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EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service

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

ax year beginning JUL 1. 2018 and ending JUN 30.

Inspection

A	For the 2	018 calendar year, or tax year beginning $$	JUN 30, 2019)
		C Name of organization	D Employer identif	ication number
_	Check if applicable:	Traine of organization	D Employer Identii	iodilon namboi
Г	Address change	GLOBAL COMMUNITY CHARTER SCHOOL		
F	Name		$ _{15-3}$	3217621
F	lchange lnitial	Doing business as		
늗	return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	return/ termin-	2350 5TH AVENUE		-360-2363
_	ated Amended	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,457,320.
L	return	NEW TORK, NI 1003/	H(a) Is this a group	
	Applica- tion pending	F Name and address of principal officer:WILLIAM HOLMES		s? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
		Transfer	527 If "No," attach	a list. (see instructions)
		▶ WWW.GLOBALCOMMUNITYCS.ORG	H(c) Group exempti	on number 🕨
K	Form of or	ganization: X Corporation Trust Association Other ► L Y	ear of formation: 2011	M State of legal domicile: \mathbf{NY}
P		Summary		
_	1 Br	iefly describe the organization's mission or most significant activities: $oldsymbol{ t GLOBAL}$ $oldsymbol{ t C}$	OMMUNITY CHAP	RTER SCHOOL
Governance	(GCCS) SERVES THE COMMUNITY BY PROVIDING STU	DENTS IN GRAI	
rna	2 CI	neck this box	nore than 25% of its net a	assets.
Ş.	3 No	- · · · · · · · · · · · · · · · · · · ·	3	1
Ğ	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)		9
დ თ		otal number of individuals employed in calendar year 2018 (Part V, line 2a)		120
iŧie		ortal number of volunteers (estimate if necessary)		9
Activities				
¥	1	otal unrelated business revenue from Part VIII, column (C), line 12		·
	D IN	et unrelated business taxable income from Form 990-T, line 38		
		1.11 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.	Prior Year 1,655,164	Current Year 1,681,212.
ne	8 C	ontributions and grants (Part VIII, line 1h)		
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)	7,200,128.	
Be.	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	7,043.	
	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,545	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,885,880.	
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)	0.	
es	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,700,297	
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ğ	b To	otal fundraising expenses (Part IX, column (D), line 25) 91,911.		
Ш	17 Of	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,273,894	
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,974,191.	9,510,513.
	19 Re	evenue less expenses. Subtract line 18 from line 12	-88,311.	-53,193.
Or Sec	8	·	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)	1,685,321.	
ASS	21 To	otal liabilities (Part X, line 26)	715,933.	
Net I	22 N	et assets or fund balances. Subtract line 21 from line 20	969,388	916,195.
		Signature Block		<u> </u>
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of r	ny knowledge and belief, it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of which prep		, ,
	, , .	<u> </u>		
Sig		Signature of officer	Date	
He	Ι,	WILLIAM HOLMES, CHIEF OPERATING OFFICER		
116		Type or print name and title		
			Date Check	II PTIN
Pai		rint/Type preparer's name ACQUELINE B. LEE, CPA JACQUELINE B. LEE,	C07/15/20 if self-emplo	
	_			16-1092347
			Firm's EIN	TO-T034341
USE	Only F	•	E	DE 102 1060
_	L	ROCHESTER, NY 14604	Phone no. 5 8	35-423-1860
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)		Yes No

Pa	Charle if Schoolule O centains a response or note to		X
1	Check if Schedule O contains a response or note to Briefly describe the organization's mission:	any line in this Part III	Δ.
•	GLOBAL COMMUNITY CHARTER SCHO	OOL BELIEVES THAT A SO	CHOOL MUST BE AN OPEN
	AND DIVERSE ENVIRONMENT THAT	ALLOWS STUDENTS TO F	REELY ENGAGE WITH THE
	WORLD AND ITS IDEAS WHILE AFE	ORDING A VARIETY OF	CHALLENGES AND
	POSSIBILITIES. BY PROVIDING (UR STUDENTS WITH SUC	H AN ENVIRONMENT THEY
2	Did the organization undertake any significant program se	rvices during the year which were not liste	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significar	t changes in how it conducts, any progra	m services? Yes X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishing		• • •
	Section 501(c)(3) and 501(c)(4) organizations are required revenue, if any, for each program service reported.	to report the amount of grants and alloca	tions to others, the total expenses, and
 4а	(Code:) (Expenses \$ 7,903,532.	including grants of \$) (Revenue \$ 7,769,171.)
	TO SUPPORT THE EFFORTS AND MI		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
40	(Code) (Expenses \$	including grants of \$) (nevenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
	(COUC	moduling grants of ϕ	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e		3,532.	
			Form 990 (2018)

