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PUBLIC'S COPY

EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	2020 calendar year, or tax year beginning $$ JUL $1,$ 2020 and e	ending J	UN 30, 2021					
B c	heck if oplicable:	C Name of organization		D Employer identific	cation number				
	Address change	GLOBAL COMMUNITY CHARTER SCHOOL							
	Name change	Doing business as		45-32176	21				
	Initial return	,	Room/suite	E Telephone number					
	Final return/	2350 5TH AVENUE		646-360-2363					
	termin- ated Amende	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10037		G Gross receipts \$ 12,397,044.					
	」return ☐Applica- _tion			H(a) Is this a group re					
	∫tion pending	· · ·		for subordinates? Yes X No H(b) Are all subordinates included? Yes No					
		SAME AS C ABOVE		1 ' '					
		mpt status: 501(c)(3)	527	1	list. See instructions				
		WWW.GLOBALCOMMUNITYCS.ORG	T	H(c) Group exemption					
		rganization: X Corporation	L Year	of formation: $\angle U \perp \perp \mid \mathbf{N}$	1 State of legal domicile: NY				
Pa		Summary	T (CO)(MINITES CITABLE	TED GOLLOOT				
ø		riefly describe the organization's mission or most significant activities: GLOBA							
Governance	_	GCCS) SERVES THE COMMUNITY BY PROVIDING S							
ern		Check this box if the organization discontinued its operations or dispose		1 . 1	iets.				
Š				3	7				
∞ಶ		lumber of independent voting members of the governing body (Part VI, line 1b)			97				
ies		otal number of individuals employed in calendar year 2020 (Part V, line 2a)							
Activities		otal number of volunteers (estimate if necessary)			0				
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.				
_	bΝ	let unrelated business taxable income from Form 990-T, Part I, line 11							
				Prior Year 1,821,052.	Current Year				
ne		Contributions and grants (Part VIII, line 1h)			3,544,605.				
len.		Program service revenue (Part VIII, line 2g)		8,236,275.	8,848,532.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		10,891.	3,907.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,068,218.	12,397,044.				
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		denefits paid to or for members (Part IX, column (A), line 4)		6,357,960.	5,990,588.				
ses		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,337,900.	0.				
ens		Professional fundraising fees (Part IX, column (A), line 11e)	8 <u> </u>	0.					
Expenses		otal fundraising expenses (Part IX, column (D), line 25) 84,24 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,584,657.	3,342,708.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,942,617.	9,333,296.				
		Revenue less expenses. Subtract line 18 from line 12		125,601.	3,063,748.				
-Se		levenue less expenses. Subtract fille 10 front fille 12	Re	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		3,198,146.	4,753,919.				
Asse Bal	21 T			2,156,350.	648,375.				
Vet,	22 N	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20		1,041,796.	4,105,544.				
	rt II	Signature Block							
		ies of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is				
		and complete. Declaration of preparer (other than officer) is based on all information of whic		· · ·	,				
	T	<u> </u>							
Sigr	,	Signature of officer		Date					
Her	- 1	WILLIAM HOLMES, CHIEF OPERATING OFFICER	₹						
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		VACQUELINE B. LEE, CPA JACQUELINE B. LEI	E, C1	2/22/21 if self-employ	P00842765				
Prep	-	Firm's name ► MENGEL, METZGER, BARR & CO. LLP	<u> </u>		16-1092347				
Use		Firm's address 100 CHESTNUT STREET, SUITE 1200							
	-	ROCHESTER, NY 14604		Phone no. 58	5-423-1860				
—— Mav	the IR	S discuss this return with the preparer shown above? See instructions		,	X Yes No				

