income from Form 990-T, line 34			7b	0
9       Program service revenue (Part VIII, line 2g)       0       3,257,5         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0       0         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0         12       Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0       0         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       2,054,2         16a       Professional fundraising fees (Part IX, column (D), line 25) ▶       13,196       0         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       82,943       1,656,0         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       82,943       3,710,2         19       Revenue less expenses. Subtract line 18 from line 12       877,045       751,5         13       Grant assets (Part X, line 16)       1,354,506       2,364,7         21       Total labilities (Part X, line 26)       477,461       735,8					P	rior Year		Current Year
9       Program service revenue (Part VIII, line 2g)       0       3,257,5         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       0       0         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0       0         12       Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0       0         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       0       2,054,2         16a       Professional fundraising fees (Part IX, column (D), line 25) ▶       13,196       0         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       82,943       1,656,0         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       82,943       3,710,2         19       Revenue less expenses. Subtract line 18 from line 12       877,045       751,5         13       Grant A, line 26)       1,354,506       2,364,7         21       Total labilities (Part X, line 26)       477,461       735,8	đ	8	Contribu	tions and grants (Part VIII, line 1h)		95	59,988	1,204,202
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0         12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)       959,988       4,462,1         13       Grants and similar amounts paid (Part IX, column (A), lines 1–3)       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       0       0         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0       0         17       Other expenses (Part IX, column (D), line 25) ▶ 13,196       13,196       13,196         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	ň	9					0	3,257,986
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0         12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)       959,988       4,462,1         13       Grants and similar amounts paid (Part IX, column (A), lines 1–3)       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       0       0         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0       0         17       Other expenses (Part IX, column (D), line 25) ▶ 13,196       13,196       13,196         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	eve	10	-				0	0
12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)       959,988       4,462,1         13       Grants and similar amounts paid (Part IX, column (A), lines 1–3)       0       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       0       0         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0       0         b       Total fundraising expenses (Part IX, column (D), line 25)       13,196       0         17       Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)       82,943       1,656,00         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       82,943       3,710,25         19       Revenue less expenses. Subtract line 18 from line 12       13,34,506       2,364,7         20       Total assets (Part X, line 16)       1,354,506       2,364,7         21       Total liabilities (Part X, line 26)       477,461       735,8	Ĕ	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			0	0
13       Grants and similar amounts paid (Part IX, column (A), lines 1–3)       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       0         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0         b       Total fundraising expenses (Part IX, column (D), line 25)       13,196         17       Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)       82,943         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       82,943         19       Revenue less expenses. Subtract line 18 from line 12       877,045         20       Total assets (Part X, line 16)       1,354,506         21       Total liabilities (Part X, line 26)       477,461		12				95	59,988	4,462,188
14Benefits paid to or for members (Part IX, column (A), line 4)015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)016aProfessional fundraising fees (Part IX, column (A), line 11e)016aProfessional fundraising expenses (Part IX, column (D), line 25)13,19617Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)82,94317Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)82,94319Revenue less expenses. Subtract line 18 from line 12877,04520Total assets (Part X, line 16)1,354,50621Total liabilities (Part X, line 26)477,46123Total assets (Part X, line 26)477,461		13		· · · · · · · · · · · · · · · · · · ·			0	0
Solaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)16aProfessional fundraising fees (Part IX, column (A), line 11e)016aProfessional fundraising expenses (Part IX, column (D), line 25) ▶13,19617Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)82,94318Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)82,94319Revenue less expenses. Subtract line 18 from line 12877,04520Total assets (Part X, line 16)1,354,50621Total liabilities (Part X, line 26)477,46123Total liabilities (Part X, line 26)477,461		14					0	0
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0         b       Total fundraising expenses (Part IX, column (D), line 25)       13,196         17       Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)       82,943         18       Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)       82,943         19       Revenue less expenses. Subtract line 18 from line 12       877,045         20       Total assets (Part X, line 16)       1,354,506         21       Total liabilities (Part X, line 26)       477,461	s	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			0	2,054,241
17       Other expenses (Part IX, column (A), lines Tia-Tid, Tii-24e)	ıse	16a					0	0
17       Other expenses (Part IX, column (A), lines Tia-Tid, Tii-24e)	bei	b						
18         Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         82,943         3,710,2           19         Revenue less expenses. Subtract line 18 from line 12         877,045         751,9           10         Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         1,354,506         2,364,7           21         Total liabilities (Part X, line 26)         477,461         735,8	ш	17		• • • • • • • • • • • • • • • • • • • •		8	32,943	1,656,012
19         Revenue less expenses. Subtract line 18 from line 12         877,045         751,95           5         Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         1,354,506         2,364,7           21         Total liabilities (Part X, line 26)         477,461         735,8		18					-	3,710,253
b %         Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         1,354,506         2,364,7           21         Total liabilities (Part X, line 26)         1         477,461         735,8			-					751,935
20       Total assets (Part X, line 16)       1,354,506       2,364,7         21       Total liabilities (Part X, line 26)       477,461       735,8         20       Not specify a refund belonces. Subtract line 01 form line 00       1,354,506       2,364,7	s	-			Beginnin			
<b>21</b> Total liabilities (Part X, line 26)	lance	20	Total ass	ets (Part X, line 16)		1.35	54,506	2,364,783
	Ass	21					-	735,803
$-\mu$ 22 Net assets of fund balances. Subtract line 21 from line 20	Fund	22		ts or fund balances. Subtract line 21 from line 20			7,045	1,628,980
Part II Signature Block	-				1		10	.,020,700

