Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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20

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.

Inter		ue Service					2/00/004	inspection
<u>A</u>			endar year, or tax year beginning	7/1/2015	, and e		6/30/2016	
_		applicable:		y Charter High School		D Emplo	byer identifi	ication number
Х	Address	change	Doing business as	- 4 - 1 - 1 4 4	Description	40.0044	000	
П	Name cha	ange	Number and street (or P.O. box if mail is n	of delivered to street address)	Room/suite	46-3841		
		•	2091 Dayton Street			E l'elepr	none numbe	r
Ш	Initial retu	urn	City or town	State	ZIP code	(303) 34	0-7880	
	Final return	/terminated	Aurora	CO	80010			
			Foreign country name Foreig	n province/state/county	Foreign posta			1 006 571
	Amended	return				G Gross	receipts \$	1,886,571
	Applicatio	on pending	F Name and address of principal officer:			H(a) Is this a group ret	turn for subord	dinates? Yes X No
			Jennifer Douglas 2091 Dayton Stre	et, Aurora, CO 80010		H(b) Are all subordi	nates includ	led? Yes No
		pt status:	X 501(c)(3) 501(c) ()	◄ (insert no.) 4947(a)(1) or 527	If "No," attach	a list. (see i	nstructions)
				(insert 110.) 4347 (a)(1)01 327			
J	Website	e: 🕨 www	w.newlegacycharter.org			H(c) Group exempt	ion number	
K	Form of o	rganization:	X Corporation Trust Assoc	ciation Other ►	L Ye	ar of formation: 20	13 MIS	State of legal domicile: CO
	Part I	Su	nmary		ł			
-	1		escribe the organization's mission o	r most significant activitie	s See	Schedule O.		
e	-	, a		in the second				
an								
Governance								
Š	2		nis box ▶ if the organization di					
U at	3		of voting members of the governing					10
ŝ	4		of independent voting members of t				4	10
itie	5		mber of individuals employed in cale				5	41
Activities &	6	Total nu	mber of volunteers (estimate if nece	ssary)			6	25
¥	7a	Total un	related business revenue from Part	VIII, column (C), line 12 .			7a	274
	b	Net unre	elated business taxable income from	Form 990-T, line 34			7b	0
						Prior Yea	r	Current Year
Ð	8	Contribu	itions and grants (Part VIII, line 1h) .				0	962,563
Revenue	9	Program	service revenue (Part VIII, line 2g)				0	920,883
eve	10	Investm	ent income (Part VIII, column (A), lin	es 3, 4, and 7d)			0	71
Ŕ	11		venue (Part VIII, column (A), lines 5				0	3,054
	12		enue-add lines 8 through 11 (must ec				0	1,886,571
	13		and similar amounts paid (Part IX, co				0	0
	14		paid to or for members (Part IX, col				0	0
6	4 -		other compensation, employee benefit				0	2,012,196
se	16a		onal fundraising fees (Part IX, colum				0	2,012,100
Expenses	b		ndraising expenses (Part IX, column		4.093			
ŭ	17		penses (Part IX, column (A), lines 1				0	794,173
_	.,			-			0	-
	18		penses. Add lines 13–17 (must equa					2,806,369
~ 0	<u>19</u>	Revenu	e less expenses. Subtract line 18 fro		<u></u>	Device in a cf Oren	0	-919,798
Net Assets or		Tatalaa				Beginning of Curr		End of Year
(sse	20		sets (Part X, line 16)				408,420	2,511,662
let A	21		bilities (Part X, line 26)				41,233	3,064,273
			ets or fund balances. Subtract line 2				367,187	-552,611
	art II		nature Block					
			I declare that I have examined this return, ind ct, and complete. Declaration of preparer (other the state of the stat					e
anu	Dellei, it i	s irue, corre	ci, and complete. Declaration of preparer (othe	i than onicer) is based on all init	ormation of whic	n preparer nas any ki	iowiedye.	
Sig	gn		0					
He	re		Signature of officer			Da	te	
			-					
		 ∥	Type or print name and title					
_		Prin	/Type preparer's name	Preparer's signature		Date	Check	Y if
Pa		Per	gy J Starr			11/14/2016	self-empl	
	eparer			Sorvicos				
Us	e Only	y –	's name ► Starr Tax & Accounting		<u></u>		▶ 84-15	
			's address ► 3247 Oak Leaf Place, H			Phone no.		946-7642
Ma	y the IF	RS discus	s this return with the preparer shown	n above? (see instruction	s)	<u></u>	<u> </u>	. X Yes No
_								

Form 9	90 (2015)	New Legacy Charter High School	46-3841363	Page 2
Par	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	•	escribe the organization's mission:		
		skills needed to raise healthy children & graduate prepared for success in college		
		o compelling careers, financial independence & positive parenting.		
2		organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	· · · · Yes	X No
3		rganization cease conducting, or make significant changes in how it conducts, any program		
3			Yes	X No
		describe these changes on Schedule O.		
4		the organization's program service accomplishments for each of its three largest program servi	ices as measured by	
•		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	-	
		expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,345,512 including grants of \$) (Rev	enue \$ 920	,883)
	2015-20	16 is the estual first year of exerctions with 95 5 students and 59 early shildhood		
	students	Program Service for pregnant and parenting teens in NW Aurora where the teen birth rate		
	is particu	larly high and school options tailored to young parents are not easily accessible.		
	Program	geared towards both young parents and their children, NLCHS has the unique opportunity to		
		generations at a time.		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4 -1	Other	agram parvises (Deparibe in Schedule O.)		
4d	-	ogram services. (Describe in Schedule O.)	0.)	
40	(Expense		0)	
4e	τοιαι μίθ	gram service expenses 2,345,512		

New Legacy Charter High School 5)

Part	V Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	•		
5	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C,</i> Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
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		х
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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			V
40	negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	v	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	^	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		х
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	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	124	~	
Ň	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х
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? If "Yes," complete Schedule F, Parts III and IV.	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		Х

Form **990** (2015)