	n 990 (2020) GLOBAL COMMUNITY CHARTER SCHOOL	45-3217621	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	GLOBAL COMMUNITY CHARTER SCHOOL BELIEVES THAT A SCHOOL M	UST BE AN OP	EN
	AND DIVERSE ENVIRONMENT THAT ALLOWS STUDENTS TO FREELY E	NGAGE WITH T	HE
	WORLD AND ITS IDEAS WHILE AFFORDING A VARIETY OF CHALLEN	GES AND	
	POSSIBILITIES. BY PROVIDING OUR STUDENTS WITH SUCH AN EN	VIRONMENT TH	EY
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	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 significant changes in how it conducts, any program services?	Yes	X No
3	If "Yes," describe these changes on Schedule O.	163	110
4	Describe the organization's program service accomplishments for each of its three largest program services, as	managered by avenages	
4			1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, ar	10
	revenue, if any, for each program service reported.	0 626	120 .
4a			
	TO SUPPORT THE EFFORTS AND MISSIONS OF GLOBAL COMMUNITY	CHARTER SCHOOL	<u>ог.</u>
4b	(Code:) (Expenses \$ 209,240 • including grants of \$) (Rever	nue \$ 212,	394.)
	PREK STUDENTS LEARN THE FUNDAMENTALS OF LANGUAGE, LITERA	CY, MATH, AN	<u>D</u> 1
	SCIENCE THROUGH ART, PLAY AND AUTHENTIC EXPRESSION, ALL	OF WHICH IS	
	BASED ON OUR INTERNATIONAL BACCALAUREATE PRIMARY YEARS P		
	PREK STUDENTS ALSO DEVELOP COMMUNICATION AND CONFLICT RE		LLS
	WITH THE SUPPORT OF OUR SCHOOL COUNSELORS AND SOCIAL/EMO		
	CURRICULUM. ALL OF THIS SERVES AS A SOLID FOUNDATION FO		N
	INTO OUR KINDERGARTEN AND ELEMENTARY SCHOOL PROGRAMS.		-
	THE CONTREMENTAL PROPERTY OF THE PROPERTY OF THE CONTRACT OF T		
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	1	
4e	Total program service expenses 7,840,390.		
		Form 9	90 (2020)

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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		 -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		_V
	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Pal	Crecklist 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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	Х	
24.5	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	21	
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\stackrel{\Delta}{\vdash}$
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		X
b		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 00		
٠.	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		1

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Form 990 (2020) GLOBAL COMMUNITY CHARTER SCHOOL 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	97			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร? .		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccoui	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	cour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
С	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	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services.	vices _I	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e	_		
				8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b	, , , , , , , , , , , , , , , , , , , ,			9b		
10	Section 501(c)(7) organizations. Enter:	۔مد ا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	lub				
11		11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1 Ia				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		l			
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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Pid the association and the second of the independent of the second of t			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
				Earm	990	/2020\

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request ___ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records WILLIAM HOLMES, COO - 646-360-2363 2350 5TH AVENUE, NEW YORK,

