(Rev. January 2020) 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.

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2019 and ending JUN 30,

OMB No. 1545-0047 Open to Public

Inspection

Α	For the	2019 calendar year, or tax year beginning $\ \ JUL\ 1$, $\ \ 2019$ and ending	<u>J</u> UN 30, 2020			
В	Check if applicable	C Name of organization	D Employer identifi	cation number		
	Addres	Roosevelt Charter Academy				
	Name change	Doing business as	46-37127	66		
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s				
	Final return/	205 Byron Drive	719-637-			
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,742,877.		
L	Amend	Colorado Springs, co 30310	H(a) Is this a group re			
	Applica tion		for subordinates	? Yes X No		
	pending	same as c above	H(b) Are all subordinates in	ncluded? Yes No		
			527 If "No," attach a	list. (see instructions)		
		e: ▶ www.RCA-CSPRINGS.com/EN	H(c) Group exemption	n number 🕨		
K	Form of (organization: X Corporation Trust Association Other ► LY	ear of formation: 2013	State of legal domicile: CO		
P		Summary				
Ф	1 E	Briefly describe the organization's mission or most significant activities: See Sche	dule O			
Activities & Governance						
rna	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net as	ssets.		
ove.	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	5		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		5		
S S		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)		143		
įį		Total number of volunteers (estimate if necessary)		24		
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
⋖		Net unrelated business taxable income from Form 990-T, line 39		0.		
			Prior Year	Current Year		
Φ	8 (Contributions and grants (Part VIII, line 1h)	1,348,413.	1,246,181.		
ŭ		Program service revenue (Part VIII, line 2g)	6,386,125.	6,496,588.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	236.	108.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,734,774.	7,742,877.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
s	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,019,796.	2,526,453.		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
per	b 7	Fotal fundraising expenses (Part IX, column (D), line 25)				
Ж	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,609,842.	1,941,330.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,629,638.	4,467,783.		
		Revenue less expenses. Subtract line 18 from line 12	3,105,136.			
or	3	10-rondo 1000 0xponoso. Cabitast into 10 front into 12	Beginning of Current Year	End of Year		
ets	20 7	Fotal assets (Part X, line 16)	9,421,069.	9,565,384.		
Ass Ba	21	Fotal liabilities (Part X, line 26)	16,813,501.	13,682,722.		
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line 20	-7,392,432.	-4,117,338.		
P	art II	Signature Block	.,			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of m	v knowledge and belief, it is		
	-	, and complete. Declaration of preparer (other than officer) is based on all information of which prep		,,		
	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>				
Sig	ın İ	Signature of officer	Date			
He		Sandra Damm, Board President				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Pai		Tropulor o dignaturo	if self-employ	P00356968		
	-	Firm's name Hoelting & Company, Inc.		30-0514455		
		Firm's address 31 E Platte Ave, Ste 300	THITSEN			
200		Colorado Springs, CO 80903	Phone no 71	9-630-1091		
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)	[1 Holle Ho. 7 ±	Yes X No		
ivid	, ui (C 11 l			103 110		

Other program services (Describe on Schedule O.)

including grants of \$) (Revenue \$

Total program service expenses ▶

3,743,169.

Form 990 (2019) Roosevelt Charter Academy Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A	2	Λ	Х
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3		3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 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			3,7
	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,	_		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		Х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		21
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		
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			77
	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			v
40	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	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		- ^ `
ю	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	13		
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_ <u>-</u> -
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

Form 990 (2019) Roosevelt Charter Academy Part IV Checklist of Required Schedules (continued)

			Yes	No
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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		∺
·	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
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	- 31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	33		
J-4		34		X
35.5		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		Х
30	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		 ^
38		38	х	
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	ათ		
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Officer in Softicule O contains a response of flote to any line in this Part v			N-
.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		_		
	Effect the number of Forms w 2d included in line 1a. Effect of inflot applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	065	Щ_

Roosevelt Charter Academy Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 143						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
			3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X			
b	If "Yes," enter the name of the foreign country							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	` '	_		v			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the line for the l		5b 5c					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50					
ua	any contributions that were not tax deductible as charitable contributions?		6a		х			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions		- Oa					
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		0.5					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		Х			
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							
	to file Form 8282?		7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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?							
9	Sponsoring organizations maintaining donor advised funds.		_					
а			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:	40-						
a		10a 10b						
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100						
''		11a						
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	11a						
-	,	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a					
		12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	,						
		13b						
С		13c						
14a			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.				77			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X			
	If "Yes," complete Form 4720, Schedule O.							