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

Sign Here	Signature of officer Scott Solomon, Board President Type or print name and title			Date		
Paid Preparer	Print/Type preparer's name William Ray	Preparer's signature	Date		Check if self-employed	PTIN P01655327
Use Only	Firm's name  Build the Future Educ	Firm's EIN ► 47-3936999				
	Firm's address > 1617 JFK Boulevard S	Phone no. 267-583-4458				
May the IRS	discuss this return with the preparer	shown above? (see instructions)				. 🖌 Yes 🗌 No
						<b></b> 000 (001.0)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	990 (2016)	Page <b>2</b>
Part	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	🗆
1	Briefly describe the organization's mission:	
	The mission of TECH Freire Charter School is to provide a college-preparatory learning experience specializing in compute	er
	science and entrepreneurship with a focus on real-world learning, critical thinking, and problem solving in an environment	that
	emphasizes the values of community, teamwork, and nonviolence.	
2	Did the organization undertake any significant program services during the year which were not listed on the	<b>—</b>
		s 🖌 No
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<b>—</b>
		s 🖌 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 3,227,559 including grants of \$0 ) (Revenue \$ 3,257,559 including grants of \$0 ) (Revenue \$3,257,559 including grants of \$0 ) (Revenue \$0 ) (R	086)
τa	The School opened to students in August 2016 and completed its first academic school year. In 2016-17, the School educat	
	annewimetaly 200 students in grades 0 and 10	
	approximately 300 students in grades 9 and 10.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )	
4e	Total program service expenses ► 3,227,559	

Part	V Checklist of Required Schedules			
	· · · ·		Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	Γ
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11e 11f		
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	~	
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	140		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		t

Form **990** (2016)

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

Form 99	0 (2016)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	0-		
3a ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		~
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		~
b	If "Ves." enter the name of the foreign country.	ти		
	See 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 at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	-		
<b>h</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		~
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
Ŭ	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b Section 501(c)(12) organizations.</b> 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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Form 99	0 (2016)			F	-age <b>6</b>
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sch				
	Check if Schedule O contains a response or note to any line in this Part VI				· ·
Secti	on 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 <b>1a</b>	8			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent . <b>1b</b>	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, trustee, or key employee?	ship with	2		~
3	Did the organization delegate control over management duties customarily performed by or under t	he direct	-		
	supervision of officers, directors, or trustees, or key employees to a management company or other perso	•	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was to	iled?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		~
6	Did the organization have members or stockholders?	[	6	<	
7a	Did the organization have members, stockholders, or other persons who had the power to elect o	r appoint			
	one or more members of the governing body?		7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) n stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertake the year by the following:	n during			
а	The governing body?		8a	~	
b	Each committee with authority to act on behalf of the governing body?	[?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> .		9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Inter-	nal Revenue	e Co	de.)	L
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		I0a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purp	-	l0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	ne form?	11a	~	
b 10a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4	100		
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		2a  2b	<u>۷</u>	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy?		20	•	
С	describe in Schedule O how this was done		12c	~	
13	Did the organization have a written whistleblower policy?		13	~	
14	Did the organization have a written document retention and destruction policy?		14	~	
15	Did the process for determining compensation of the following persons include a review and app				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and de	cision?			
а	The organization's CEO, Executive Director, or top management official		I5a	~	
b	Other officers or key employees of the organization	🔤	I5b	~	
	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 arrawith a taxable entity during the year?	-	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
<del></del>	organization's exempt status with respect to such arrangements?	· · ·  1	l6b		
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed <b>PA</b> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Soction !	501/-	<u>_)(2)</u> _	ophy
10	available for public inspection. Indicate how you made these available. Check all that apply.			5/(3)8	oniy)
	<ul> <li>✓ Own website ✓ Another's website ✓ Upon request</li></ul>	0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		est r	oolicv	, and
-	financial statements available to the public during the tax year.				,

20	State the name, address, and telephone number of the person who possesses the organization's books and records: >
	Build the Future Education Collaborative, (267)583-4458