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)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
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			3,7
	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	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		22
′	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Bort II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ü	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	ا		
Ŭ	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	۰		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	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	<u> </u>	
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		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	21	Х
14a b		144		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<u> </u>		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	7 1	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ •
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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	100	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			 -
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
ч	any tax-exempt bonds? 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	2-10		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		 -
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		 -
20	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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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			
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٦,
	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?		x	
Par	Note. All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	_ ^	
Fal	Chack if Schodula O contains a response or note to any line in this Bart V			X
	Check if Schedule O Contains a response of flote to any line in this Part v			_
4	Entar the number reported in Box 2 of Form 1006. Fator 0, if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	(B			

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

			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 120		Х							
b	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)									
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X							
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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 Accounts (FBAR).			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?	5b								
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a								
b	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	0.5								
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		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 required									
	to file Form 8282?	7с		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
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.									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a									
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
C	Enter the amount of reserves on hand			v						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		Х						
	excess parachute payment(s) during the year?	15								
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
10	If "Yes," complete Form 4720, Schedule O.	10								
	ii 165, complete i uliii 4720, conedule o.	Form	990	(2018)						

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	9[
	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	b Enter the number of voting members included in line 1a, above, who are independent 1b 9											
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?											
3												
	of officers, directors, or trustees, or key employees to a management company or other person?											
4												
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		Х							
b												
	persons other than the governing body?		7b		Х							
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	Х								
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		Х							
Sec	etion 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.	- 1										
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	X								
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	Х								
13	Did the organization have a written whistleblower policy?		13	Х								
14	Did the organization have a written document retention and destruction policy?		14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent	- 1										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 1										
а	The organization's CEO, Executive Director, or top management official		15a	X								
b	Other officers or key employees of the organization		15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	- 1										
	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	- 1										
	exempt status with respect to such arrangements?		16b									
<u>Sec</u>	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 (1024 or 1024-A if applicable), 990, and 990-T (Section	501(c)(3)s	only)	availa	able							
	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 po	olicy, and	finan	cial								
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records	>										
	WILLIAM HOLMES, COO - 646-360-2363											
	2350 5TH AVENUE, NEW YORK, NY 10037											

Form **990** (2018)

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

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

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

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

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

(A)	(B)			(C	C)	1		(D)	(E)	(F)
Name and Title	Average hours per week	box	Position (do not check more than one box, unless person is both a officer and a director/trustee			than is bot	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) ROBERT MOSER TRUSTEE	3.00	x						0.	0.	0
(2) KATE MCGOVERN	3.00	122						0.	0.	0
TRUSTEE		x						0.	0.	0
(3) MARY JILEK	3.00									
VICE BOARD CHAIR	2.00	Х		Х				0.	0.	0
(4) PETER KAUFFMAN TRUSTEE	3.00	x						0.	0.	0
(5) JAMES ZIKA	3.00	 							•	
BOARD CHAIR		Х		Х				0.	0.	0
(6) CHRIS BUFFUM	3.00	l								
SECRETARY	2 00	Х		Х				0.	0.	0
(7) TOPE YUSUF TRUSTEE	3.00	x						0.	0.	0
(8) IBRAHIM YUSUF	3.00	ļ.,		7.7				0		
TREASURER (9) KENITA LLOYD	3.00	Х		Х				0.	0.	0
TRUSTEE	3.00	х						0.	0.	0
(10) WILLIAM HOLMES	40.00			37				120 020	0	20 710
CHIEF OPERATING OFFICER (11) KRISTIAN NORGROVE	40.00			Х				138,829.	0.	20,710
CHIEF ACADEMIC OFFICER	40.00			х				143,609.	0.	9,689
		-								
		1								