Form 990 (2019) Roosevelt Charter Academy 46-3712766 Page 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 on 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 1a	5		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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, 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on 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		X
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	Х	
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	Х	
	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	Х	77
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?		37	
	The organization's CEO, Executive Director, or top management official	15a	Х	37
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			х
	taxable entity during the year?	16a		
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	401		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17		2\	٠-،:	1-1-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	ojs only	ı) avaı	abie
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website W Upon request Other (explain on Schedule O)			
10		ad fire s	20:01	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	iu tinai	icial	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Organization - 719-637-0311			
	205 Byron Drive, Colorado Springs, CO 80910			

Form 990 (2019) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization n		orga I	anıza			пре	ารลเ			(E)
(A)	(B))) Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average		Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week	box	, unle cer ar	ss pe ıd a d	rson i irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	JO:						the	organizations	compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	e or	stee			sate		(W-2/1099-MISC)	(** 2) 1000 (***1000)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(1.1.1.1.1.1.1.1)		and related
	below	idual	ution	<u></u>	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) Sandra Damm	1.00									
Board President		Х		Х				0.	0.	0.
(2) Dr. Jim Buchanan	1.00									
Board Member		Х						0.	0.	0.
(3) Sandi Hansen	1.00									
Board Member		X						0.	0.	0.
(4) Vickie Axford	1.00									
Board Member		X	7					0.	0.	0.
(5) Donna Anders Fahrenkrug	1.00									
Board Member		X	\mathbf{M}					0.	0.	0.
(6) Stephen Thompkins	40.00							-	-	
CEO and Principal				х				102,957.	0.	21,003.
								-		
		_								
	1		1			1				

Form **990** (2019) 932007 01-20-20

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)	(C)						(D)	(E)			(F)	
Nar	me and title	Average	(do		Posi		than o	on≙	Reportable	Reportable		Es	timate	∍d
		hours per	box	, unles	ss per	rson i	is botl	h an	compensation	n	an	nount	of	
		week	_	cer an	a a a	irecto	or/trus	tee)	from	from related			other	
		(list any hours for	recto						the	organization:			pensa 	
		related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)		om th anizat	
		organizations	ruste	ıl trus		ee	mpen		(** 27 1033 141100)			•	d relat	
		below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	ъ					nizati	
		line)	Indivi	Instit	Officer	Key e	Highe empl	Former						
											-+			
											\neg			
											_			
											\longrightarrow			
1b Subtotal					7				102,957.		0.	2	1,0	03.
	ntinuation sheets to Part V							•	0.		0.			0.
	es 1b and 1c)							•	102,957.		0.	2	1,0	03.
	of individuals (including but n							no r	eceived more than \$100	,000 of reportab	le			
compensation	from the organization				5 7									1
											-		Yes	No
	zation list any former officer,			сеу е	empl	loye	e, or	hiç	phest compensated emp	oloyee on				
	s," complete Schedule J for s											3		X
	lual listed on line 1a, is the su													77
	ganizations greater than \$15											4		Х
	n listed on line 1a receive or a					•		elat	ted organization or indivi	idual for services		_		v
Section B. Indeper	e organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5		X
	table for your five highest co	mpopootod in	done	ndo	nt o	onti	rooto	oro 1	that received more than	\$100,000 of oom	20000	ation f	rom	
											iperisa	ationi	TOTT	
the organization. Report compensation for the calendar year ending with or wit (A)								(B)	ycar.		(C	2)		
	Name and business	address							Description of s	ervices	Co		nsatio	n
G&G Consul	ting, 2696 S Co	olorado	B]	Lvc	1 5	3u:	ite	•	Finance & HR					
	r, CO 80222								Consulting			20	2,7	99.
	ach Language Pa	athologs	7						Consulting S	necial				

(A)	(B)	(C)
Name and business address	Description of services	Compensation
G&G Consulting, 2696 S Colorado Blvd Suite	Finance & HR	
380, Denver, CO 80222	Consulting	202,799.
Gillem Speach Language Pathology	Consulting Special	
PO Box 49606, Colorado Springs, CO 80949	Ed	135,598.
FBG Service Corporation	Custodial & Facility	
407 S 27th Avenue, Omaha, NE 68131-3600	Services	123,861.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