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Form	990	(2015

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	. 22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	·		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	. 23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	. 23		^
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		х
b				^
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	· 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
258	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? <i>If "Yes," complete Schedule L, Part I</i> .	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	254		^
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	. 26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	. 27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	. 28b		Х
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II.	. 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		х
34	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			Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part</i>			
_	VI	. 37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O		X 990 ((2045)
		FOrm	330(20151

Form	990	(2015)
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Par	t 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	14		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. 1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		41	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20		v
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		Х
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
τa	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		х
b	If "Ves." enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5 b		Х
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		Х
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). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	. 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70 7b		~
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	. 7g		
h	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.	00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?			
10	Section 501(c)(7) organizations. Enter:	. 56		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se			ons.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			~
74	one or more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1a		~
b	stockholders, or persons other than the governing body?	76		х
0	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		^
8				
•	the year by the following:	80	v	
a ⊾	The governing body?	8a 01-	X X	
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 reached			v
0	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	,	Х
Seci	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	,oae.		N
100	Did the ergenization have lead chanters, branches, or affiliates?	100	Yes	No X
10a		10a		^
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
44.0		10b	v	
11a		11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4.0	v	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-	v	
40		12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	V	
a	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
_	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed		-,	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)	is only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli	cy, an	d	
	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:	►		
	Jennifer Douglas (303) 340-7882			
	2091 Dayton Street, Aurora, CO 80010			

Form 990 (2015)	New Legacy Charter High School	46-3841363	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	Employees, and Independent Contractors		 i
	Check if Schedule O contains a response or note to any line in this Part VII		Х
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.

					2)					
(A) Name and Title	(B) Average	box,	unles	Pos neck ss pe	rson	e than o is both	n an	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	offic	er an	dad		or/trust		compensation	compensation	amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Sarah Bridich	2.00		1							
President	0.00	Х		х	х			0	0	0
(2) Philip Cooke	2.00									
Vice President	0.00	Х		Х				0	0	0
(3) Philip Tromburg	2.00									
Treasurer	0.00	Х		Х				0	0	0
(4) Monica Lyle	2.00									
Secretary	0.00	Х		Х				0	0	0
(5) Anne Burris	2.00									
Board Member	0.00	Х						0	0	0
(6) Jessica Gutknecht	2.00									
Board Member	0.00	Х						0	0	0
(7) Noel Giametta	2.00									
Board Member	0.00	Х						0	0	0
(8) Kristin Schloedorn	2.00									
Board Member	0.00	Х						0	0	0
(9) Taishya Adams	2.00	•								
Board Member	0.00	Х						0	0	0
(10) Buffy Naake	2.00									
Board Member	0.00	Х						0	0	0
(11) Jennifer Douglas	40.00									
Head of School	0.00			Х				65,000	0	7,340
<u>(12)</u>										
(13)										
(14)										

	990 (2015)		/ Charter High So					:					8413		Page 8				
	(A) Name and title		(A) (B) Name and title Average hours pe week (list a hours for related				Name and title Average box, unless person is b hours per officer and a director/t						than c is both	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatior from related organizations (W-2/1099-MIS	(F) Estima amoun othe compens C) from ti		mated ount of ther ensation
				organizations below dotted line)	Individual trustee or director	Institutional trustee		oloyee	Highest compensated employee		(** 2/1000 11100)			and	related				
(15)																			
(16)																			
(17)																			
(18)																			
(19)																			
(20)																			
(21)																			
(22)																			
(23)																			
(24)																			
(25)																			
1b	Sub-total									•	65,000		0		7,340				
c d		n continuation sh d lines 1b and 1c)								•	0 65,000		0		7,340				
2	Total num	ber of individuals (including but not	limited to those list		abov	ve) v					,000 of	0		1,040				
		compensation fro					0						_	Y	íes No				
3		ganization list any on line 1a? <i>If "Yes</i>			•		-		•		t compensated			3	X				
4		dividual listed on li zation and related										h							
	individual						•							4	X				
5		erson listed on line es rendered to the												5	x				
Sec		ependent Contrac																	
1		this table for your ation from the orga											's ta	<					
			(A) Name and business a	ddress							(B) Description of ser	vices	Cor	(C) mpensa	ation				
															(
															(
															(
_	Tatal	han af in star	4	lualization (CP)	ha -1 -1	<u>ل</u> اء		1.4		· · · `					C				
2		ber of independen \$100,000 of com		-		0 (110	sel	ISLE	d abo 0	ve)	who received								

	90 (201	,	School				46-38413	63 Page S
Part	VIII	Statement of Revenue Check if Schedule O contains	a response or i	note to any line in	this Part VIII			🗖
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
and Other Similar Amounts	1a b c d e f	Federated campaigns		0 0 0				
and Oth	g h	similar amounts not included abo Noncash contributions included in lin Total. Add lines 1a–1f	nes 1a-1f: \$	0	962,563			
en				Business Code				
Program Service Revenue	2a	Per Pupil Revenue		611710	777,605	777,605		
e Re	b	Daycare		611710	123,460	123,460		
<u>vic</u>	С	Tuition & Fees		611710	19,818	19,818		
Ser	d				0			
ram	e				0			
rog	t	All other program service revenue		►	0			
ш.	<u>g</u> 3	Total. Add lines 2a–2f			920,883			
	3	other similar amounts).			71			7
	4	Income from investment of tax-ex			0			, ,
	5				0			
	•	Royalties	(i) Real	(ii) Personal	~			
	6a	Gross rents	2,780					
	b	Less: rental expenses						
	С	Rental income or (loss)	2,780	0				
	d	Net rental income or (loss)		►	2,780			2,78
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	C	0				
	b	Less: cost or other basis	_					
		and sales expenses	0					
	C	Gain or (loss)			-			
	d	Net gain or (loss)		· · · · · •	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1 See Part IV, line 18	c).	0				
the	b	Less: direct expenses		0				
Ò	С	Net income or (loss) from fundrais	sing events	►	0			
	9a	Gross income from gaming activit	ies.					
		See Part IV, line 19		0				
	b	Less: direct expenses						
	С	Net income or (loss) from gaming	activities	. <u></u> ▶	0			
		Gross sales of inventory, less returns and allowances						
		Less: cost of goods sold						
┝	С	Net income or (loss) from sales o Miscellaneous Revenue	r inventory	► Business Code	0			
┝	110				074		074	
	11a b	•••••••••••••••••••••••••••••••••••••••		900099	274		274	
	0 2			<u>├</u>	0			
	d d	All other revenue			0			
	e	Total. Add lines 11a–11d			274			
	12	Total revenue. See instructions.			1,886,571	920,883	274	2,85