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

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

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

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

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

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

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

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

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

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

Secretary         0         ✓         0					(0	C)					
Name and Title       Average hours per werk (ist more than box, unless per work (ist more than box	(A)	(B)							(D)	(E)	(F)
hours per week (list and prime to related organizations       officer and a director/trustee) from related organizations       compensation from the organizations       compensation from the organizations       anomensation from the organizations         Scott Solomon       1       - </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. ,</td> <td>.,</td> <td>.,</td>									. ,	.,	.,
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Board President0✓000Sakinah Rahman1				ð			ated				
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Treasurer       0       ✓       0			~						0	0	0
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CEO and Head of School       0       ✓       50,833       0       8,456	Dave Shahriari	40									
	CEO and Head of School	0			~				50,833	0	8,456
			κ.								
			1								

Part	VII Section A. Officers, Directors, Trus			yees		C)	iignea	510			ueuj		
	(A)	(B)	(do n	ot ch	Pos	ition	than d	one	(D)	(E)		(F)	
	Name and title	Average hours per	box,	ot check more than o unless person is both er and a director/trust				n an	Reportable compensation	Reportable compensation from		imated ount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	other pensatio om the anizatior related nization	n I
1b	Sub-total								50.000				0.45
C	Total from continuation sheets to Part			•	•	· ·			50,833	0			8,45
d 2	Total (add lines 1b and 1c)					ed	above	e) w	bo received me	0  000 ore than \$100,00	0 of		8,45
												Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i>										d 3		~
4	For any individual listed on line 1a, is the organization and related organizations <i>individual</i>	greater th	an \$1	150,	000	? I	f "Ye	s,"	complete Sch	edule J for suc			~
5	Did any person listed on line 1a receive of for services rendered to the organization												~
Sectio	n B. Independent Contractors	, -	,								_ <b>`</b>	1	<u> </u>
1	Complete this table for your five highest compensation from the organization. Rep												ax

,	0
(B) Description of services	<b>(C)</b> Compensation
Rent	211,167
pl Charter Support Services	213,120
to those listed above) who	
	(B) Description of services Rent pl Charter Support Services

Form 990 (2016)

**Statement of Revenue** 

#### Check if Schedule O contains a response or note to any line in this Part VIII . . . . . **(C)** Unrelated business (D) Revenue excluded from tax (A) Total revenue **(B)** Related or exempt function revenue revenue under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns . . . 1a 0 b Membership dues . . . . 1b 0 Fundraising events . . . 1c 0 С d Related organizations . . . 1d 0 Government grants (contributions) е 1e 400,242 All other contributions, gifts, grants, f and similar amounts not included above 1f 803,960 Noncash contributions included in lines 1a-1f: \$ 0 g Total. Add lines 1a-1f . . h ► 1,204,202 Program Service Revenue **Business Code** State Subsidies 52,071 2a 611110 52,071 0 0 \_\_\_\_\_ b 0 Lcoal School District Funding 611110 3,205,051 3,205,051 0 С All Other Program Service Income 611110 0 864 864 0 d е f All other program service revenue . 0 0 0 0 Total. Add lines 2a-2f . . g ► 3,257,986 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . . 4 Income from investment of tax-exempt bond proceeds 5 Royalties . . . . ► (i) Real (ii) Personal Gross rents . . 6a b Less: rental expenses С Rental income or (loss) 0 0 d Net rental income or (loss) ► (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . С Gain or (loss) . 0 0 d Net gain or (loss) ► . Other Revenue 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . . а Less: direct expenses . . . . b b Net income or (loss) from fundraising events С ► 9a Gross income from gaming activities. See Part IV, line 19 . . . . . а Less: direct expenses . . . . b b Net income or (loss) from gaming activities . ► С . 10a Gross sales of inventory, less returns and allowances . . . а b Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . ► С Miscellaneous Revenue **Business Code** 11a b С All other revenue . . . . . d Total. Add lines 11a-11d. е ► 0 . . . 12 **Total revenue.** See instructions. ► 4,462,188 0 3,257,986 0

Sectio	on 501(c)(3) and 501(c)(4) organizations must com				
Dono	Check if Schedule O contains a response t include amounts reported on lines 6b, 7b,		(B)	(C)	<u></u> (D)
8b, 9t	o, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	128,983	116,085	12,898	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	1,445,081	1,445,081	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	71,714	71,714	0	0
9	Other employee benefits	277,946	277,946	0	0
10	Payroll taxes	130,517	130,517	0	0
11	Fees for services (non-employees):				
а	Management	273,371	30,528	229,647	13,196
b	Legal	150,773	0	150,773	0
с	Accounting	0	0	0	0
d		0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	132,964	132,964	0	0
12	Advertising and promotion	8,772	8,772	0	0
13	Office expenses	31,163	0	31,163	0
14	Information technology	97,209	97,209	0	0
15	Royalties	0	0	0	0
16	Occupancy	629,788	598,299	31,489	0
17	Travel	2,706	1,770	936	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	108,721	104,873	3,848	0
23	Insurance	46,152	43,844	2,308	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Approved Private Schools	1,720	1,720	0	0
b	After School Activities	47,462	47,462	0	0
С	Instructional Supplies and Books	114,383	114,383	0	0
d	Other Expenses	10,828	4,392	6,436	0
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,710,253	3,227,559	469,498	13,196
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2016)

