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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection JUL 1, 2016 and ending JUN 30, A For the 2016 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change Roosevelt Edison Charter Academy Name change Roosevelt Charter Academy 46-3712766 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 719-637-0311 205 Byron Drive termin-ated 6,220,598. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Colorado Springs , CO 80910 H(a) Is this a group return Applica-F Name and address of principal officer: Sandra Damm Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ➤ WWW.RCA-CSPRINGS.com/EN **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2013 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: To provide a world class Activities & Governance education to all students that addresses academic proficiencies as Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 131 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) <u>89</u> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,260,463. 1,182,682. Revenue 5,037,898. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 18. 10 5,378,487. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,638,950. 6,220,598. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 4,237,544. 6,918,599. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,525,846. 2,153,093. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,390,637. 8,444,445. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,223,847. 248,313. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 9,465,496. 3,180,685. 20 Total assets (Part X, line 16) 17,912,<u>687</u>. 9,404,029. 21 Total liabilities (Part X, line 26) 6,223,344. -8,447,191. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Sandra Damm , Board President Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid P00356968 ▶ Hoelting & Company, 30-0514455 Preparer Firm's name Firm's EIN

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Colorado Springs, CO 80903

Firm's address 31 E Platte Ave, Ste 300

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

Phone no. 719-630-1091

Ра	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To provide a world class education to all students that addresses
	academic proficiencies as well as life skills to ensure successful
	participation in a democratic society.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 7,022,483 · including grants of \$) (Revenue \$ 5,037,898 ·)
4a	(Code:) (Expenses \$7,022,483. including grants of \$) (Revenue \$5,037,898.) Increase academic achievements of all students by helping every child
	grow a minimum of 1.5 years in reading, writing, and math during each
	academic year.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (a.p.n.c.)
4c	(Code:) (Expenses \$
4d	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,022,483.
	Form 990 (2016)

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

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		X
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
		1c							
2a	I I								
	101								
b	, , , , , , , , , , , , , , , , , , , ,	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
b		3b							
	•								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b									
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
5a		5a		Х					
		5b		Х					
		5c							
		6a		Х					
b									
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		X					
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							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
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.								
		9a		<u> </u>					
b		9b							
b									
	· · · · · · · · · · · · · · · · · · ·								
b									
		12a							
	· · ·								
		40							
а		ıзa							
	· · · · · · · · · · · · · · · · · · ·								
a	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans They the amount of receives an hand								
	Enter the amount of reserves on hand	14-		Х					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		 ^					
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	Ŀ					
	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	Ŀ					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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 one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X	Х			
b Each committee with authority to act on behalf of the governing body?							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
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," describe						
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b		X			
	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			7.7			
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► None						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	icial				
	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:						
	The Organization - 719-637-0311						
	205 Byron Drive , Colorado Springs , CO 80910						

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

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

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

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

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

Check this box if neither the organization neither	or any related	orga	aniza	ation	ı coı	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box offi	not c , unle cer ar	ss pe	more	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) James Buchanan	1.00	,,		١.,				,	_	•
Board Member	1 00	Х						0.	0.	0.
(2) Evan Kenrick	1.00	. ,						0.	0.	•
Board Member	1.00	Х						0.	0.	0.
(3) Brad Griffin Board Member	1.00	x						0.	0.	0.
(4) Sandra Damm	1.00	Δ						0.	0.	•
Board President	1.00			X				0.	0.	0.

632007 11-11-16 Form **990** (2016)