following SOP 98-2 (ASC 958-720)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 0 2 Grants and other assistance to domestic individuals. See Part IV, line 22 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 n 0 4 5 Compensation of current officers, directors, 65,000 65,000 Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) n Other salaries and wages 895.820 893.989 1,831 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . 927,387 864.601 62,786 9 101.448 88.094 13,354 10 22,541 21,183 1,358 11 Fees for services (non-employees): Management. 0 а 2,930 2,930 b 6,000 6,000 С d 0 0 Professional fundraising services. See Part IV, line 17. е 0 f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) 167,689 71,401 96,288 12 2.184 2.184 13 29,311 29,311 17,916 1,113 14 16,803 15 0 293,791 217,607 16 76,184 17 16,836 16,836 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 20 69 69 0 21 22 Depreciation, depletion, and amortization 11,032 0 11,032 23 12,755 12,755 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.) Supplies, Books & Periodicals 132,710 122,902 5,715 а 4,093 Field Trips & Transportation b 12,698 12,698 Repairs & Maintenance/Equipment Rental 4,102 4.102 С Non Capitalized Leasehold & Equipment 80,513 51,924 28,589 d 3,637 3,637 е All other expenses Total functional expenses. Add lines 1 through 24e 2,806,369 2,345,512 456,764 4.093 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if

Form	n 990 (2	New Legacy Charter High School			46-3841363 Page 1 1
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			🔲
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	223,337	1	183,210
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	122,756	3	36,465
	4	Accounts receivable, net	3,128	4	(
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4059(9)(2)$), and contributing complexity and			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
S		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		6	
Assets	-	organizations (see instructions). Complete Part II of Schedule L	0	<u>6</u> 7	
As	7		0	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		<u> </u>	
	100	other basis. Complete Part VI of Schedule D 10a 84,836			
	b	Less: accumulated depreciation 10b 12,827	59,199	10c	72,009
	11	Investments—publicly traded securities	0	11	,
	12	Investments—other securities. See Part IV, line 11	0	12	(
	13	Investments—program-related. See Part IV, line 11	0	13	(
	14	Intangible assets	0	14	(
	15	Other assets. See Part IV, line 11	0	15	2,219,978
	16	Total assets. Add lines 1 through 15 (must equal line 34)	408,420	16	2,511,662
	17	Accounts payable and accrued expenses	1,233	17	91,737
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
bili		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lial	23	Secured mortgages and notes payable to unrelated third parties	0	22	(
_	24	Unsecured notes and loans payable to unrelated third parties	40,000	24	(
	25	Other liabilities (including federal income tax, payables to related third	10,000		
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0	25	2,972,536
	26	Total liabilities. Add lines 17 through 25	41,233	26	3,064,273
SS		Organizations that follow SFAS 117 (ASC 958), check here and			
nce	07	complete lines 27 through 29, and lines 33 and 34.		07	
ala	27	Unrestricted net assets		27	
B	28 29	Temporarily restricted net assets		28 29	
Ŭ	29			29	
s or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	59,199	31	72,009
let	32	Retained earnings, endowment, accumulated income, or other funds	307,988	32	-624,620
Z	33	Total net assets or fund balances	367,187	33	-552,61
	34	Total liabilities and net assets/fund balances	408,420	34	2.511.662