	n 990 (20 <b>art X</b>	,			Page 11
	αιιλ	Check if Schedule O contains a response or note to any line in this Pa	+ X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	461,718	1	716,960
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	11,492	3	365
	4	Accounts receivable, net	0	4	104,673
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
(0	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
ëts	-		0	0 7	0
Assets	7 8	Notes and loans receivable, net	0	7 8	0
	9	Prepaid expenses and deferred charges	-	0 9	0
	9 10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b> 1,651,505	2,712	9	0
	b	Less: accumulated depreciation	878,584	10c	1,542,785
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,354,506	16	2,364,783
	17	Accounts payable and accrued expenses	25,561	17	407,093
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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			
			451,900		328,710
es	26	Total liabilities. Add lines 17 through 25	477,461	26	735,803
nc	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
ЧШ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	878,584		1,542,785
As	32	Retained earnings, endowment, accumulated income, or other funds .	-1,539	32	86,195
Vet	33	Total net assets or fund balances	877,045	33	1,628,980
	34	Total liabilities and net assets/fund balances	1,354,506	34	2,364,783

Form **990** (2016)

	00 (2016)			Pa	age <b>1</b> 2
Par					
	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		4,46	2,188
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,71	0,253
3	Revenue less expenses. Subtract line 2 from line 1	3		75	1,935
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		87	7,045
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,62	8,980
Part	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 Cash Corual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both:				~
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	V	
2	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	d on a	-		
	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 ov	ersight	:		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	~	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	olain in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	forth in			
34	the Single Audit Act and OMB Circular A-133?.		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				-
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

Employer identification number

TECH FREIRE CHARTER SCHOOL	47-3965219					
Part I Reason for Public Charity Status (All organizations must complete the	is part.) See instructions.					
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)						

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedu	ule A (Form 990 or 990-EZ) 2016						Page <b>2</b>
Part	(Complete only if you checked the Part III. If the organization fails to	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	on failed to qu	i)
	ion A. Public Support		1	-	1	1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	-					
<u></u>	organization, check this box and <b>stop he</b>						· · ►
	ion C. Computation of Public Suppo						
14	Public support percentage for 2016 (line		•			14	%
15 16a	Public support percentage from 2015 Sc 33 <sup>1</sup> / <sub>3</sub> % support test—2016. If the organ box and stop here. The organization qua	ization did not	t check the box	x on line 13, a	nd line 14 is 3		
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2015.</b> If the organ this box and <b>stop here.</b> The organization	ization did not	check a box o	on line 13 or 16	6a, and line 15	is 33 <sup>1</sup> /3% or m	ore, check
17a	<b>10%-facts-and-circumstances test-2</b> 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts 'facts-and-circ	s-and-circumst cumstances" te	ances" test, c est. The organ	heck this box ization qualifie	and <b>stop here</b> s as a publicly	. Explain in
b	<b>10%-facts-and-circumstances test-2</b> 15 is 10% or more, and if the organiza Explain in Part VI how the organization r supported organization	ation meets the	ne "facts-and-o ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and	stop here.
18	<b>Private foundation.</b> If the organization d					k this box and	see

### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
4	organization's benefit and either paid						
	to or expended on its behalf						
-	•						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						•
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
40							
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
13	and 12.)						
				al the back for south	Calls to see		tiana 501(a)(0)
14	<b>First five years.</b> If the Form 990 is for the	•			· ·		
<u></u>	organization, check this box and <b>stop he</b>						🕨
	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line					15	%
16	Public support percentage from 2015 Sch					16	%
-	on D. Computation of Investment In		-				
17	Investment income percentage for 2016 (			-		17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests-2016. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2015. If the organiz						
	line 18 is not more than 33 <sup>1</sup> /3%, check this	box and <b>stop h</b>	<b>nere.</b> The organ	ization qualifies	as a publicly s	upported org	anization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see inst	tructions 🕨 🗌

### 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

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedu	ule A (Form 990 or 990-EZ) 2016		I	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

### Section C. Type II Supporting Organizations

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

### Section D. All Type III Supporting Organizations

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

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations, *Complete line 3 below*. b
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