(A)	(B)			(C Posi	•	1		(D)	(E)		_	(F)	
Name and title	Average hours per week	box	not c	heck i ss pei id a di	more rson	than	h an	Reportable compensation from	Reportable compensation from related		am	imated ount o other	
	(list any hours for	or director	a)			ted		the organization	organizations (W-2/1099-MIS			ensat om the	
	related organizations	Individual trustee or	Institutional trustee		oyee	compensa		(W-2/1099-MISC)			and	anizatio I relate	d
	below line)	Individua	Institutio	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
						L	S						
						4							
1b Sub-total c Total from continuation sheets to Par	t VII. Section A			<u> </u>				0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
Total number of individuals (including but compensation from the organization	ut not limited to th	_					no re	eceived more than \$100	0,000 of reportable	е			0
3 Did the organization list any former office	cer director or tr	ıcto	o ka	w an	nnlo)V00	orl	highest compensated a	mplovee on			Yes	No
line 1a? If "Yes," complete Schedule J for											3		Х
For any individual listed on line 1a, is the and related organizations greater than \$	•							•	•		4		Х
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," c	or accrue compe	nsat	ion 1	rom	any	/ uni			idual for services		5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest the organization. Report compensation		-								pens	ation fr	rom	
(A) Name and busine			INC					(B) Description of s		С	(C comper		
				<u>-</u>				·			<u> </u>		
_													
2 Total number of independent contractor \$100,000 of compensation from the org		ot li	mite	d to		se li:	sted	above) who received n	nore than				
\$ 100,000 of compensation from the org	ai iiZatiOH					_					Гокт (100 (0	0.4.0

Form 990 (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d 1,182,682. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 1,182,682 h Total. Add lines 1a-1f Business Code 611110 4,985,423.4,985,423. 2 a Pupil funding/Tuition Program Service Revenue b Pupil Activties 611110 52,475. 52,475. С f All other program service revenue 5,037,898. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 18. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

6,220,598.5,037,898.

Total revenue. See instructions.

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 (D) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,915,544. 2,467,571. 447,973. Other salaries and wages 7 Pension plan accruals and contributions (include 3,458,439. 2,927,050. 531,389. section 401(k) and 403(b) employer contributions) 544,616. 460,936. 83,680. Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management 7,754. 7,754. Legal 177,128. 177,128. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 13,018. 13,018. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 40,005. 34,004. 6,001. 13 Office expenses 14 Information technology 15 Royalties 179,195. 31,623. 210,818. 16 Occupancy 2,765. 2,350. 415. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 13,765. 13,765. Depreciation, depletion, and amortization 22 75,319. 64,021. 11,298. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Purchased Services 502,499. 427,124. 75,375. 210,959. Educational Services 179,315. 31,644. 127,584. 127,584. Small Equipment 111,448. d Instructional Supplies 111,448. 28,120. 32,784. 4,664. e All other expenses 8,444,445. 7,022,483. 1,421,962. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pai	LA	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,868,311.	1	2,033,137.
	2	Savings and temporary cash investments				2	183,123.
	3	Pledges and grants receivable, net				3	236,001.
	4	Accounts receivable, net		78,633.	4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined under			
Assets		section 4958(f)(1)), persons described in section	14958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	
	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	834,446.			
	b	Less: accumulated depreciation	10b	761,579.	10,343.	10c	72,867.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			1,223,398.	15	6,940,368.
	16	Total assets. Add lines 1 through 15 (must equ			3,180,685.	16	9,465,496.
	17	Accounts payable and accrued expenses			516,874.	17	379,706.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and forme					
ij		key employees, highest compensated employee	. 1				
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines	•	·	8,887,155.	05	17,532,981.
	00	Schedule D			9,404,029.	25 26	17,912,687.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958		have X and	J, 404, 02J•	26	17,512,007.
"				t nere 🚩 🔼 and			
Š	27	complete lines 27 through 29, and lines 33 ar			-6,223,344.	27	-8,614,191.
lan	27 28	Unrestricted net assets			0,225,511.	28	167,000.
B	29					29	20770000
Fund Balances	23	Organizations that do not follow SFAS 117 (A		check here			
ρĀ		and complete lines 30 through 34.	30 930	, check here			
ts c	30	Capital stock or trust principal, or current funds		1		30	
sse	31	Paid-in or capital surplus, or land, building, or ed		Г		31	
Net Assets	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances			-6,223,344.	33	-8,447,191.
	34	Total liabilities and net assets/fund balances			3,180,685.	34	9,465,496.
					.,,		Form 990 (2016)

Pa	rt XI Reconciliation of Net Assets					_		
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,22				
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,44	-			
3	Revenue less expenses. Subtract line 2 from line 1	3		2,22				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	- (6,22	3,3	44.		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	_						
8	Prior period adjustments							
9	Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,					
	consolidated basis, or both:							
	Separate basis Consolidated basis X Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,					
	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 Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired a	udit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 46-3712766 Roosevelt Edison Charter Academy