Form **990** (2015)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	Form	990 (2015) New Legacy Charter High School	46	-3841363	Pag	je 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,886,571 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,806,369 3 3 -919,798 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 3 -919,798 5 Net unrealized gains (losses) on investments. 6 - 6 Donated services and use of facilities. 7 7 Net sestes or fund balances (explain in Schedule O) 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 Other othanges in net assets or fund balances (explain in Schedule O) 9 9 Other othanges in net assets or fund balances (explain in Schedule O) 9 9 Other othanges in net assets or fund balances (explain in Schedule O) 9 10 -552,611 -552,611 Part XII Financial Statements and Reporting - 11 Accounting method used to prepare the Form 990: Cash [X] Accrual Other 14 ft Ceck if Schedule O contains a response or note to any line in this Part XII - 12 Accounting method used to prepa	Par	XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25). 2 2,806,369 3 Revenue less expenses. Subtract line 2 from line 1 3 -919,798 4 367,187 3 -919,798 5 Net unrealized gains (losses) on investments. 6 6 0 6 7 6 7 7 8 Prior period adjustments. 7 9 Other changes in net assets or fund balances (explain in Schedule O). 9 9 Other changes in net assets or fund balances (explain in Schedule O). 9 9 Other changes in net assets or fund balances (explain in Schedule O). 9 9 Other changes in net assets or fund balances (explain in Schedule O). 9 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 9 Check if Schedule O contains a response or note to any line in this Part XII. 10 1 Accounting method used to prepare the Form 990: Cash X Accrual 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 Mere the organization's financial statements audited by an independent accountant? 2b X 1 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2						
3 Revenue less expenses. Subtract line 2 from line 1. 3 -919,798 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (Å)) 4 367,187 5 Net unrealized gains (losses) on investments. 5 6 6 7 Investment expenses. 7 7 8 Prior period adjustments. 8 9 Other changes in net assets or fund balances (explain in Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (Å)). 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (Å)). 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (Å)). 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (Å)). 10 21 Accounting method used to prepare the Form 990: Cash X 11 Accounting method used to prepare the Form 990: Cash X 12 Accounting method used to prepare the Form 990: Cash X 13 Accounting financial statements compiled or reviewed by an independent accountant? 2a 14 Trives, "check a lox below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b 15 Separate basis Consolidated basis Both consolidated and separate basis 16 "Yes,"	1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,886	5,571
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 367,187 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 7	2	Total expenses (must equal Part IX, column (A), line 25)	2		2,806	,369
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Investments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances (explain in Schedule O) 9 Investments 10 Net assets or fund balances (explain in Schedule O) 9 Investments 11 Accounting method used to prepare the Form 990: 12 Cash 14 Accounting method used to prepare the Form 990: 15 Cash 16 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 16 Were the organization's financial statements audited by an independent accountant? 17 Yes 18 Were the organization's financial statements audited by an independent accountant? 19 Yes 10 Were the organization's financial statements audited by an independent accountant? 17 Yes 18 Were the organization's financial statements audited by an independent accountant? 19 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	3	Revenue less expenses. Subtract line 2 from line 1	3		-919	,798
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 -552,611 Part XII Financial Statements and Reporting 11 Check if Schedule O contains a response or note to any line in this Part XII 12 Accounting method used to prepare the Form 990: 13 Cash 14 Accounting method used to prepare the Form 990: 15 Cash 16 Yes 17 Yes 18 other," explain in Schedule O. 20 Were the organization's financial statements compiled or reviewed by an independent accountant? 17 Yes 20 X 18 Yes 21 Accoust is financial statements and ited by an independent accountant? 23 Were the organization's financial statements for the year were compiled or reviewed on a separate basis, consolidated basis 24 X 25 X 25 X 26 X 27 Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		367	',187
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2 Mere the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 1 Yes 2 Were the organization's financial statements and ledpendent accountant? 2 Yes 3 Separate basis 4 Ornsolidated basis 5 Both consolidated and separate basis 5 Were the organization's financial statements audited by an independent accountant? 4 Separate basis 5 Consolidated basis 5 Both consolidated and separate basis 6 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis 5 Were the organization's financial statements and selection of an independent accountant? 6 If "Yes," check a box below to indicate whether the financial statemen	5	Net unrealized gains (losses) on investments	5			
8Prior period adjustments89Other changes in net assets or fund balances (explain in Schedule O)910Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).910Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).10Part XIIFinancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII101Accounting method used to prepare the Form 990:CashX AccrualOther1Accounting method used to prepare the Form 990:CashAccrualOther1Accounting method used to prepare the Form 990:CashAccrualOther1Accounting method used to prepare the Form 990:CashAccrualOther1Accounting from a prior year or checked "Other," explain in Schedule O.2aX2Were the organization's financial statements compiled or reviewed by an independent accountant?2aX1M'ers' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:2bX1Separate basisConsolidated basisSoth consolidated and separate basis2b5Were the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.2cX2If "Yes" to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the audit, review, or compila	6	Donated services and use of facilities	6			
 9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 -552,611 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. I Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X [] Separate basis Consolidated basis b Both consolidated and separate basis 2b X [] "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis D both consolidated and separate basis 2b X [] "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis X Both consolidated and separate basis 2b X [] "Yes," check a box below to indicate statements and selection of an independent accountant? 2c X [] "Yes," to bin e 2a or 2b, does the organization have a c	8	Prior period adjustments	8			
column (B)) -552,611 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain in Schedule O)	9			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII			10		-552	2,611
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	1			_		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or a						
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate basis X Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re						
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolid		X Separate basis Consolidated basis Both consolidated and separate basis				
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required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	b					<u> </u>
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Depreciation and Amortization OMB No. 1545-0172 Form (Including Information on Listed Property) Attach to your tax return. Attachment Department of the Treasury Internal Revenue Service ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Sequence No. 179 (99) Name(s) shown on return Business or activity to which this form relates Identifying number 46-3841363 New Legacy Charter High School 990 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500.000 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions). 75,861 2 3 2.000.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 4 4 0 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . 5 500,000 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 9 9 0 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562. 10 **11** Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). 11 **12** Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 0 **13** Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶ 13 0 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS). . . 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 1.795 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use vear placed (e) Convention (f) Method (g) Depreciation deduction period in service only-see instructions) **19 a** 3-year property 26.811 5 ΗY 200DB **b** 5-year property 5,362 **c** 7-year property 49,050 10 ΗY 200DB 3,875 **d** 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM S/L property i Nonresidential real MM S/L 39 yrs. S/I MM property Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/I **b** 12-year 12 yrs. MM S/L c 40-year 40 yrs. Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 11,032

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

23

SCHEDULE A	Pu	ublic Charity	v Status and P	Public	Sunn	ort 📙	OMB No. 1545-0047
		ublic Charity Status and Public Suppor plete if the organization is a section 501(c)(3) organization or a sect 4947(a)(1) nonexempt charitable trust.					2015
Department of the Treasury			to Form 990 or Form 9				Open to Public
Internal Revenue Service	Informatio	n about Schedule A (For	m 990 or 990-EZ) and its ins	tructions is a	at www.irs.g		Inspection
Name of the organization New Legacy Charter Hig	h School					Employer identificatio 46-38	
		ity Status (All or	ganizations must co	mplete th	nis part.)		1000
The organization is not a	private foundat	ion because it is: (F		check only	/ one box.)	
			ach Schedule E (Form			(~)(')·	
			zation described in sec			i).	
4 A medical rese	•	on operated in conju	nction with a hospital c				ter the
5 An organization		e benefit of a colleg	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6 🗌 A federal, state	, or local govern	nment or governmer	ntal unit described in se	ection 170)(b)(1)(A)(v).	
		eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	m a gove	rnmental เ	unit or from the gene	ral public
8 A community tr	ust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)			
receipts from a support from g	ctivities related to oss investment	to its exempt function income and unrelated	an 33 1/3% of its supp ons—subject to certain ed business taxable in See section 509(a)(2).	exception come (les	is, and (2) s section {	no more than 33 1/3 511 tax) from busine	3% of its
10 An organization	n organized and	operated exclusive	ly to test for public safe	ety. See se	ection 509	9(a)(4).	
of one or more	publicly support	ted organizations de	ly for the benefit of, to p escribed in section 509 bes the type of suppor	9(a)(1) or s	section 5	09(a)(2). See section	n 509(a)(3).
the supporte	ed organization(ervised, or controlled b larly appoint or elect a tions A and B.				
b Type II. A su control or m	upporting organi anagement of th	zation supervised o	r controlled in connecti ization vested in the sa				
c 🗌 Type III fun	ctionally integr	ated. A supporting of	organization operated i You must complete F				rated with,
d Type III nor that is not fu	-functionally in Inctionally integr	ntegrated. A suppor rated. The organizat	ting organization operation generally must sati	ated in cor isfy a distr	nnection w	vith its supported org	anization(s) entiveness
e Check this b	ox if the organiz	zation received a wr	itten determination from ally integrated supporting	n the IRS	that it is a		e III
f Enter the numb		•		• • • •			0
g Provide the follo (i) Name of supported of		n about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) is the c	organization	(v) Amount of monetary	(vi) Amount of
	ngamzation		(described on lines 1–9 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total						0	0
For Donomuork Doductio	A of Notion and	o the Instructions fo				Oshsalala A (E	