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

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

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

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

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

(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck i	ition		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	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) WILLIAM HOLMES	40.00	-		Х				140 120	0.	20 605
CHIEF OPERATING OFFICER (2) KRISTAN NORGROVE	40.00			^				140,120.	0.	30,605.
CHIEF ACADEMIC OFFICER	40.00	1		х				145,419.	0.	17,625.
(3) ROBERT MOSER	3.00							143,413.	•	17,023
BOARD SECRETARY		х		x				0.	0.	0.
(4) KATE MCGOVERN	3.00									
TRUSTEE		Х						0.	0.	0.
(5) MARY JILEK	3.00								_	_
VICE BOARD CHAIR		Х		Х				0.	0.	0.
(6) JAMES ZIKA	3.00								•	•
BOARD CHAIR (7) IBRAHIM YUSUF	3.00	Х		Х				0.	0.	0.
TREASURER	3.00	Х		х				0.	0.	0.
(8) NICK POZEK	3.00								0.	0.
TRUSTEE	3133	х						0.	0.	0.
(9) PRIYANKA GANDHI	3.00								-	-
TRUSTEE		Х						0.	0.	0.
(10) PETER KAUFFMAN	3.00									
TRUSTEE (RESIGNED 08/31/2020)		Х						0.	0.	0.
		-								
		1								
		4								
		-								
		1								
		1								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B)				C)			(D)			(F)		
	Name and title	Average	(do			ition	າ than d	one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensatio	n	ar	nount	of
		week		cer an	id a d	irecto	r/trus	tee)	from	from related	·		other	
		(list any	ector						the	organizations			pensa	
		hours for	or dir	au			ted		organization	(W-2/1099-MIS	;C)		om th	
		related	stee	truste			bens		(W-2/1099-MISC)			_	anizat	
		organizations below	altru	onal 1		loye	8 co						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		11116)	i i	ii.	#0	, Ke	iž, p	요			\dashv			
											-			
											-			
											\dashv			
											-+			
											-+			
											\dashv			
											\dashv			
			-											
1h	Subtotal	l			<u> </u>				285,539.		0.	4	8,2	30.
	Subtotal Total from continuation sheets to Part VI								0.		0.		<u> </u>	0.
									285,539.		0.		8,2	
	Total (add lines 1b and 1c)							0 10		000 of roportable	1		0,2	50.
~	compensation from the organization	iot illilited to til	USE	iiSte	u al	JUVE	y vvii	o ie	cerved more man \$100,	ooo oi reportable	•			2
	compensation from the organization												Yes	No
3	Did the organization list any former officer	director truste	م ا	'AV 6	mnl	0.40	0 Or	hia	heet compensated emp	lovee on	ſ			
	line 1a? If "Yes," complete Schedule J for s			-	-	-		_		•	ı	3		х
	For any individual listed on line 1a, is the su								ner compensation from t		····	3		
		•							•	•	ı	4	х	
	and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>										þ			
	rendered to the organization? If "Yes," con	•				•			•			5		Х
	ion B. Independent Contractors	IDIGIC OCHEGUIE	<i>. u 1</i> 0	اد ار	.UI	JU13	JII .					_		
	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
	the organization. Report compensation for													
	(A)				<u>J</u>			Ť	(B)			((C)	

the organization. Report compensation for the calcindar year chaing with or within the organization's tax year.										
(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	1,311,180.								
RED RABBIT										
1751 PARK AVENUE, NEW YORK, NY 10035	FOOD SERVICES	365,294.								
LITTLEBIRD, 12 WEST 21ST STREET 8TH FLOOR,	HEALTH INSURANCE &									
NEW YORK, NY 10010	PAYROLL	362,395.								
SIGNATURE CONSTRUCTION GROUP										
160 7TH STREET, BROOKLYN, NY 11215	GENERAL CONTRACTORS	230,173.								
DBI PROJECTS LLC	CONSTRUCTION									
1261 BROADWAY 9TH FLOOR, NEW YORK, NY 10001	MANAGEMENT	225,385.								
2 Total number of independent contractors (including but not limited to those listed										
\$100,000 of compensation from the organization										
	<u> </u>	= 000 (assa)								