3

\$100,000 of compensation from the organization

Form 990 (2019) Rooseve

		Check if Schedule O	conta	ains a resp	onse	or note to any I	ne in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								lunction revenue	business revenue	sections 512 - 514
t s	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		·····			-			
٩		Fundraising events		·····			-			
ifts r A		5					-			
n 18,0		Government grants (conti	ti	·····	1	234,191				
Sir		All other contributions, gifts,		· / —	- ,	234,131	_			
ž ži	'					11,990				
문물		similar amounts not included		···	Φ.	11,000	<u>'</u>			
gu	_	Noncash contributions included in					1 246 101			
9 C	<u>h</u>	Total. Add lines 1a-1f				T	1,246,181.			
		D D				Business Code	4 040 630	4 040 620		
<u>ice</u>		Per Pupil Rev					4,848,639.			
e Z	b	District Mill		evy			1,637,561.	1,637,561.		
n S	С	Pupil Activti	es			611110	10,388.	10,388.		
ran 3ev	d									
Program Service Revenue	е									
≖ੋ	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					6,496,588.			
	3	Investment income (include	dividends,	intere	est, and					
		other similar amounts)				108.			108.	
	4	Income from investment of								
	5	Royalties								
				(i) Re		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b				1			
		Rental income or (loss)	6с							
		Net rental income or (loss	-							
		Gross amount from sales of	ĺΠ	(i) Secur	ities	(ii) Other				
	, u	assets other than inventory	7a				1			
	h	Less: cost or other basis	74				4			
ē		and sales expenses	7b							
Other Revenue	^	Gain or (loss)	7c				-			
ě.		Net gain or (loss)	-							
P.		Gross income from fundraisi		onte (pot	T-					
Ě	o a		-							
١		including \$								
		contributions reported on			٦					
		Part IV, line 18				1	-			
		Less: direct expenses								
		Net income or (loss) from		•		_				
	9 a	Gross income from gamin								
		Part IV, line 19								
		Less: direct expenses				•				
		Net income or (loss) from			es	<u></u>				
	10 a	Gross sales of inventory,								
		and allowances			10a	1				
	b	Less: cost of goods sold			10k	o e				
\blacksquare	С	Net income or (loss) from	sales	of invent	ory	<u></u>				
<u>s</u>						Business Code				
e eo	11 a									
Miscellaneous Revenue	b									
is el	С									
i§ H	d	All other revenue								
_	е	Total. Add lines 11a-11d	<u></u>	<u></u>	<u></u>	>				
	12	Total revenue. See instruction	ns				7,742,877.	6,496,588.	0.	108.

Form 990 (2019) Roosevelt Charter Academy 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 respon	use or note to any line in		<u> </u>	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		охроново	gorioral expenses	скропосс
	and domestic governments. See Part IV, line 21				
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,476.	108,355.	19,121.	
6	Compensation not included above to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,757,411.	2,439,725.	317,686.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	-1,134,356.		-132,435.	
9	Other employee benefits	775,922.	685,334.	90,588.	
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	200 551		000 661	
	Accounting	209,661.		209,661.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	24,397.	20,737.	3,660.	
12	Advertising and promotion	63,075.	53,614.	9,461.	
13	Office expenses	03,073.	33,014.	9,401.	
14	Information technology				
15	Royalties	188,029.	159,825.	28,204.	
16	Occupancy	37,033.	31,478.	5,555.	
17	Travel Payments of travel or entertainment expenses	37,033.	31,170	3,333.	
18	for any federal, state, or local public officials	~			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,902.	27,902.		
23	Insurance	50,659.	43,060.	7,599.	
24	Other expenses. Itemize expenses not covered	-	-		
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	Purchased Services	689,253.	585,865.	103,388.	
b	Educational Services	224,672.	190,971.	33,701.	
С	Instructional Supplies	181,809.	181,809.		
d	Supplies	181,026.	153,872.	27,154.	
е	All other expenses	63,814.	62,543.	1,271.	
25	Total functional expenses. Add lines 1 through 24e	4,467,783.	3,743,169.	724,614.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (0040)

Pa	rt 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	5,839,286.		7,686,291.
	2	Savings and temporary cash investments	321,670.		186,388.
	3	Pledges and grants receivable, net	174,290.		337,715.
	4	Accounts receivable, net		4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	3,394.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,304,292	2.		
	b	Less: accumulated depreciation 10b 823,93	305,476.	10c	480,358.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,777,615.	15	871,238.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,421,069.		9,565,384.
	17	Accounts payable and accrued expenses	372,888.	17	435,672.
	18	Grants payable		18	
	19	Deferred revenue		19	334,681.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ja de		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	16 440 613		10 010 260
		of Schedule D	16,440,613.		12,912,369.
	26	Total liabilities. Add lines 17 through 25	16,813,501.	26	13,682,722.
S		Organizations that follow FASB ASC 958, check here ▶ X			
nce		and complete lines 27, 28, 32, and 33.	7 007 000		1 007 606
<u>a</u>	27	Net assets without donor restrictions		27	-4,807,696.
В	28	Net assets with donor restrictions	515,476.	28	690,358.
Ë		Organizations that do not follow FASB ASC 958, check here			
o -		and complete lines 29 through 33.			
)ts	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	/ 117 220
ž	32	Total net assets or fund balances		32	-4,117,338.
	33	Total liabilities and net assets/fund balances	9,421,069.	33	9,565,384.