				On Charter A				0-3712700			
Pa	art I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).				
2	X	A school described in sect									
3		A hospital or a cooperative					ii).				
4		A medical research organiz					-	the hospital's name.			
•		city, and state:	anorr operated in co	njanotion with a noopita			(5)(1)(1)(11)(11)(12)	the freepital e flame,			
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in			
3	ш			mege of difficersity owner	a or opera	led by a g	overimental unit descri	Ded III			
_		section 170(b)(1)(A)(iv). (C				70/I-\/4\/A\	4.3				
6	\vdash	A federal, state, or local go	•				• •				
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (C	•								
8	Н	A community trust describe				7					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college			
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	je or			
		university:									
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from			
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a						e purposes of one or			
		more publicly supported or	· ·		=		•				
		lines 12a through 12d that	-		7						
a		Type I. A supporting orga						, aivina			
		the supported organization									
		organization. You must o			a majority v	or tric dire	ctors or trustees or the t	supporting			
		¬ -			tion with it	o cupport	ad arganization(a) by ba	wing			
t	,							-			
		control or management o			ame perso	ons mai co	ontrol or manage the sup	pported			
		organization(s). You mus				41					
C	;						• •	ea witn,			
	. —	its supported organizatio									
C	ı							` '			
		that is not functionally int	•	• ,	•		•	iveness			
		requirement (see instruct	•	- ·							
e	•	☐ Check this box if the organic					a Type I, Type II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.					
1	Ente	er the number of supported o	organizations								
		vide the following information		` ` ` `	(iv) le the erge	nization listed					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
•							
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stop						
Sec	tion C. Computation of Publi						
14	Public support percentage for 2016 (li	ine 6. column (f) d	ivided by line 11. d	column (f))		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"					-	>
h	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization		-	-			s
			:- :-, .0	, ,,	,		· · · · · · · · · · · · · · · · · · ·

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

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

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(6) 2014	(4) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
•							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
K	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	ation,
							>
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2016 (li	ine 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage	!			
17	Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2016. If the					33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	0.0		
	3с		
	30		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	134		
	10h		
	10b	N F 7	2010
п 9	90 or 99	7U-EZ)	2016

Pa	rt IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	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			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	^ 1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must cor	nplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	¹t V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
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	Э	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
	ion E Biodibation Amoodations (see modifications)		110 2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4	<u> </u>		
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j			
7	•			
8	and 4c Breakdown of line 7:			
a	DICAMOWITOTIME 1.			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Roosevelt Edison Charter Academy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Roosevelt Edison Charter Academy