Form 990 (2020) GLOBAL
Part VIII Statement of Revenue

			Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
				<u> </u>	o	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1. 1					30000013 3 12 3 14
nts			Federated campaigns						
3ra Iou			Membership dues						
s, (Am			Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations	. 1d					
s, (imi		е	Government grants (contributions)	1e	3,137,154.				
ēS		f	All other contributions, gifts, grants, a	nd					
but			similar amounts not included above	_ 1f	407,451.				
ΞÓ		g	Noncash contributions included in lines 1a-1f	1g \$	33,887.				
Sol		h	Total. Add lines 1a-1f			3,544,605.			
					Business Code				
	2	а	STATE AND LOCAL PER PUPIL	OPERATI	611110	8,844,013.	8,844,013.		
ķ					611110	4,519.	4,519.		
Ser						-,:==			
m S		C							
gra Re		d							
Program Service Revenue		e	All						
۳			All other program service revenue			0.040.530			
		g	Total. Add lines 2a-2f			8,848,532.			
	3		Investment income (including divid						
			other similar amounts)			3,907.			3,907.
	4		Income from investment of tax-exe	empt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i)	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>a</u>		_	and sales expenses 7b						
ž		_	Gain or (loss) 7c						
ě		4	Net gain or (loss)						
her Revenue			Gross income from fundraising events						
	0	a		·					
Ò			including \$						
			contributions reported on line 1c).	I					
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundrais		<u> </u>				
	9	а	Gross income from gaming activit						
			Part IV, line 19						
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming	activities					
	10	а	Gross sales of inventory, less retu						
			and allowances						
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of	inventory					
ွ					Business Code				
e on	11	а							
ane		b							
e e		С							
Miscellaneous Revenue		d	All other revenue						
_			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			12,397,044.	8,848,532.	0.	3,907.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 335,714. 158,121. 163,492. 14,101. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,589,620. 4,041,906. 514,678. 33,036. Other salaries and wages 7 Pension plan accruals and contributions (include 70,194. 60,453. 9,353. 388. section 401(k) and 403(b) employer contributions) 609,401. 104,879. 500,098. 4,424. Other employee benefits 9 385,659. 330,437. 51,665. 3,557. 10 Payroll taxes 11 Fees for services (nonemployees): Management 16,849. 16,849. Legal 51,025. 51,025. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 437,776. 358,720. 74,922. 4,134. column (A) amount, list line 11g expenses on Sch O.) 109,045. 89,353. 18,663. 1,029. Advertising and promotion 12 243,963. 199,907. 41,752. 2,304. Office expenses 13 77,283. 63,327. 13,226. 730. Information technology 14 15 Royalties 1,334,278. 1,093,007. 228,180. 13,091. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 227,889. 186,736. 39,001. 2,152. Depreciation, depletion, and amortization 22 90,464. 74,128. 15,483. 853. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 369,794. 369,794. FOOD SERVICES SUPPLIES AND MATERIALS 158,198. 129,629. 27,074. 1,495. 95,385. 77,630. 16,035. 1,720. REPAIRS AND MAINTENANCE 76,702. 13,127. d STAFF DEVELOPMENT 62,851. 724. 54,057. 44,293. 9,254. 510. e All other expenses 9,333,296. 7,840,390. 1,408,658. 84,248. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2020)

if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,385,431.	1	169,542.
	2	Savings and temporary cash investments			489,412.	2	1,732,524.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			410,462.	4	454,768.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of the	ese persor	ns		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		8			
ğ	9	Duran did company and defermed all forms			91,990.	9	235,095.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	2,551,853.			
	b	Less: accumulated depreciation	540,396.	10c	1,301,037.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	280,455.	15	860,953.		
	16	Total assets. Add lines 1 through 15 (must ed			3,198,146.	16	4,753,919.
	17	Accounts payable and accrued expenses			921,522.	17	598,228.
	18	Grants payable				18	10 000
	19	Deferred revenue		19	10,000.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr			1,154,800.	23	
	24	Unsecured notes and loans payable to unrela			1,134,000.	24	
	25	Other liabilities (including federal income tax,	-				
		parties, and other liabilities not included on lin			80,028.	25	40,147.
	26	of Schedule D Total liabilities. Add lines 17 through 25			2,156,350.	25 26	648,375.
-	20	Organizations that follow FASB ASC 958, c	hack hara	X	2,130,330.	20	040,373
Se		and complete lines 27, 28, 32, and 33.	HECK HEIE				
ü	27				1,041,796.	27	3,888,877.
3ala	28					28	216,667.
P E		Organizations that do not follow FASB ASC					==0,007
Ē		and complete lines 29 through 33.	000, 01100	K Hore P			
ō	29	Capital stock or trust principal, or current fund	de.			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32			- Curici funds	1,041,796.	32	4,105,544.
Z	33	Total liabilities and net assets/fund balances			3,198,146.	33	4,753,919.
	, 55	. Star nasmitios and not abbots/fulld balances			-,,===	. 50	Form 990 (2020)

Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,39					
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,33					
3	Revenue less expenses. Subtract line 2 from line 1	3	3,06	3,7	<u>48.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,04	1,7	<u>96.</u>			
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4,10	5,5	44.			
Pa	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			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 separate	basis,						
	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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?	-	3a	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х				
			Form	990	(2020)			