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Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B) Average	(B) (C)						(D)	(E)			(F)	1
	Name and title	hours per	(do not check mor box, unless persor			more rson	than is bot	h an	Reportable compensation	Reportable compensation			stimate nount	
		week (list any		officer and a director/trustee			or/trus	stee)	from the	from related organization			other pensa	ation
		hours for related	or director	ee			ated		organization	(W-2/1099-MI		fr	rom th	е
		organizations	l trustee	nal trust		oyee	ompens		(W-2/1099-MISC)			_	janizat d relat	
		below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
			=	=	0	호	Ξ 0	ш.						
											-+			
											\dashv			
	Sub-total								282,438.		0.	3	0,3	
	Total from continuation sheets to Part VI								282,438.		0.	3	0,3	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n							no r		000 of reportab	-		0,5	<u> </u>
_	compensation from the organization	or mined to the					o,	10 1	Toolived more than \$100	,,ooo or roportain				2
_											г		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	•		-	•	•	•					3		х
4	For any individual listed on line 1a, is the su								her compensation from					
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual			4	Х	
5	Did any person listed on line 1a receive or a	•				•		elat	ted organization or indivi	dual for services	;	_		v
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	piete Schedul	e J f	or si	uch	pers	son .				<u></u>	5		X
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npensa	ation 1	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
	(A) Name and business								(B) Description of s	ervices	C		C) nsatio	n
23!	50 5TH AVENUE CORP, 309			ГΗ	S	ľRI	EE'		D E-N/m		1	0.4	1 7	00

(A)	(B)	(C)
Name and business address	Description of services	Compensation
2350 5TH AVENUE CORP, 309 EAST 94TH STREET		
GROUND FLOOR, NEW YORK, NY 10128	RENT	1,041,709.
LITTLEBIRD, 12 WEST 21ST STREET 8TH FLOOR,	HEALTH INSURANCE &	
NEW YORK, NY 10010	PAYROLL	693,372.
RED RABBIT		
1751 PARK AVENUE, NEW YORK, NY 10035	FOOD SERVICES	565,086.
PROCLEAN MAINTENANCE SYSTEMS, INC.		
79 ALEXANDER AVENUE, BRONX, NY 10454	CLEANING SERVICES	152,635.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

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\$100,000 of compensation from the organization

Pa	rt V	!!!							
			Check if Schedule O cont	ains a response	or note to any lir		(B)	(C)	
						(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 :	a	Federated campaigns	1a					
ara our	1	b	Membership dues	1b					
s, G			Fundraising events						
ar /			Related organizations						
s, G			Government grants (contribut		637,977.				
Sig			All other contributions, gifts, gran	· -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
he ti			similar amounts not included abo		43,235.				
O를 다					20,229.	-			
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lines			1,681,212.			
<u> </u>		<u>''</u>	Total. Add lines 1a-1f		Business Code				
o o	2 :	_	STATE AND LOCAL	, PER PII	611110	7 727 493.	7 727 493		
Ņ.			OST PROGRAM FEE		611110	7,727,493. 41,678.	41,678.		
Ser		-	ODI INOGRAM PER		011110	41,070.	41,070.		
m S		с							
gra Re	(d							
Program Service Revenue		e	All atheur pur surers consider union						
_			All other program service reve			7,769,171.			
	3	<u>y</u>	Total. Add lines 2a-2f			7,705,1710			
	3		other similar amounts)			6,937.			6,937.
	4		Income from investment of ta			0,750,70			0 7 2 0 7 0
	5		Royalties		•				
	3		noyaliles	(i) Real					
	6	_	Cross rents	(i) neai	(ii) Personal				
			Gross rents			1			
			Less: rental expenses			-			
			Rental income or (loss)						
			Net rental income or (loss)						
	7 3	а	Gross amount from sales of	(i) Securities	(ii) Other	-			
			assets other than inventory			-			
		D	Less: cost or other basis						
			and sales expenses			-			
			Gain or (loss)						
			Net gain or (loss)		······ <u> </u>				
nue	8	a	Gross income from fundraisin including \$	J (
Other Revenue			contributions reported on line						
Re			Part IV, line 18	•					
her		h							
ō			Less: direct expenses						
			Net income or (loss) from fund						
	9 (a	Gross income from gaming ac Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less						
	10	a	and allowances						
		h	Less: cost of goods sold			1			
			Net income or (loss) from sale						
	`	<u> </u>	Miscellaneous Revenu		Business Code				
	11 :	a	555	· -					
		b							
		c							
			All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			9,457,320.	7,769,171.	0.	6,937.