Employer identification number 46-3712766

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register	.,	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	· ·	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
D -	conservation easements.	Ant Illiatorical Transcourse	NII O''I AI
Pa	rt III Organizations Maintaining Collections of		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 1		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tr	easures, c	or Othe	r Similaı	Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following that	t are a siç	nificant us	e of its	collection	items
	(check all that apply):									
а	a Public exhibition d Loan or exchange programs									
b	b Cholarly research e Other									
С	c Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or	receive donations of	of art, his	torical trea	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	ization's co	ollection?			\square	Yes	No_
Pai	t IV Escrow and Custodial Arrang	gements. Comple	te if the	organizatio	n answered "	'Yes" on I	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	ontribution	s or other as	sets not i	ncluded			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Pai										
		(a) Current year		ior year	(c) Two year			irs back	(e) Four y	ears back
1a	Beginning of year balance	,	· · ·		, , ,	<u> </u>	, ,		, ,	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	. '									
	Administrative expenses			-						
	End of year balance									
	Provide the estimated percentage of the curre	ont year and balance	o (lino 1o	. column (c)) bold ac.					
2	Board designated or quasi-endowment	ent year end balanc	04	j, coluitiit (a	i)) Held as.					
	Permanent endowment	%								
b	· —									
С	Temporarily restricted endowment	%0 vlat = *** = 1.4.000/								
0-	The percentages on lines 2a, 2b, and 2c shou		41 41			6 41-		4.1		
3a	Are there endowment funds not in the posses	ssion of the organiza	ition that	are neid a	na administe	rea for th	e organiza	tion	L.	
	by:									es No
	(i) unrelated organizations								3a(i)	_
	(ii) related organizations									_
_	If "Yes" on line 3a(ii), are the related organizat								3b	
4	Describe in Part XIII the intended uses of the		wment to	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered				1					
	Description of property	(a) Cost or ot		(b) Cost			cumulated		(d) Book	/alue
		basis (investm	nent)	basis	(other)	dep	reciation	\dashv		
	Land									
	Buildings			-	0 605		01 00	\perp	1.0	7
	Leasehold improvements				0,695.		21,93			<u>,757.</u>
d	Equipment			./9	3,751.	-7	39,64	<u> </u>	54	,110.
	Other							\dashv		0.65
Total	Add lines to through to (Column (d) must be	rual Form 000 Part	V colum	n (D) line 1	001		l l	— I	72	867.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Roosevelt E	dison Chart	er Academy	46-3712766 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value		ost or end-of-year market value
	(b) Book value	(c) Wethod of Valuation. Of	ost of end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c See Form 990 Part X line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)	, ,		· · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)	4		
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, Part X, line	15.
	Description	7	(b) Book value
(1) Deferred Outflows of Reso	urces		6,940,368
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶ 6,940,368
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) Net Pension Liabilities		17,424,768.	
(3) Deferred Inflows of Resou	rces	108,213.	
(4)			
(5)			
(6)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Net Pension Liabilities	17,424,768.
(3)	Deferred Inflows of Resources	108,213.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,532,981.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pa	t XI Reconciliation of Revenue per Audited Financial Sta		nue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, lir			C 000 F00
1	Total revenue, gains, and other support per audited financial statements		1	6,220,598.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
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.)	2d		•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	6,220,598.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			6,220,598.
Pa	T XII Reconciliation of Expenses per Audited Financial St	_	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir			0 444 445
1	Total expenses and losses per audited financial statements		1	8,444,445.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	47 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	8,444,445.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			0
	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	8,444,445.
	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Dort IV lines 1b and 2b:	Dort V. line 4: Dort	V line 2: Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		rait v, iiile 4, rait	A, IIIIe 2, Part AI,
111163	20 and 4b, and Part An, lines 20 and 4b. Also complete this part to provide a	riy additional imormation.		

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

 $\begin{array}{c} \textbf{Employer identification number} \\ 46-3712766 \end{array}$

Roosevelt Edison Charter Academy

Pa	LA I			
	rt i		1./=0	
			YES	N
ı	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	-		
			х	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		H
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.	_	₩.	
	If you need more space, use Part II The policy is publicized in their student enrollment forms,	3	X	L
	The policy is publicated in their student enrollment forms,			
	which can be found on the school's website.			
	Does the supportation resintain the falls wis eQ			
_	Does the organization maintain the following?	4-	Х	
a	7, 7,	4a	X	╁
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		╁
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	۱.	х	
	admissions, programs, and scholarships?	4c	X	╁
a	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d		L
	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		
b	Students' rights or privileges? Admissions policies?	5a 5b		Ī
b c	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	\vdash		
b c d	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b		
b c d	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		
a b c d	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d		
b d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e		
a b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		
b d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
a b c d e f g	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
a b c d e f	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g	X	
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 5f 5g 5h	X	
a b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	

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

Schedule E (Form 990 or 990-EZ) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

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

Inspection

Name of the organization

Roosevelt Edison Charter Academy

Employer identification number 46-3712766

Form 990, Part I, Line 1, Description of Organization Mission: well as life skills to ensure successful participation in a democratic society.

Form 990, Part VI, Section A, line 8b:

There are no committees with authority to act on behalf of the board.

Form 990, Part VI, Section B, line 11b:

Copies of the Form 990 are provided to a representative of the board for approval before filing.

Form 990, Part VI, Section B, Line 12c:

Annual Conflict of interest policies are distributed and signed by all board members. They are collected, reviewed, and filed by the executive director. The executive director reviews the policy annually at board and staff meetings.

Form 990, Part VI, Section B, Line 15a:

The executive director's performance and compensation is reviewed annually by the personnel committee.

Form 990, Part VI, Section C, Line 19:

Documents are made available upon request.

Form 990, Part XII, Line 2c:

The finance committee oversees audit services and selection of

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Roosevelt Edison Charter Academy	Employer identification number 46-3712766
independent auditors. This has not changed from the price	r year.