1

3

2a

2b

3a

3b

Yes No

Yes No

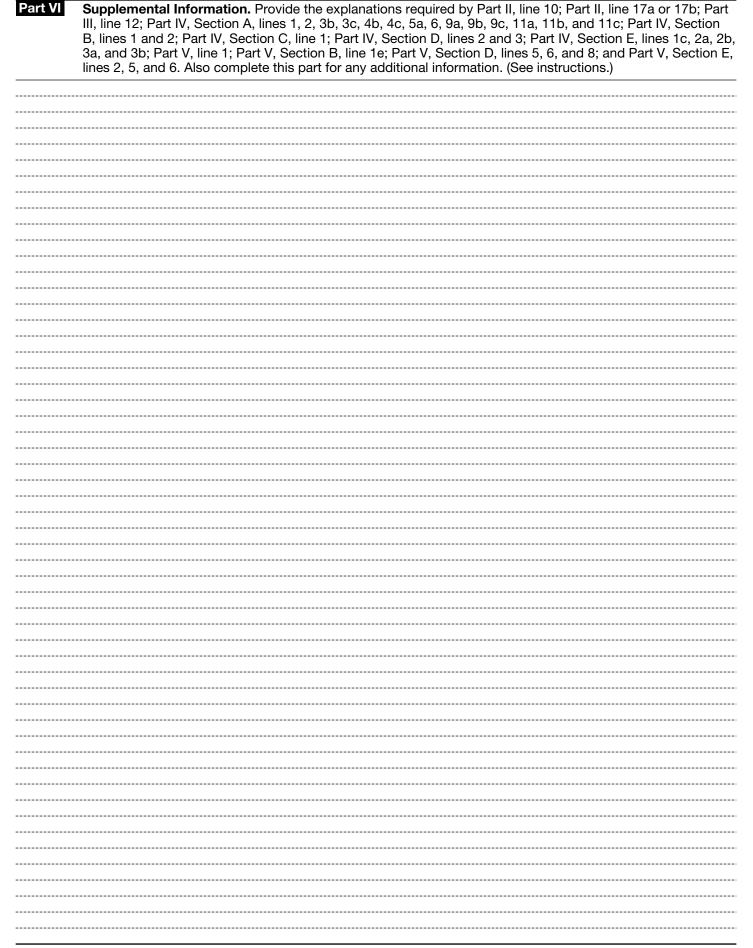
### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		· · <u> </u>	

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

Part		by Supporting Organi		Current Year
	ion D - Distributions	avamat purpaga		Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
c	From 2013			
d	From 2014			
e	F 0045			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u> </u>	· · · · · ·			
<u>h</u>	Applied to 2016 distributable amount			
<u> </u>	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:			
a				
b b	Excess from 2013			
C	Excess from 2014			
-	Excess from 2015			
d				
е	Excess from 2016			



#### SCHEDULE D (Form 990)

Department of the Treasury

**TECH FREIRE CHARTER SCHOOL** 

Internal Revenue Service Name of the organization

Part I

1

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1

2

а

b

С

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Part II

### **Supplemental Financial Statements**

n 990)	Complete if the organization answered "Yes" on Form S		2016
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or		
ent of the Treasury	Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.		Open to Public n990. Inspection
Revenue Service f the organization	Finiormation about Schedule D (Form 990) and its instructions is at www	-	dentification number
U U		Employer	
FREIRE CHART	izations Maintaining Donor Advised Funds or Other Similar F		47-3965219
	ete if the organization answered "Yes" on Form 990, Part IV, line		counts.
Compi	(a) Donor advised funds		) Funds and other accounts
Total number	at end of year		
	ue of contributions to (during year)		
	ue of grants from (during year)		
	ue at end of year		
	ization inform all donors and donor advisors in writing that the assets	s held in dor	or advised
-	organization's property, subject to the organization's exclusive legal cor		
	ization inform all grantees, donors, and donor advisors in writing that g		
	able purposes and not for the benefit of the donor or donor advisor, o		
	permissible private benefit?		
	rvation Easements.		
Comple	ete if the organization answered "Yes" on Form 990, Part IV, line	7.	
	conservation easements held by the organization (check all that apply).		
	on of land for public use (e.g., recreation or education) 🗌 Preservation	n of a historic	ally important land area
			d historic structure
Preservatio	on of open space		
Complete lines	s 2a through 2d if the organization held a qualified conservation contribu	ution in the fo	orm of a conservation
easement on t	he last day of the tax year.		Held at the End of the Tax Year
Total number	of conservation easements	26	a
Total acreage	restricted by conservation easements	21	b
Number of cor	nservation easements on a certified historic structure included in (a) .	20	c
Number of co	onservation easements included in (c) acquired after 8/17/06, and no	ot on a	
historic structu	ure listed in the National Register	· · · 20	d
Number of cor	nservation easements modified, transferred, released, extinguished, or t	erminated by	y the organization during the
tax year ►			
Number of sta	tes where property subject to conservation easement is located $\blacktriangleright$		
•	anization have a written policy regarding the periodic monitoring, I enforcement of the conservation easements it holds?		
Staff and volunt	eer hours devoted to monitoring, inspecting, handling of violations, and enforcir	ng conservatio	on easements during the year
►		-	5 ,
Amount of exp	enses incurred in monitoring, inspecting, handling of violations, and enforci	na conservati	on easements during the year

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement	s during tl	he year
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		

	and section 170(h)(4)(B)(ii)?	Yes 🗌	1	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	and		

Part	III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	organization's accounting for conservation easements.
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
9	In Part And, describe now the organization reports conservation easements in its revenue and expense statement, and

rt III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

4	
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

	(i) Revenue included on Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

For Paperwork F	Reduction Act N	lotice, see t	the Instructions	for Form 990.
1 of 1 aperwork 1	iculuction Act i	101100, 300		101 1 01111 330.