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

Sche	dule A (Form 990 or 990-EZ) 2015 New Legad	cy Charter High S	chool			46-384136	3 Page 2
Ра	rt II Support Schedule for Orga						
	(Complete only if you checke Part III. If the organization fa						der
Soc	tion A. Public Support	lis to quality un		sted below, plea		art III.)	
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	(u) 2011	(8) 2012	(0) 2010	(0) 2011	(0) 2010	
•	membership fees received. (Do not						
	include any "unusual grants.").						0
2	Tax revenues levied for the organization's						<u> </u>
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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,						
6							0
<u>6</u> Ser	Public support. Subtract line 5 from line 4.						0
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,	0				Ŭ	
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						_
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10					40	0
	Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the or	,				<u>12</u>	
13	organization, check this box and stop here .						
Soc	tion C. Computation of Public Su						
14	Public support percentage for 2015 (line 6, c		-	f))		14	0.00%
15	Public support percentage from 2014 Schedu					15	0.00%
16a	33 1/3% support test—2015. If the organization						
	and stop here. The organization qualifies as	a publicly support	ed organization .				
b	33 1/3% support test-2014. If the organization	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check this	
	box and stop here. The organization qualified	es as a publicly sup	ported organizatio	n			Þ 📘
17a	10%-facts-and-circumstances test-2015	-					
	is 10% or more, and if the organization meet Part VI how the organization meets the "facts						
	organization.		-	•			
b	10%-facts-and-circumstances test—2014						
~	15 is 10% or more, and if the organization m	eets the "facts-and	-circumstances" te	est, check this box a	and stop here. Ex		
	Part VI how the organization meets the "facts		•				. []
	supported organization						Þ 📘
18	Private foundation. If the organization did r						
	instructions						· · · · P

Schedule A (Form	990 or 990-EZ) 2015
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Part III

Page **3**

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons .						0
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						0
-	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
<u>Sac</u>	line 6.).						0
	tion B. Total Support	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(a) 2011 0	(b) 2012	0	(u) 2014	(e) 2013	(i) rotai 0
9 10a	F	0	0	0	0	0	0
IUd	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						0
h	Unrelated business taxable income (less						0
Ň	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		Ŭ				Ũ
••	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						_
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization	anization's first, se	cond, third, fourth	n, or fifth tax year a	is a section 501(c)((3)	·
	organization, check this box and stop here .						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2015 (line 8, col	• •	,			15	0.00%
16	Public support percentage from 2014 Schedule					16	0.00%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2015 (line 1					17	0.00%
18	Investment income percentage from 2014 Sch					18	0.00%
19a	33 1/3% support tests—2015. If the organiza						
۶.	not more than 33 1/3%, check this box and sto				-		Þ 📘
a	33 1/3% support tests—2014. If the organization 18 is not more than 33 1/3% check this he						
20	line 18 is not more than 33 1/3%, check this be	-	-				
20	Private foundation. If the organization did no	I CHECK A DOX ON I	ine 14, 19a, or 19	D, CHECK THIS DOX A	ina see instructions	5	- · · · · · P 📘

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "*Yes*," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? *If* "Yes," *explain in Part VI what controls the organization put in place to ensure such use.*
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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
	103	
1		
2		
3a		
3b		
3c		
4a		
τa		
4b		
4c		
5a		
5b		
50 50		
6		
7		
8		
9a		
9b		
35		
9c		
10a		
10b		
	990-F7) 2015

Sched	ule A (Form 990 or 990-EZ) 2015 New Legacy Charter High School	46-3841363	Р	age 5
Part	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 Pa	<i>rt VI.</i> 11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Э		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, of			
	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 support	ed		
	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 Pa	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	Z		
Jec			Yes	No
4	Were a majority of the organization's directors or trustees during the tay year also a majority of the director		163	NU
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contro			
	or management of the supporting organization was vested in the same persons that controlled or managed	2		
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations

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

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
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- 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.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b 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.

Schedule A (Form 990 or 990-EZ) 2015

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2015 New Legacy Charter High School 46-3841363 Page **6** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) **1** Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 **4** Add lines 1 through 3 4 0 0 5 **5** Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 0 0 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): **a** Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c **d** Total (add lines 1a, 1b, and 1c) 1d 0 0 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 **3** Subtract line 2 from line 1d 3 0 0 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 0 4 0 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 0 0 6 Multiply line 5 by .035 6 0 0 7 Recoveries of prior-year distributions 7 0 0 8 Minimum Asset Amount (add line 7 to line 6) 8 0 0 Section C - Distributable Amount **Current Year** 0 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 0 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 0 3 4 Enter greater of line 2 or line 3 4 0 **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 0

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

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 New Legacy Charter High School