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Nam	Name of the organization Employer identification number												
				TY CHARTER SO					5-3217621				
Pai	tΙ	Reason for Public (Charity Status.	(All organizations must o	omplete tl	nis part.) S	ee instruction	ıs.					
The o	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2	X	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).						
4		A medical research organization	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general _l	oublic 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	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a	land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or				
		university:											
10		An organization that norma											
		activities related to its exem	•	•					-				
		income and unrelated busing		(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	-										
11		An organization organized a	•	*	•								
12		An organization organized a	•	•	-			•					
		more publicly supported or	-						Check the box in				
		lines 12a through 12d that	* *			-		-					
а			•			_							
		the supported organization			majority o	of the direc	tors or truste	es of the su	ipporting				
		organization. You must o											
b			•				-		-				
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	oorted				
		organization(s). You mus				.:							
С		☐ Type III functionally inte	= ::					iy integrate	ed with,				
		its supported organization		•									
d								-					
		that is not functionally int requirement (see instructi	-		•		-	i ari atteriti	/eriess				
_		Check this box if the orga	•	•				II. Tupo III.					
е		functionally integrated, or					турет, туре	ii, Type iii					
f	Ente	er the number of supported o				ation.							
,		vide the following information	•	nd organization(s)									
9_		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)				
				above (see instructions))									
							ı ———		I				

GLO24981

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	, ,	, ,	, ,			
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	nns)			12	
	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stop						
Sec	ction C. Computation of Publi		_				,
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the					nore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the	organization did no	t check a box on				
	and stop here. The organization qual						. —
17a	10% -facts-and-circumstances test	•	• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			=			▶ □
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle		•				▶ □
<u>1</u> 8	Private foundation. If the organization						▶ □
			•	•		edule A (Form 990	

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services 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						<u> </u>
6 Total. Add lines 1 through 5				<u> </u>		
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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
check this box and stop here	•		,	•	. , . ,	·
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and sec inc	etructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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
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4c		
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10b		

Par	T 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		100	
•	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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a	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.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		Na
2	Activities Test. Answer lines 2a and 2b 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? <i>If</i> "Yes," <i>then in</i> Part VI identify			1
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			1
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	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		i

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu		•	_
Secti	on 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		
Secti	on 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

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	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d 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 us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	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 in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(i)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	lote to the organization's infancial statement	ts that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	·
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	. ,	•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1	_	• \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

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

Par	t III Organizations Maintaining Co	ollections of Art	, Histo	orical Tre	easures, o	r Other	Similar	Assets	(continu	ıed)
3	Using the organization's acquisition, accessio								(00//////	
	collection items (check all that apply):	•		•	· ·	J				
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е			0 1 0					
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how th	ey further th	ne organizatio	on's exem	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be mai								Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	ements. Comple	te if the	organizatio					ine 9, or	
	reported an amount on Form 990, Part			_						
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for o	contribution	s or other as:	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if	the organization ans	swered	"Yes" on Fo	orm 990, Part	: IV, line 10).			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three ye	ears back	(e) Four	ears 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 balance	(line 1g	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	tion tha	t are held aı	nd administe	red for the	organizat	tion	_	
	by:								\	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		vment f	unds.						
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or of basis (investment)			t or other (other)		cumulated reciation	d	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements				2,902.		04,20			,700.
	Equipment				9,606.		68,42			,181.
	Other	I		46	9,345.	1	78,18			,156.
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colun	nn (B), line 1	0c.)			•	1,301	,037.