OMB No. 1545-0047

Schedu	le D (Form 990) 2016							Page <b>2</b>
Part	t III Organizations Maintaining	<b>Collections of</b>	Art, Hist	torical T	reasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther recor	ds, chec	k any of th	e follov	ving that are a	significant use of its
а	Public exhibition		d	Loan	or exchang	je prog	rams	
b	Scholarly research		е	Other	-			
с	Preservation for future generations	3						
4	Provide a description of the organization XIII.	tion's collections	and expla	in how th	ney further	the org	anization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part	Escrow and Custodial Arra	angements.						
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on For	m 990, F	Part IV, line	e 9, or	reported an a	mount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?			-				ot
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing ta	able:			
							ŀ	Amount
С	Beginning balance					10	;	
d	Additions during the year					10		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amou							-
b	If "Yes," explain the arrangement in P	art XIII. Check her	re if the ex	planatior	n has been	provide	ed on Part XIII .	🗌
Par								
	Complete if the organization							
		(a) Current year	(b) Prio	or year	(c) Two year	s back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current year e	nd balanc	e (line 1g	, column (a	)) held	as:	
а	Board designated or quasi-endowme	nt 🕨	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ►	%						
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of t	he organiz	zation tha	at are held	and ad	ministered for t	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related o					· ·		3b
4	Describe in Part XIII the intended uses		on's endo	wment fu	inds.			
Part	, <b>,</b> ,		" en <b>F</b> -	000			Ола Гания 000	
	Complete if the organization							
	Description of property	(a) Cost or o (investr		• •	r other basis ther)		Accumulated epreciation	(d) Book value
1a	Land		0		0			0
b	Buildings		0		0		0	0
С	Leasehold improvements		0		1,170,247		37,441	1,132,806
d	Equipment		0		471,826		69,550	402,276
e	Other		0		9,432		1,729	7,703
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X	(, column	(B), line 10	)c.) .	🕨	1,542,785

Part VII	Investments-Other Securities.				
	Complete if the organization answered "Y	Yes" on Form	990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category		(b) Book value		od of valuation:
	(including name of security)			Cost or end-	of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments—Program Related.				
	Complete if the organization answered "Y	Yes" on Form	990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	• •	nod of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (k	b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.				
	Complete if the organization answered "Y	Yes" on Form	990, Part IV, lin	e 11d. See Form	
	(a) Description	on			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tetel (Colu	mp (b) must aqual Form 000 Part V as (P) line	~ 15 \		<b>\</b>	
	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	- 10.)		🚩	
Part X	Complete if the organization answered "Y	Voo" on Earm		a 11a ar 11f Baa	Form 000 Bart V
	line 25.		SSU, Fait IV, III	- 11- 01 111. See	TOTTI 390, Fail A,
1.		b) Book value			
(1) Federal in					
		200	0		
(2) Conting (3)	ent Grants	328,	/10		
(4)					
(5)					
(6)					

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 328,710

(7) (8)

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

Schedu	e D (Form 990) 2016			Page 4
Part			Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,462,188
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a (	D	
b	Donated services and use of facilities	2b	D	
С	Recoveries of prior year grants	2c	D	
d	Other (Describe in Part XIII.)	2d	D	
е	Add lines <b>2a</b> through <b>2d</b>		2e	0
3	Subtract line <b>2e</b> from line <b>1</b>		3	4,462,188
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a (	D	
b	Other (Describe in Part XIII.)	4b (	D	
С	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	4,462,188
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses p	er Return	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	3,710,253
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	D	
b	Prior year adjustments	2b		
C	Other losses		0	
d	Other (Describe in Part XIII.)			
e	Add lines <b>2a</b> through <b>2d</b>		2e	0
3	Outstand the solution of the s		3	3,710,253
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-	07.101200
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	D	
b	Other (Describe in Part XIII.)			
c	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line</i>	e 18.)	5	3,710,253
Part		/		0,710,200
2; Par Sched	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part ule D, Part X, Line 2 - The School is exempt from federal income taxes under S dingly, no provision for income taxes has been reflected in the School's finance	to provide any additional i ection 501(c)(3) of the Inter	nformation. nal Revenue	Code.
	ble contribution deduction under Section 170(b)(1)(A) and has been classified			
	Section 509(a)(2).	······		