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	se or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	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,	330,138.	133,198.	156,030.	40,910
_	trustees, and key employees	330,130.	133,190.	130,030.	40,910
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4,550,286.	3,890,497.	643,175.	16 61/
7	Other salaries and wages	4,330,200.	3,090,497.	043,173.	16,614
8	Pension plan accruals and contributions (include	4E 222	39,528.	6 020	224
_	section 401(k) and 403(b) employer contributions)	45,333. 620,539.	524,206.	6,029. 95,270.	-224 1,063
9	Other employee benefits		-	67,428.	
10	Payroll taxes	396,636.	325,242.	07,420.	3,966
11	Fees for services (non-employees):				
а	Management	4 4 6 1		4 461	
b	Legal	4,461.		4,461.	
С	Accounting	27,000.		27,000.	
d	, o F				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	204 520	065 004	FF F41	2 065
	column (A) amount, list line 11g expenses on Sch O.)	324,530.	265,924.	55,541.	3,065
12	Advertising and promotion	58,169.	47,664.	9,956.	549
13	Office expenses	238,669.	195,565.	40,850.	2,254
14	Information technology	72,525.	59,428.	12,412.	685
15	Royalties	4 444 005	4 4 5 6 4 0 5	0.14 0.55	4.0.00
16	Occupancy	1,411,297.	1,156,105.	241,355.	13,837
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	000 1=1	454 222	25 522	4 4==
22	Depreciation, depletion, and amortization	209,151.	171,383.	35,793.	1,975
23	Insurance	37,015.	30,331.	6,335.	349
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FOOD SERVICES	520,735.	520,735.		
b	SUPPLIES AND MATERIALS	267,615.	219,287.	45,800.	2,528
С	STAFF DEVELOPMENT	128,631.	105,402.	22,014.	1,215
d	STUDENT SERVICES	124,933.	102,371.	21,382.	1,180
е	All other expenses	142,850.	116,666.	24,239.	1,945
25	Total functional expenses. Add lines 1 through 24e	9,510,513.	7,903,532.	1,515,070.	91,911
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			213,603.	1	195,811.
	2	Savings and temporary cash investments			636,451.	2	781,134.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	273,335.	4	175,305.		
	5	Loans and other receivables from current and for			-		
		trustees, key employees, and highest compensa					
		Part II of Schedule L		· · · .		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net		_		7	
As	8	Inventories for sale or use				8	
	9				2,975.	9	3,860.
		Land, buildings, and equipment: cost or other	I I		=,0.00		5,000.
		hasis Complete Part VI of Schedule D	102	1.218.323.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10h	858,513.	378,957.	10c	359,810.
	11	Investments - publicly traded securities	100		,	11	000,000
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	180,000.	15	180,000.		
	16	Total assets. Add lines 1 through 15 (must equations)			1,685,321.	16	1,695,920.
	17	Accounts payable and accrued expenses			636,434.	17	603,979.
	18	Grants payable		18	-		
	19	Deferred revenue			21,040.	19	58,716.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		_		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			58,459.	25	117,030.
	26	Total liabilities. Add lines 17 through 25			715,933.	26	779,725.
		Organizations that follow SFAS 117 (ASC 958), checl	k here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			969,388.	27	916,195.
3al	28	Temporarily restricted net assets				28	
Fund Balances	29			<u></u> <u> </u>		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶Ш			
þ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			060 000	32	046.40=
2	33	Total net assets or fund balances			969,388.	33	916,195.
	34	Total liabilities and net assets/fund balances			1,685,321.	34	1,695,920.

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1

2

3

6

8

Part XI Reconciliation of Net Assets

990 (2018) GLOBAL COMMUNITY CHARTER SCHOOL	45-3	217621 Page 12
t XI Reconciliation of Net Assets		<u> </u>
Check if Schedule O contains a response or note to any line in this Part XI		
Total revenue (must equal Part VIII, column (A), line 12)	1	9,457,320.
Total expenses (must equal Part IX, column (A), line 25)	2	9,510,513.
Revenue less expenses. Subtract line 2 from line 1		-53,193.
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	969,388.
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	_	
Investment expenses	7	
Prior period adjustments		
Other changes in net assets or fund balances (explain in Schedule O)		0.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
column (B))	10	916,195.
t XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		X
		Yes No
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	n in Schedule O.	
Were the organization's financial statements compiled or reviewed by an independent accountant	?	2a X
If "Ves " check a how below to indicate whether the financial statements for the year were compile	d or reviewed on a	