1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) Underdistributions	nt Year
1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a a b a c a	nt Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distribution to 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount 1 Distributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 1 Distributions carryover, if any, to 2015: 3 Excess distributions carryover, if any, to 2015: a a b a	
organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount 1 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a	
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4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) Underdistributions 9 Distributable amount for 2015 from Section C, line 6 10 Distributable amount for 2015 from Section C, line 6 10 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a	
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) Underdistributions 9 Distributable amount for 2015 from Section C, line 6 10 Distributable amount for 2015 from Section C, line 6 10 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a	
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6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 9 Distributable amount for 2015 from Section C, line 6 10 10 10 10 9 10	
7 Total annual distributions. Add lines 1 through 6. Image: Section Section C, line 6 8 Distributable amount for 2015 from Section C, line 6 Image: Section E - Distribution Allocations (see instructions) 9 Distributable amount for 2015 from Section C, line 6 Image: Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2015 from Section C, line 6 Image: Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2015 from Section C, line 6 Image: Section E - Distributions (see instructions) 1 Distributable amount for 2015 from Section C, line 6 Image: Section E - Distributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Image: Section E - Distributions (see instructions) 3 Excess distributions carryover, if any, to 2015: Image: Section E - Distributions (see instructions) Image: Section E - Distributions (see instructions) 3 Excess distributions carryover, if any, to 2015: Image: Section E - Distributions (see instructions) Image: Section E - Distributions (section E - Distributions) 3 Excess distributions carryover, if any, to 2015: Image: Section E - Distribution E - DistributionE - DistriE - DistributionE - DistributionE - Distrib	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 9 Distributable amount for 2015 from Section C, line 6 10 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2015 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 1 3 Excess distributions carryover, if any, to 2015: 1 a 1 1 b 1 1 c 1 1	0
(provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a	
9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a	
10 Line 8 amount divided by Line 9 amount (i) Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a	0
Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistributions Pre-2015 (ii) Distributable 1 Distributable amount for 2015 from Section C, line 6	0.000
Section E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistributions Pre-2015 Distributions 1 Distributable amount for 2015 from Section C, line 6	 iii)
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Image: Construction of the set of the	butable t for 2015
(reasonable cause required-see instructions) 3 3 Excess distributions carryover, if any, to 2015: a	0
3 Excess distributions carryover, if any, to 2015: a b c	
a	
b c	
c c	
d From 2013	
e From 2014 0	
f Total of lines 3a through e 0	
g Applied to underdistributions of prior years 0	
h Applied to 2015 distributable amount	0
i Carryover from 2010 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 0	
4 Distributions for 2015 from Section	
D, line 7: \$ 0	
a Applied to underdistributions of prior years 0	
b Applied to 2015 distributable amount	0
c Remainder. Subtract lines 4a and 4b from 4. 0	
5 Remaining underdistributions for years prior to 2015, if	
any. Subtract lines 3g and 4a from line 2 (if amount	
greater than zero, see instructions).	
6 Remaining underdistributions for 2015. Subtract lines 3h	
and 4b from line 1 (if amount greater than zero, see	
instructions).	0
7 Excess distributions carryover to 2016. Add lines 3j	0
and 4c. 0	
8 Breakdown of line 7:	
b	
e Excess from 2015 0	

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Fo Part VI	orm 990 or 990-EZ) 2015 New Legacy Charter High School Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines	, Section	Page 8
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V,	Section E,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		

Schedule B (Form 990, 990-EZ.

or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

►	Attach to Form	990, Form	990-EZ, or	Form 990-PF.
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Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

Name of the organization	Employer identification number
New Legacy Charter High School	46-3841363
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Page **2**

Name of organization

New Legacy Charter High School

Employer identification number 46-3841363

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Colorado Department of Education 1580 Logan Street, Suite 210 Denver CO 80203 Foreign State or Province: Foreign Country:		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	Adams County Human Services 7401 Broadwasy Denver CO 80221 Foreign State or Province: Foreign Country:	 \$\$123,350	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Kay & Jack Sibold 50 Ridgeview Lane Ridgway CO 81432 Foreign State or Province: Foreign Country:	 \$\$ <u>15,000</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	Angell Family Foundation 4140 W Fullerton Avenue Chicago IL 60639 Foreign State or Province:	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	Anschutz 1727 Tremont Place Denver CO 80202 Foreign State or Province: Foreign Country:	\$\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	Women's Foundation 1901 E Asbury Avenue Denver CO 80210 Foreign State or Province: Foreign Country:		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

New Legacy Charter High School

Employer identification number

46-3841363

Part I	Contributors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(C) Total contributions	(d) Type of contribution
7	CO Youth Matter 1650 N Franklin Street Denver CO 80218 Foreign State or Province: Foreign Country:		PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Duncan Trust 2651 S Wadsworth Circle Lakewood CO 80227 Foreign State or Province:		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Sprout Foundation 1500 Wynkoop Street, Suite 200 Denver CO 80202 Foreign State or Province: Foreign Country:	\$5,554_	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Buell Foundation 1666 S University Blvd, Suite B Denver CO 80210 Foreign State or Province:		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Daniels Fund 101 Monroe Street Denver CO Foreign State or Province: Foreign Country:	\$ <u>103,407</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CO Health Foundation 1719 E 19th Avenue Denver CO 80218 Foreign State or Province: Foreign Country:	\$37,470_	Person X Payroll Image: Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number 46-3841363