Departr	DULE E 990 or 990-EZ) nent of the Treasury Revenue Service	<ul> <li>Schools</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</li> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</li> </ul>	OMB No. 20 Open to Inspect	<b>1</b> C Publi	5
	of the organization	Employer identific	ation num	ber	
тесн	FREIRE CHARTEI	R SCHOOL 47-3	3965219		
Part					
1		ization have a racially nondiscriminatory policy toward students by statement in its charted overning instrument, or in a resolution of its governing body?		YES	NC
2		ization include a statement of its racially nondiscriminatory policy toward students in all i logues, and other written communications with the public dealing with student admission scholarships?		~	
3	Has the organiz during the perio in a way that r	ation publicized its racially nondiscriminatory policy through newspaper or broadcast med d of solicitation for students, or during the registration period if it has no solicitation program nakes the policy known to all parts of the general community it serves? If "Yes," pleas " please explain. If you need more space, use Part II	lia m, se	~	
	materials. The S backgrounds. Fr	Ides a "Statement of Diversity" in its website and in all of its marketing and admissions tatement reads: Freire Charter School values diversity and seeks students from diverse eire Charter School does not discriminate on the basis of race, sex, gender, gender identity, on, religion, ethic origin, or disability in the admissions policies.			
4	Does the organi	ran, religion, etnic origin, or disability in the admissions policies. zation maintain the following? ing the racial composition of the student body, faculty, and administrative staff?		~	
a b	Records docur nondiscriminato	nenting that scholarships and other financial assistance are awarded on a racial ry basis?	lly 4b	~	
С					
	with student ad	alogues, brochures, announcements, and other written communications to the public dealir missions, programs, and scholarships?	4c	~	
d	with student ad Copies of all ma		4c	~	
d	with student ad Copies of all ma	missions, programs, and scholarships?	4c		
d 5 a	with student add Copies of all ma If you answered Does the organi	missions, programs, and scholarships?	4c		
	with student adr Copies of all ma If you answered Does the organi Students' rights	missions, programs, and scholarships?	4c 4d		
5 a	with student adu Copies of all ma If you answered Does the organi Students' rights Admissions poli	missions, programs, and scholarships?	4c 4d  5a		
5 a b	with student add Copies of all ma If you answered Does the organi Students' rights Admissions poli Employment of	missions, programs, and scholarships?	4c 4d 5a 5b		~
5 a b c	with student adu Copies of all ma If you answered Does the organi Students' rights Admissions poli Employment of Scholarships or	missions, programs, and scholarships?	4c 4d  5a 5b 5c		
5 a b c d	with student add Copies of all ma If you answered Does the organi Students' rights Admissions poli Employment of Scholarships or Educational poli Use of facilities?	missions, programs, and scholarships?	4c 4d 5a 5b 5c 5d		~
5 a b c d e	with student add Copies of all ma If you answered Does the organi Students' rights Admissions poli Employment of Scholarships or Educational poli Use of facilities?	missions, programs, and scholarships?   terial used by the organization or on its behalf to solicit contributions? "No" to any of the above, please explain. If you need more space, use Part II. zation discriminate by race in any way with respect to: or privileges?	4c 4d 5a 5b 5c 5d 5e		~ ~ ~

6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . . . . **b** Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 7

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

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

6a

6b

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V

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Part II	<b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).
Schedule E	, Part I, Line 6 - The School receives various grants from the Federal Department of Education to serve the School's low income
	o serve the School's students with disabilities, and to improve teacher development.

SCHEDULE O	Supplemental Information to Form 990 or 990-	: <b>Z</b>	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information.	s on	2016
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www</li> </ul>	.irs.gov/form990.	Open to Public Inspection
Name of the organization		Employer identifica	ition number
TECH FREIRE CHART	ER SCHOOL	47-	3965219
Form 990, Part VI, Sec	tion A, Line 6 - Freire Charter School is the sole member of TECH Freire Charter	School.	
Form 990, Part VI, Sec TECH Freire.	tion A, Line 7a - Freire Charter School is the sole member of TECH Freire Charter	School and sele	cts the Directors of
and revisions are add	tion B, Line 11b - A draft of the 990 is circulated via e-mail to all board members essed, and a final draft is prepared and presented to the board for formal review ing. Upon approval by the board, the 990 is electronically filed.		
Form 990, Part VI, Sec	tion B, Line 12c - The School generally refrains from engaging in any activities w	ith an actual or p	erceived conflict of
	Board members are required to complete a "Statement of Financial Interest" wh ny board member with an actual or perceived conflict of interest will recuse hers		
	tion B, Line 15 - The Head of School's salary is determined by the Board Preside in to ensure compensation is fair and reasonable.	nt. The Board Pre	esident works with
Form 990, Part VI, Sec	tion C, Line 19 - All such documents are made available upon request.		