Schedule D (Form 990) 2020

Schedu	le D	(Fori	m 990)	2020	
		_			

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
` '			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	Farma 000 Dart IV lines	11 - C Farma 000 Flort V line 10	
Complete if the organization answered "Yes" o	(b) Book value	(c) Method of valuation: Cost or end-c	of-vear market value
	(b) Book value	(c) Welfied of Valuation. Cost of end of	year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
0 11 :611 : 1: 113.6	E 000 B 1 B 1 B 1	44 LO E 000 D LV II 45	
	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) SECURITY DEPOSIT		11d. See Form 990, Part X, line 15.	381,250
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW	Description	11d. See Form 990, Part X, line 15.	381,250 100,023
(a) I (1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS,	Description	11d. See Form 990, Part X, line 15.	381,250 100,023
(a) I (1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4)	Description	11d. See Form 990, Part X, line 15.	381,250 100,023
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5)	Description	11d. See Form 990, Part X, line 15.	381,250 100,023
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6)	Description	11d. See Form 990, Part X, line 15.	381,250 100,023
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7)	Description	11d. See Form 990, Part X, line 15.	381,250 100,023
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8)	Description	11d. See Form 990, Part X, line 15.	(b) Book value 381,250 100,023 379,680
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	INC •		381,250 100,023
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	INC.	•	381,250 100,023 379,680
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	INC.	•	381,250 100,023 379,680
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the properties of the organization of liability	INC.	•	381,250 100,023 379,680 860,953
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete of the organization of liability	INC.	•	381,250 100,023 379,680 860,953
(a) I (1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) CAPITAL LEASE LIABILITY	INC.	•	381,250 100,023 379,680 860,953
(a) I (1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the distribution of liability (1) Federal income taxes (2) CAPITAL LEASE LIABILITY (3)	INC.	•	381,250 100,023 379,680 860,953
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) CAPITAL LEASE LIABILITY (3) (4)	INC.	•	381,250 100,023 379,680 860,953
(a) I (1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) CAPITAL LEASE LIABILITY (3) (4) (5)	INC.	•	381,250 100,023 379,680 860,953
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) CAPITAL LEASE LIABILITY (3) (4) (5) (6)	INC.	•	381,250 100,023 379,680 860,953
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) CAPITAL LEASE LIABILITY (3) (4) (5) (6) (7)	INC.	•	381,250 100,023 379,680 860,953
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete in the organization of liability (1) Federal income taxes (2) CAPITAL LEASE LIABILITY (3) (4) (5) (6) (7) (8)	INC.	•	381,250 100,023 379,680 860,953
(a) [(1) SECURITY DEPOSIT (2) CASH IN ESCROW (3) DUE FROM FRIENDS OF GCCS, (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) CAPITAL LEASE LIABILITY (3) (4) (5) (6) (7)	INC • 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	381,250 100,023 379,680 860,953

032053 12-01-20

Schedule D (Form 990) 2020

	edule D (Form 990) 2020 GLUBAL COMMUNITY CHARTER			321/021 Pag	e 4
Pai	Reconciliation of Revenue per Audited Financial State		iue per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		10 207 04	4
1			1	12,397,04	<u>4.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
	Other (Describe in Part XIII.)	2d			^
е	Add lines 2a through 2d				<u>0 .</u>
3	Subtract line 2e from line 1		3	12,397,04	<u>4.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	1				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b				<u>0 .</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,397,04	<u>4.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		nses per Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		Ţ		_
1	Total expenses and losses per audited financial statements		1	9,333,29	<u> 6 - </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	2c			
	Other (Describe in Part XIII.)				_
е	Add lines 2a through 2d				<u>0.</u>
3	Subtract line 2e from line 1		3	9,333,29	6.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		<u>0.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,333,29	6.
Pa	rt XIII Supplemental Information.				
Prov	ide 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 I	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.			
PAI	RT X, LINE 2:				
THE	E CHARTER SCHOOL IS A TAX-EXEMPT ORGANIZ	ATION UNDER	SECTION 50	1(C)(3) OF	
THE	E INTERNAL REVENUE CODE AND APPLICABLE S	TATE REGULAT	IONS AND,		
<u>ACC</u>	CORDINGLY, IS EXEMPT FROM FEDERAL AND ST	ATE TAXES ON	INCOME.		
_				_	
THE	E CHARTER SCHOOL FILES FORM 990 TAX RETU	RNS IN THE U	.S. FEDERA	L	
	TARTAMIAN MUR MAN REMURNA HAR MUR MURA	a =====	20 2242		

JURISDICTION. THE TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2018 THROUGH JUNE 30, 2021 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) 2020

Schedule D (Form 990) 2020	GLOBAL	COMMUNITY	CHARTER	SCHOOL	45-3217621	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	mation _{(con:}	tinued)				
	, , , ,	,				