Name of organization New Legacy Charter High School

 Part II
 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

 (a) No.
 (c)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

SCHEDULE D (Form 990)			nental Financia			OMB No. 1545-0047
		Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
	ent of the Treasury		Attach to Form 990).		Open to Public Inspection
	Revenue Service	Information about Schedule	e D (Form 990) and its inst	ructions is at www.i		identification number
New I	_egacy Charter					46-3841363
Part		izations Maintaining Done				counts.
	Comple	ete if the organization answ	(a) Donor advised			nds and other accounts
1	Total number a	at end of year		Tunus	(6) 1 0	
2		of contributions to (during year).				
3		e of grants from (during year) .				
4 5		ue at end of year	per eduicers in writing the	t the exects hold in	donor odvio	od
5	-	organization's property, subject	-			
6		zation inform all grantees, dono	-	-		
	•	charitable purposes and not for			•	
		rring impermissible private ben	efit?			Yes No
Part		rvation Easements.				
1		ete if the organization answ conservation easements held b				
		on of land for public use (e.g., recr			of a historica	lly important land area
		n of natural habitat	,			historic structure
		ion of open space				
2		s 2a through 2d if the organizat	ion held a qualified conse	rvation contribution	in the form o	of a conservation
		the last day of the tax year.				Held at the End of the Tax Year
а		of conservation easements				
b	-	restricted by conservation ease				
с d		nservation easements on a cert nservation easements included		· · ·	. 20	
u		are listed in the National Register			2d	
3		nservation easements modified				organization during
	the tax year ►					
4		tes where property subject to c			ondling of	
5	-	nization have a written policy re I enforcement of the conservati			-	. Yes No
6		eer hours devoted to monitoring, i				
	▶			-		
7		enses incurred in monitoring, inspe	ecting, handling of violations,	and enforcing conser	vation easem	ents during the year
8	► \$	nservation easement reported of	on line 2(d) above satisfy t	the requirements of	section 170	(b)(4)(B)(i)
0		70(h)(4)(B)(ii)?	•			
9		escribe how the organization rep				
		, and include, if applicable, the		organization's finan	cial stateme	nts that describes
Devit		on's accounting for conservation				wiley Access
Part		izations Maintaining Colle ete if the organization answ				milar Assets.
1a		tion elected, as permitted unde				nent and halance sheet
iu	-	istorical treasures, or other sim				
		ce, provide, in Part XIII, the text	-			
b	-	tion elected, as permitted unde				
		istorical treasures, or other sim			n, or researd	ch in furtherance
		ce, provide the following amour ncluded on Form 990, Part VIII,				► \$
	(ii) Assets incl	uded in Form 990, Part X		· · · · · · · · ·	••••	► \$
2	If the organiza	tion received or held works of a	art, historical treasures, or	other similar assets	for financia	I gain, provide the
	following amou	unts required to be reported un	der SFAS 116 (ASC 958)	relating to these iter	ms:	
a		ded on Form 990, Part VIII, line				► \$
b For Pa		ed in Form 990, Part X				\$ Schedule D (Form 990) 2015

Schedu	le D (Form 990) 2015 New Legacy Charter Hi	igh School		46-38	41363	I	Page 2
Part	III Organizations Maintaining Co	llections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (con	tinued	d)
3	Using the organization's acquisition, access						
	collection items (check all that apply):	, , ,	,	0 0			
а	Public exhibition	d	Loan or exchange	programs			
b	Scholarly research	e	Other				
С	Preservation for future generations						
4	Provide a description of the organization's of	collections and explain ho	ow they further the org	anization's exempt pur	pose in Pa	rt	
	XIII.						
5	During the year, did the organization solicit	t or receive donations of a	art. historical treasures	. or other similar			
	assets to be sold to raise funds rather than				Ye	s	No
Dout		•	······································				
Part				an namented an ana	unt on E	-	
	Complete if the organization ans	swered res on Form	990, Part IV, line 9	, or reported an amo	unt on Fo	orm	
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custo						1
	included on Form 990, Part X?				Ye	s	No
b	If "Yes," explain the arrangement in Part XI	III and complete the follow	ving table:				
					Amount		
С	Beginning balance			1c			0
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			0
2a	Did the organization include an amount on					s X	No
	_			-			
b	If "Yes," explain the arrangement in Part XI	III. Check here if the expla	analion has been prov		· · · ·		
Part							
	Complete if the organization ans			0.			
	(a	a) Current year (b) Pric	or year (c) Two years	back (d) Three years ba	ck (e) For	ur years	back
1a	Beginning of year balance	0					
b	Contributions						
с	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
-	and programs						
f	Administrative expenses						
q	End of year balance	0	0	0	0		0
2	Provide the estimated percentage of the cu	irrent year end balance (I	ine 1g. column (a)) he				
a	Board designated or quasi-endowment	► %					
b	Permanent endowment	%					
c	Temporarily restricted endowment	%					
U	The percentages on lines 2a, 2b, and 2c sh						
3a	Are there endowment funds not in the poss		n that are held and ad	ministered for the			
Ja	organization by:	session of the organization			Г	Yes	No
					20(1)	162	NO
	(i) unrelated organizations				3a(i)		
	(ii) related organizations				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi				3b		
4	Describe in Part XIII the intended uses of the		nent tunds.				
Part							
	Complete if the organization ans	swered "Yes" on Form	990, Part IV, line 1	1a. See Form 990, F	<u>Part X, lin</u>	e 10.	
	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Bo	ok valu	е
		(investment)	basis (other)	depreciation			
1a	Land	0	0		ļ		0
b	Buildings		0		ļ		0
С	Leasehold improvements		0		ļ		0
d	Equipment		0	-	ļ		0
е	Other		84,836		ļ	7	2,009
Total	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B), line 10c.)	<u></u> . ►		7	2,009

Schedule D	(Form 990) 2015
Conocació D		,

Part VII	Investments—Other Securitie Complete if the organization ar		90. Part IV. line 11b. See Forr	n 990. Part X. line 12.
(a) [Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	uation:
(1) Financial d	erivatives	0		
.,	d equity interests	C		
(A)				
<u>(B)</u>				
(C)				
(D)				
<u>(E)</u>				
<u>(F)</u>				
<u>(G)</u>				
(H)		C		
Part VIII	ust equal Form 990, Part X, col. (B) line 12.)	-		
Part VIII	Investments—Program Relat Complete if the organization ar		90, Part IV, line 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ust equal Form 990, Part X, col. (B) line 13.)	C		
Part IX		nswered "Yes" on Form 9 (a) Description	90, Part IV, line 11d. See Forr	(b) Book value
	Outflows - Pensions - GASB 68			2,219,978
(2)				
<u>(3)</u> (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, co	ol. (B) line 15.)		2,219,978
Part X	Other Liabilities. Complete if the organization ar line 25.	nswered "Yes" on Form 9	90, Part IV, line 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal ir	ncome taxes	C		
(2) Net Pensi	ion Liability - GASB 68	2,931,114		
(3) Deferred	Inflows - Pensions - GASB 68	41,422		
(4)				
(5)			4	
(6)				
(7)				
(8)			-	
(9)			-	
	st equal Form 990, Part X, col. (B) line 25.)	2,972,536		1
•	ncertain tax positions. In Part XIII, provid ability for uncertain tax positions under		-	