Form **990** (2019)

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		7,74				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	1,46	7 <u>,</u> 7	83.		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,27				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	- 7	7,39	2,4	32.		
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	- 4	1,11	7,3	38.		
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	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	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 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 on Scl	nedule	Ο.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit					
	Act and OMB Circular A-133?	-		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Roosevelt Charter Academy 46-3712766 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
Ŭ	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							
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 2019	(a) 2010	(f) Total
	Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(I) Iotai
	Gross income from interest.						
8	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		— ,			40	
	Gross receipts from related activities,	<i>—</i> , , , , , , , , , , , , , , , , , , ,	, ,			12	
13	First five years. If the Form 990 is for				•	. , . ,	. —
Sec	organization, check this box and stop etion C. Computation of Publi		rcentage				P
	·			ack upon (f))		44	
	Public support percentage for 2019 (li					15	<u>%</u> %
	Public support percentage from 2018 33 1/3% support test - 2019. If the o						
IUa							
h	stop here. The organization qualifies a 33 1/3% support test - 2018. If the o						
D							
170	and stop here. The organization quali						or more
17 a	10% -facts-and-circumstances test						
	and if the organization meets the "fac		•	-	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets th						
	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

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

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

Sec	ction A. Public Support	elow, please comp	Diete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(-,	(-,	(=,==::	(,	(-,	(-,
	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 organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf			4			
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						-
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(u) 2010	(5) 2515	(0) 2011	(4) 2010	(0) 2010	(i) rotal
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
r	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization's	l e firet second thi	d fourth or fifth t	av vear as a secti	n 501(c)(3) organi:	zation
••	check this box and stop here	· ·	,	, ,	•	. , , ,	Lation,
Sec	ction C. Computation of Publ						
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	<u> </u>
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2019. If the						
.56	more than 33 1/3%, check this box a	-					
r	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization						
_~	a.a .aaaaaa organizatio	ala riot oricon a	~ > \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_, J JD, JIICON L	220 and 300 II		<u> </u>

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 (as 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		
	- CL		
	3с		
	4a		
	4b		
	710		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	01-		
	9b		
	9c		
	10a		
	401		
m O	10b 90 or 99	10-E7	2010
יוו ש	90 OI 95	,∪- ⊑ ∠,	2019

Pa	rt IV Supporting Organizations (continued)			igo c
	(Confinations (Confination)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	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		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	71 11 0 0		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			1
	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 ins	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	20		
h	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.	ZU		
о a				
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		54		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

2

3 4

5

6

Schedule A (Form 990 or 990-EZ) 2019

Enter 85% of line 1.

Enter greater of line 2 or line 3. Income tax imposed in prior year

instructions).

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

3

5

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions))		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Roosevelt Charter Academy

Employer identification number 46-3712766

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Simila	r Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	_		
	are the organization's property, subject to the organization's		A	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fund	ds can be used on	ly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other	purpose conferrir	
D-1				
Pa			orm 990, Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (for example, recrea			cally important land area
	Protection of natural habitat	Prese	rvation of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in	the form of a con	
	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 str			2c
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or termina	ted by the organiz	ation during the tax
	year -			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enfo	rcing conservation	easements during the year
7	Amount of our areas in a small in months that is a section to			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing	conservation ease	ements during the year
	Dans such consequation assument varieties on line 2(d) about	re esticity the requirements of co	otion 170/b)/4)/D)/	n.
8	Does each conservation easement reported on line 2(d) above and easting 170(b)(4)(D)(ii)2			
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati		•	
	balance sheet, and include, if applicable, the text of the footi organization's accounting for conservation easements.	note to the organization's linance	iai statements ma	describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasure	es, or Other Si	milar Assets
. a.	Complete if the organization answered "Yes" on Form	•	50, 01 011101 01	
12	If the organization elected, as permitted under FASB ASC 95		atement and halar	nce sheet works
ıu	of art, historical treasures, or other similar assets held for pul	'		
	service, provide in Part XIII the text of the footnote to its final	, ,		oc or public
h	If the organization elected, as permitted under FASB ASC 95			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	o extribition, education, or rescal	on in factionarios	or public service,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				\$
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A		zu.ioiai gairi, pi	31.43
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			S