### Schedule O, Statement 1

Form: Form 990 (2016)

Page: 1

### Activity Or Mission Description

TECH FREIRE CHARTER SCHOOL

EIN: 47-3965219

Part I, Line 1

#### Description

real-world learning, critical thinking, and problem solving in an environment that emphasizes the values of community, teamwork, and nonviolence. The School will serve grades 9 through 12.

### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

**TECH FREIRE CHARTER SCHOOL** 

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr ent	<b>g)</b> 512(b)(13) rolled ity?
						Yes	No
(1) Freire Charter School (23-3001981) 2027 Chestnut Street, Philadelphia, PA 19103	Operation of a grades 5 through 12 charter	РА	501(c)(3)	170(b)(1)(A)(ii)	N/A		~
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							



Employer identification number

47-3965219

Part III Identification of I because it had on	Related Organization e or more related orga	s Taxable nizations	e as a Partners treated as a pa	hip. Complete in rtnership during	f the organiza the tax year	ation answere	ed "Y	es" o	n Form 990, Pa	art IV	, line	34		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) (f) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	<b>(g)</b> Share of end-of- year assets	(h) Disproportionate		Disproportionate		(i) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Percentage Section 5	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2016

Part	<b>Transactions With Related Organizations.</b> Complete if the organization answ	vered "Yes" on Forn	n 990, Part IV, line 34	1, 35b, or 36.			
Not	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				١	/es	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related orga	nizations listed in Parts	، II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		~
b	Gift, grant, or capital contribution to related organization(s)				1b		~
с	Gift, grant, or capital contribution from related organization(s)				1c		~
d	Loans or loan guarantees to or for related organization(s)				1d		~
е	Loans or loan guarantees by related organization(s)				1e		~
	5 , 5 ()						
f	Dividends from related organization(s)				1f		~
g	Sale of assets to related organization(s)				1g		~
ĥ	Purchase of assets from related organization(s)				1h		~
i	Exchange of assets with related organization(s)				1i		~
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		~
•					-		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		V
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		~
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		~
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .				1n		~
0	Sharing of paid employees with related organization(s)				10		V
					-		
p	Reimbursement paid to related organization(s) for expenses				1p		V
q	Reimbursement paid by related organization(s) for expenses				1g		V
-	······································						
r	Other transfer of cash or property to related organization(s)				1r		V
s	Other transfer of cash or property from related organization(s)					~	
2	If the answer to any of the above is "Yes," see the instructions for information on who must c				1 three	shold	ls.
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining a	amount	involv	/ed
		type (a–s)					
Se	e Schedule R, Part VII, Statement 1						
(1)							
(2)							
(3)							
_(-)							
(4)							
(5)							
(6)							

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

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

<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	from tax under	section total inc		section 501(c)(3	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?		Share of Disprop Id-of-year alloca assets	Disproportionat			(j) General or managing partner?		<b>(k)</b> Percentage ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No					
-																
												<u> </u>				
			(state or foreign country)     income (related, excluded from tax under sections 512-514)	(state or foreign country)     income (related, unrelated, excluded from tax under sections 512-514)	(state or foreign country)       income (related, excluded from tax under sections 512-514)       section 501(c)(3) organizations?             Yes       No	(state or foreign country)       income (related, excluded from tax under sections 512-514)       section 501(c)(3) organizations?       total income             Yes       No	(state or foreign country)       income (related, unrelated, excluded from tax under sections 512-514)       section 501(c)(3) organizations?       total income       end-of-year assets          Mo       Yes       No       Yes       No          Image:	(state or foreign country)       income (related, excluded from tax under sections 512-514)       total income       end-of-year assets       alloca          Image: State or foreign country)       Image: State or foreign section sold (c)(3) organizations?       Yes       No       Yes       Yes<	(state or foreign country)       income (related, unrelated, section sections 512-514)       section solutions?       total income assets       end-of-year assets       allocations?	(state or foreign country)     income (related, sections 512-514)     section 501(c)(3) organizations?     total income massets     end-of-year assets     allocations?     amount in box 20 of Schedule K-1 (Form 1065)	$\left[ \begin{array}{c c c c c c c c c c c c c c c c c c c $	$\left[ \begin{array}{c c c c c c c c c c c c c c c c c c c $				

Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.

Schedule R, Part VII, Statement 1	TECH	FREIRE CHARTER SCHOOL
Form: Schedule R (2016)		EIN: 47-3965219
Page: 3		Part V, Line 2
	Description of Covered Relationships and Transaction Thresholds	
		Amt. involved
Name	Freire Charter School	305,471
Transaction type	S	
Method of determining amt. involved	TECH Freire Charter School received funds from Freire Charter School under a	
	conditional grant agreement. The proceeds from the agreement were segregated	d from
	the School's general operating funds. In October 2017 both boards of directors v	roted
	to return the funds to Freire Charter School. No funds were utilized by TECH Fre	eire
	Charter School under the conditional grant agreement.	