Sched	ule D (Form 990) 2015 New Legacy Charter High School	46-3841363	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements	1	1,886,571
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,886,571
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	-	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>).	5	1,886,571
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	ber Return.	
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		0.000.000
1	Total expenses and losses per audited financial statements	1	2,806,369
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a L	Donated services and use of facilities 2a Prior year adjustments 2b	-	
b	····· j - ··· ··· j - ····· · · · · · ·	-	
C d		-	
d e		20	0
3	Add lines 2a through 2d	2e 3	2,806,369
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	–	2,000,009
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	5	2,806,369
_	t XIII Supplemental Information.	•	2,000,000
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa Irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		t X, line

SCH	EDULE E	Schools	OMB No.	1545-0)047		
(Fori	(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990,		2015				
Dopor	tment of the Treasury	Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.	Open to Public				
	Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			tion			
	of the organization	Employer identifie	ation numb	ber			
New Par	Legacy Charter Hig	gh School 46-3841363					
I ai				YES	NO		
1	-	ation have a racially nondiscriminatory policy toward students by statement in its charter,					
•		verning instrument, or in a resolution of its governing body?	1	X			
2	•	ation include a statement of its racially nondiscriminatory policy toward students in all its gues, and other written communications with the public dealing with student admissions,					
		sholarships?	2	Х			
3		tion publicized its racially nondiscriminatory policy through newspaper or broadcast media					
		of solicitation for students, or during the registration period if it has no solicitation program, see the policy known to all parts of the general community it serves? If "Yes," please					
	•	please explain. If you need more space, use Part II	3	X			
		ation language is in the enrollment ppolicy of the School.					
4	•	ation maintain the following?					
a		g the racial composition of the student body, faculty, and administrative staff?	4a	Х			
b		nting that scholarships and other financial assistance are awarded on a racially / basis?	4b	х			
с	-	logues, brochures, announcements, and other written communications to the public dealing					
		issions, programs, and scholarships?..........................	4c	Х			
d	-	erial used by the organization or on its behalf to solicit contributions?	4d	X			
	ii you answered						
F	Doos the organiz	ation discriminate by reas in any year with respect to:					
5 a		ation discriminate by race in any way with respect to: or privileges?...................................	5a		x		
		· · · · · · · · · · · · · · · · · · ·					
b	Admissions polici	ies?	5b		Х		
с	Employment of fa	aculty or administrative staff?	5c		х		
Ũ	Employment of it						
d	Scholarships or c	ther financial assistance?	5d		Х		
•	Educational polic	ies?	5e		x		
е			56				
f	Use of facilities?		5f		х		
	A 41-1 - 4 ¹ - 11-11 - 11-11-11-11-11-11-11-11-11-11		-		V		
g	Athletic programs	s?	5g		Х		
h	Other extracurric	ular activities?...................................	5h		х		
	If you answered '	'Yes" to any of the above, please explain. If you need more space, use Part II.					
6a	-	ation receive any financial aid or assistance from a governmental agency?	6a	Х	+		
b		tion's right to such aid ever been revoked or suspended?	6b		X		
7	-	ation certify that it has complied with the applicable requirements of sections 4.01 through					
		2. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7	X			

Schedule E (F	Form 990 or 990-EZ) 2015 New Legacy Charter High School	46-3841363	Page 2
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6i applicable. Also provide any other additional information (see instructions).), and 7, as	
Line 6a Th	e School receives per pupil revenue and grants from the Colorado Department of		
Education.			
Luucation			

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	ns on	OMB No. 1545-0047
Internal Revenue Service Name of the organization	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.	gov/form990. Employer identif	Inspection
New Legacy Charter	High School	46-3841363	
Form 990, Part I, Line	1: The mission of New Legacy Charter High School is to offer young		
parents a rigorous, re	levant, & engaging education so they are empowered with the skills		
needed to raise healt	ny children & graduate prepared for success in college & careers. The		
school's vision is to se	ee young families creating a legacy of education leading to compelling		
careers, financial inde	pendence & positive parenting.		
Form 990, Part VII, S	ection B, Line 11b: The Head of School and Board of Directors will review		
the 990 prior to finaliz	ing.		
Form 990, Part VI, Se	ection B, Line 12c: The board of directors has all board members sign the		
conflict of interest pol	cy statement annually, and the chair asks for the board members to		
declare any conflicts	at the beginning of each meeting.		
Form 990, Part VI, Se	ction B, Line 15a & 15b: 15a - The board looked at the salary survey		
provided by the Color	ado Department of Education. Additionally, the CEO is paid about \$20K		
under market due to l	ack of funding. 15b - The board looked at the salary survey provided by		
the Colorado Departn	nent of Education.		
Form 990, Part VI, Se	ction C, Line 19: The organization's governing documents and conflict of		
interest policy are ava	ilable upon request. The financial statements are posted on the		
school's webside on a	a quarterly basis in compliance with the Colorado Financial Transparency		
Act.			

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

								Total:	84,836	1,795	12,827	0	59,199	72,009
				Leasehold			Check if	Check if		Beginning	Ending			
				Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
	Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
1	Furniture					Х			84,836	1,795	12,827		59,199	72,009

Part X, Line 15 (990) - Other Assets

	Total:	0	2,219,978
	Description	Beginning	End
1	Deferred Outflows - Pensions - GASB 68		2,219,978

Part X, Line 25 (990) - Other Liabilities

	Tota	: 0	2,972,536
	Description	Beginning	End
1	Federal income taxes	0	0
2	Net Pension Liability - GASB 68		2,931,114
3	Deferred Inflows - Pensions - GASB 68		41,422