9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
						95.
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		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	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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	edule (٥.			
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	udit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	Jdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2018

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization GLOBAL COMMUNITY CHARTER SCHOOL **Employer identification number** 45-3217621

Pa	rt I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	X	A school described in sect i					-NN-1-	
3		A hospital or a cooperative		•			;;\	
	\vdash						•	the characterite in a second
4		A medical research organiz	ation operated in col	njunction with a nospita	described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6	Щ	A federal, state, or local government	ernment or governn	nental unit described in	section 17	'0(b)(1)(A)	(v).	
7		An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	ınction with a land-grant	college
		or university or a non-land-g				-	-	-
		university:	,				,,	,
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sur	nort from	contributi	ons membershin fees a	and aross receipts from
		activities related to its exen	-	•				-
		income and unrelated busin		(less section 511 tax) ir	om busine	sses acqu	lired by the organization	arter June 30, 1975.
		See section 509(a)(2). (Cor	. ,					
11	Н	An organization organized a	-	•	-			
12		An organization organized a	· ·	•	-		•	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.	
а			inization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustees of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte			in connec	tion with.	and functionally integrate	ed with.
		its supported organization					• •	•
d		Type III non-functionally		•				zation(s)
		that is not functionally int						
		requirement (see instruct	-	-	-		•	14011000
_		Check this box if the orga	-	-				
C		functionally integrated, or					Type i, Type ii, Type iii	
	Ento	• •	• •	rially liftegrated support	ing organiz	zation.		
-		er the number of supported o						
9		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	()	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	169	NO	,	
r _{at} ,								

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	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)						
	Public support. Subtract line 5 from line 4.						
		(-) 004.4	(h) 0045	(-) 0040	(-1) 0047	(-) 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
ŏ	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
۵	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	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 instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor		•				• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2018 (column (f))		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	this box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2017. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	d stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	<u>ns</u>
					Sch	edule A (Form 990	0 or 990-EZ) 2018

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	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2011	(2) 2010	(0) 2010	(4) 23 17	(6) 2010	(i) rotal
•	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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(u) 2014	(5) 2010	(0) 2010	(a) 2017	(6) 2010	(i) rotar
	Gross income from interest,						
.00	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
L	Unrelated business taxable income (less section 511 taxes) from businesses						
	` '						
	acquired after June 30, 1975						
44	Add lines 10a and 10b						
• • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation,
	check this box and stop here						<u></u> ▶□
Sec	ction C. Computation of Public	c Support Pe	ercentage				
15	Public support percentage for 2018 (lin	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	-					ightharpoons
b	33 1/3% support tests - 2017. If the o						and
-	line 18 is not more than 33 1/3%, chec	•			·	•	
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 (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		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9с		
10a		
40.		
10b		

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	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 ins	tructions	Ĺ П	
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	٥.		
_	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	^ -		
L	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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: it in tes, describe in Fait with the fole played by the organization in this regard.	S		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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-functiona	lly integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	rt v Type III Non-Functionally Integrated 50)9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	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	n the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	cion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

GLOBAL COMMUNITY CHARTER SCHOOL

Employer identification number 45-3217621

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised 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	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
_	impermissible private benefit?		
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	. —	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year >		
	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_	• ————————————————————————————————————		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•	> \$		0/1-1/41/171/2
	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization appearation appearation	tion's imancial statements that describes	s the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or C	Other Similar Assets
. u.	Complete if the organization answered "Yes" on Form		Strict Cirmar Addets.
	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		ance of public service, provide, in rare xiii,
h	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ducation, or research in fartherance of pr	able service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		L \$
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		
_		asuras, or other similar assets for financi	ial dain provide
			al gain, provide
	the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1	16 (ASC 958) relating to these items:	

832051 10-29-18

Schedule D (Form 990) 2018

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

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Similar As	sets(conti	nued)	g -
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	t are a sign	ificant use of	its collection	n iten	ns
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ıms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organization	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or othe	er similar as	ssets			
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's c	ollection?			Yes		<u> No</u>
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	'Yes" on Fo	orm 990, Parl	IV, line 9, o	r	
	reported an amount on Form 990, Part	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not inc	cluded			_
	on Form 990, Part X?							Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII a									
								Amour	ıt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liability	?	Yes	L	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	1					
		(a) Current year	(b) P	rior year	(c) Two year	s back (d)	Three years b	ack (e) Fou	r 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 curre	ent year end baland	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	red for the	organization			
	by:								Yes	No
	(i) unrelated organizations									
	(ii) related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the related organizat							3b		
Do:	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm			, ,, ,, ,,			40			
	Complete if the organization answered			ı	1			(1) 5		
	Description of property	(a) Cost or o basis (investr			or other (other)		umulated eciation	(d) Boo	ık valu	ie
1a	Land									
	Buildings									
	Leasehold improvements				7,026.		2,954.			72.
d	Equipment				1,639.		7,424.			15.
е	Other			38	9,658.	22	28,135.			23.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line	10c.)					10.
										10040