	t III Organizations Maintaining C	collections of Ar		_	roaeur	e or Oth	or Sin			Page Z
	•									<i>deu)</i>
3										
_	collection items (check all that apply): a Public exhibition d Loan or exchange program									
а	Public exhibition	d			nange p	rogram				
b	Scholarly research	е	Ш,	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co								rt XIII.	
5	During the year, did the organization solicit o								_	
D	to be sold to raise funds rather than to be ma								Yes	└── No
Par	t IV Escrow and Custodial Arrange		te if the	organizatio	on answe	ered "Yes" o	n Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Par	· · ·								
па	Is the organization an agent, trustee, custodi								٦,,	
_	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:		A		1		
							-		Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year							_		
f	Ending balance							f		
	Did the organization include an amount on Fo						•	L	_ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete in	i								
		(a) Current year	(b) P	rior year	(c) Two	years back	(d) Thr	ee years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held a	is:			•	
а	Board designated or quasi-endowment		%		**					
b	Permanent endowment	%	7							
С		2/6								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation the	nt are held a	and admi	nistered for	the ora:	anization		
	by:	ocion or the organiza	2011 011	it are mora e	arra aarrii	motorou ror	uno orgi	arnzacion	[·	Yes No
									3a(i)	100 110
	(i) Unrelated organizations	······							3a(ii)	
h	(ii) Related organizations	tions listed as requir	od on S	chodulo P2	· · · · · · · · · · · · · · · · · · ·				3b	
4	Describe in Part XIII the intended uses of the								. 30	<u> </u>
_	t VI Land, Buildings, and Equipm		willent	urius.						
	Complete if the organization answered		Part IV	/ line 11a 9	See Form	n 990 Part X	line 10	1		
	Description of property	(a) Cost or of	1		t or other		Accumu		(d) Book	valuo
	Description of property	basis (investr			(other)		epreciat		(u) DOOK	value
12	Land	<u> </u>			,		, 5 5 iat			
	Buildings Leasehold improvements			7	76,91	7.	39	141.	3.7	7,776.
					$\frac{0,31}{1,28}$			793.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Equipment				6,09		, , ,	, , , , ,		, 095.
	Other		Y colum			<u> </u>				,358.
iUldi	. Aud mies ra umough le. (Column (a) must e	quai i Oiiii 330, Fail.	n, colull	וווו (ט), וווופ	, uu./					, 550.

				Page	

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (-f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)		· · ·	
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) Deferred Outflows of Resor	irces		871,238.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Column (b) must equal Form 900, Port V, col. (P) line	15)		871,238.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		071,250.
Complete if the organization answered "Yes" of	on Form 990 Part IV line	e 11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	5111 5111 555, 1 are 17, mrs	2 110 01 1111 000 1 01111 000, 1 alt 71, iiii 0 20.	(b) Book value
(1) Federal income taxes			. , ,
(2) Deferred Inflows of Resour	rces		5,745,226.
(3) Net Pension Liabilities			7,167,143.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			10 010 000
Total. (Column (b) must equal Form 990, Part X, col. (B) line			12,912,369.
Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under		_	

	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	7,742,877.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	7,742,877.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
	Add lines 4a and 4b	A		0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			7,742,877.
Par	Reconciliation of Expenses per Audited Financial St		enses per Retui	n.
1	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements		11	4,467,783.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,10,,,000
	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other losses Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1			4,467,783.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
		4b		
			4c	0.
С	Add lines 4a and 4b			* *
c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.	8.)	5	4,467,783.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.) 4; Part IV, lines 1b and 2b	5	4,467,783.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b	5	4,467,783.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b	5	4,467,783.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b	5	4,467,783.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b	5	4,467,783.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b	5	4,467,783.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b	5	4,467,783.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1	8.) 4; Part IV, lines 1b and 2b	5	4,467,783.
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SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Roosevelt Charter Academy

Employer identification number

46-3712766

			YES	NO
1	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	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	
	The policy is publicized in their student enrollment forms,			
	which can be found on the school's website.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		Х
	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
	Athletic programs?	5g		X
	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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

Schedule E (Form 990 or 990-EZ) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. ► Go to www.irs.gov/Form990 for the latest information. **Open to Public**

OMB No. 1545-0047

Inspection

Name of the organization

Roosevelt Charter Academy

Employer identification number 46-3712766

Form 990, Part I, Line 1: 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.

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 board of directors.

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

Documents are made available upon request.

Name of the organization Roosevelt Charter Academy	Employer identification number 46-3712766
Form 990, Part XII, Line 2c:	
The board of directors oversees audit services and select	ion of
independent auditors. This has not changed from the prior	year.