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

Employer identification number

GLOBAL COMMUNITY CHARTER SCHOOL

45-3217621

art I		
		YES
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		
bylaws, other governing instrument, or in a resolution of its governing body?	1	X
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		
catalogues, and other written communications with the public dealing with student admissions, programs, and scholars	ships? 2	Х
Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet		
homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the		
homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the		
registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general		
community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х
THE ORGANIZATION PUBLICIZES ITS RACIALLY NONDISCRIMINATORY		
POLICY ON THE SCHOOL APPLICATION.		
FORICE ON THE SCHOOL APPRICATION:		
Does the organization maintain the following?	—	
Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х
• Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory bas		Х
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		
with student admissions, programs, and scholarships?	4c	Х
Copies of all material used by the organization or on its behalf to solicit contributions?		X
Does the organization discriminate by race in any way with respect to:		
Does the organization discriminate by race in any way with respect to:		
Students' rights or privileges?		
Students' rights or privileges? Admissions policies?	5b	
Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c	
A Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d	
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies?	5b 5c 5d 5e	
a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities?	5b 5c 5d 5e 5f	
A Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g	
A Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g	
Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g	
Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g	
Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	v
Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 5f 5g 5h 6a	x
a Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h 6a	X
a Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5b 5c 5d 5e 5f 5g 5h 6a	X
a Students' rights or privileges? 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? 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? b Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h 6a	X

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

Schedule E (Form 990 or 990-EZ) 2020

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GLOBAL COMMUNITY CHARTER SCHOOL

 $Employer\ identification\ number \\ 45-3217621$

Pa	art I Questions Regarding Compensation							
			Yes	No				
1 a	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							
2								
	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 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 Compensation survey or study							
	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							
7	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		х				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?							
c	c Participate in or receive payment from an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	in 155 to any or interest of the persons and provide the applicable amounts for each item in 1 art in.							
	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?							
	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:							
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			77				
_	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			v				
_	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							
	Regulations section 53.4958-6(c)?	9		<u> </u>				

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

Schedule J (Form 990) 2020

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.

(A) Name and Title		(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 in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) WILLIAM HOLMES	(i)	136,620.	3,500.	0.	3,488.	27,117.	170,725.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KRISTAN NORGROVE	(i)	143,919.	1,500.	0.	3,670.	13,955.	163,044.	0.
CHIEF ACADEMIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	1 1/5 200) 2000

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

Par	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 1	(d) Method of de noncash contribu	etermining	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications	X		33,887	• 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	Other • ()						
26	Other • ()						
27	Other • ()						
28	Other (
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		ll contribution, and	which isn't required to be	used for		١
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						١
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						X
32a	Does the organization hire or use third parties of		•			200	X
L	contributions? If "Yes," describe in Part II.					32a	+
33	If the organization didn't report an amount in co	olumn (a) far	r a type of property	for which column (a) is at	ackad		
33	describe in Part II.	Marrier (C) 101	a type of property	TOT WITHOUT COMMITTED (a) IS CI	concu,		
	describe in Part II.						

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

Schedule M (Form 990) 2020

032142 11-23-20

Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ 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 CULTURE, ACROSS DIFFERENCES IN LANGUAGE, 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 B, LINE 11B:

THE PREPARATION OF THE SCHOOL'S IRS FORM 990 WILL BE CONTRACTED OUT TO OUR THE CHIEF ACADEMIC OFFICER, INDEPENDENT ACCOUNTANTS. 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 AND APPROVAL. ANY CHANGES ARE COMMUNICATED TO THE INDEPENDENT ACCOUNTANTS 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, EITHER THE CHIEF OPERATING OFFICER OR CHIEF ACADEMIC OFFICER.

FORM 990, PART V, LINE 2A

GLOBAL COMMUNITY CHARTER SCHOOL	45-3217621
THE ORGANIZATION ISSUED THEIR 194 W2 FORMS UNDER THEIR PAY	ROLL AGENT'S
EIN (ADP EIN: 65-0161093).	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ARE REQUIRED TO EVALUATE AND DISCLOSE CONFLI	CTS OF INTEREST
ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CHIEF ACADEMIC OFFICER UTILIZES THE NON PROFIT COMPENS	ATION REPORTS
FOUND ON GUIDESTAR.COM AND THE DOE SALARY GUIDELINES IN OR	DER TO DETERMINE
COMPENSATION. THE BOARD DETERMINES THE SALARIES FOR THE C	HIEF ACADEMIC
OFFICER AND COO. THE BOARD REVIEWS AND APPROVES THE SALAR	IES 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.	