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 GLODAL COMM	IONILL CHARLER	C SCHOOL 45)-3ZI/0ZI	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market v	alue
(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	e 11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market v	alue
(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.		
(a)	Description		(b) Book val	
(1) SECURITY DEPOSIT			180,	,000.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	180,	,000.
Dort V Other Liebilities				

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)	CAPITAL LEASE LIABILITY	117,030.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	117,030.

^{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 X

Schedule D (Form 990) 2018

Schedule	D (Form 990) 2018	GLOBAL	COMMUNITY	CHARTER	SCHOOL		45-	3217621 _{Pa}	
Part X	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1 To	1 Total revenue, gains, and other support per audited financial statements						1	9,457,32	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:									

1	Total revenue, gains, and other support per audited financial statements	1	9,457,320.		
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			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,457,320.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_	Total revenue Add lines 2 and 4. (This must equal Form 990, Part I line 12)			_	9 457 320

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements	1	9,510,513.		
Amounts included on line 1 but not on Form 990, Part IX, line 25:				
Donated services and use of facilities	2a			
Prior year adjustments	2b			
	2c			
Other (Describe in Part XIII.)	2d			
Add lines 2a through 2d		2e	0.	
Subtract line 2e from line 1			3	9,510,513.
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.	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,510,513.		
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) Add lines 4a and 4b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 2c Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) Add lines 4a and 4b	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) 4a Other (Describe in Part XIII.)	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) Add lines 4a and 4b 4c

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE CHARTER SCHOOL IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE REGULATIONS AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL AND STATE TAXES ON INCOME.

THE CHARTER SCHOOL FILES FORM 990 TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2016 THROUGH JUNE 30, 2019 ARE STILL SUBJECT TO POTENTIAL AUDIT BY THE IRS. MANAGEMENT OF THE CHARTER SCHOOL BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

Schedule D (Form 990) 2018

Schedule D	D (Form 990) 2018	GLOBAL	COMMUNITY	CHARTER	SCHOOL	45-3217621 _{Page}	e 5
Part XIII	0 (Form 990) 2018 Supplemental Infor	mation (con	tinued)				
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							—
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							—
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-							
							—
							—
							—

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

GLOBAL COMMUNITY CHARTER SCHOOL

 $\begin{array}{c} \textbf{Employer identification number} \\ 45-3217621 \end{array}$

GLOBAL COMMONTIT CHARTER SCHOOL	47-241	/ U Z I	
Part I		1	
		YES	1
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws		37	
other governing instrument, or in a resolution of its governing body?		X	L
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochur		77	
catalogues, and other written communications with the public dealing with student admissions, programs, and sci		X	L
Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
period of solicitation for students, or during the registration period if it has no solicitation program, in a way that m			
the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		x	
If you need more space, use Part II THE ORGANIZATION PUBLICIZES ITS RACIALLY NONDISCRIMINATOR	3	<u> </u>	H
POLICY ON THE SCHOOL APPLICATION.	(1		
FOLICE ON THE SCHOOL APPLICATION:			
Does the organization maintain the following?		x	
a Records indicating the racial composition of the student body, faculty, and administrative staff?		X	\vdash
 b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminator c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with 		+^	\vdash
		X	
admissions, programs, and scholarships?		+	╁
d 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.	40		\vdash
Does the organization discriminate by race in any way with respect to:			I,
a Students' rights or privileges?		-	2
b Admissions policies?			
c Employment of faculty or administrative staff?		-	[
d Scholarships or other financial assistance?			[]
e Educational policies?]
f Use of facilities?		+	[]
g Athletic programs?]
h Other extracurricular activities?	5h		Ľ
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
a Does the organization receive any financial aid or assistance from a governmental agency?		X	\perp
b Has the organization's right to such aid ever been revoked or suspended?	6b		
If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 c	of	X	

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

Schedule E (Form 990 or 990-EZ) 2018

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

GLOBAL COMMUNITY CHARTER SCHOOL

Employer identification number 45-3217621

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			7.7
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Populations section 53 4058 6(c)?	۱ ۵	ı	1

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensation of CDV(1) (D)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) WILLIAM HOLMES	(i)	137,329.	1,500.	0.	2,830.	17,880.	159,539.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
(2) KRISTIAN NORGROVE	(i)	143,609.	0.	0.	3,125.	6,564.	153,298.	
CHIEF ACADEMIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization GLOBAL COMMUNITY CHARTER SCHOOL Employer identification number 45-3217621

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		20,229.	FMV			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25 26	Other () Other ()							
27	Other () Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for a	contributions				
	for which the organization completed Form 82							
		,,		g <u></u>			Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31		Х
32a	Does the organization hire or use third parties							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	ry for which column (a) is che	ecked,			
	describe in Part II.							
					Cabadula M			

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

Schedule M (Form 990) 2018

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

GLOBAL COMMUNITY CHARTER SCHOOL

Employer identification number 45-3217621

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH 5 WITH AN EDUCATION THAT IS RIGOROUS, INQUIRY-BASED, AND THAT TEACHES STUDENTS AND THEIR FAMILIES TO WORK SUCCESSFULLY TOGETHER ACROSS DIFFERENCES IN LANGUAGE, CULTURE, ECONOMIC BACKGROUND, AGE, AND NATIONALITY. GCCS PREPARES STUDENTS FOR ADMISSION TO A CHALLENGING SECONDARY EDUCATION AND TO EXHIBIT THE COURAGE AND CONVICTION TO MAKE A DIFFERENCE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LEARN TO BECOME SKILLED AND CONFIDENT THINKERS WHO ARE BOLD AND AMBITIOUS IN THEIR PURSUIT OF KNOWLEDGE AND ACCOMPLISHMENT.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS TOPE YUSUF AND IBRAHIM YUSUF HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARATION OF THE SCHOOL'S IRS FORM 990 WILL BE CONTRACTED OUT TO OUR INDEPENDENT ACCOUNTANTS. THE CHIEF ACADEMIC OFFICER, CHIEF OPERATING OFFICER (COO) AND BOOKKEEPER WILL BE RESPONSIBLE FOR PROVIDING THE INFORMATION NEEDED TO PREPARE THE REPORT. THE COO AND BOOKKEEPER WILL REVIEW THE 990 DRAFT AND FORWARD TO THE CHIEF ACADEMIC OFFICER FOR REVIEW ANY CHANGES ARE COMMUNICATED TO THE INDEPENDENT ACCOUNTANTS AND APPROVAL. AND A REVISED DRAFT IS FORWARDED TO THE BOARD APPROVAL ONCE THE FINAL REVIEW HAS BEEN COMPLETED. THE FULL BOARD OF TRUSTEES MUST APPROVE THE IRS FORM 990 PRIOR TO FILING. THE RETURN MUST BE SIGNED BY THE BOARD CHAIR, OR EITHER THE CHIEF OPERATING OFFICER OR CHIEF ACADEMIC OFFICER.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **Employer identification number** GLOBAL COMMUNITY CHARTER SCHOOL 45-3217621 FORM 990, PART V, LINE 2A THE ORGANIZATION ISSUED THEIR 107 W2 FORMS UNDER THEIR PAYROLL AGENT'S EIN (ADP EIN: 65-0161093). FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO EVALUATE AND DISCLOSE CONFLICTS OF INTEREST ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION B, LINE 15: THE CHIEF ACADEMIC OFFICER UTILIZES THE NON PROFIT COMPENSATION REPORTS FOUND ON GUIDESTAR.COM AND THE DOE SALARY GUIDELINES IN ORDER TO DETERMINE COMPENSATION. THE BOARD DETERMINES THE SALARIES FOR THE CHIEF ACADEMIC OFFICER AND COO. THE BOARD REVIEWS AND APPROVES THE SALARIES AS PART OF THE BUDGET APPROVAL AND RECRUITMENT PROCESS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE UPON REQUEST DURING NORMAL BUSINESS HOURS OF THE ORGANIZATION. FORM 990, PART XII, LINE 2C THE PROCESS IS CONSISTENT WITH PRIOR YEARS.