# EXTENSION GRANTED TO FEBRUARY 15, 2017

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

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For th	e 2015 calendar year, or tax year beginning $$ JUL $1$ , $$ $2015$ $$ and endi	ل ing	UN 30,	2016	
В	Check if applicab	e: C Name of organization		D Employ	yer identifi	cation number
	Addre	GENERAL DAVID B. BIRNEY CHARTER SCHOOL			45.0	0.054.00
Ļ	Name chang				45-2	887132
	Initiai return Final return	Number and street (or P.O. Dox it mail is not delivered to street address) Hoof	m/suite	E Telepho	one numbe (212	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code	-	G Gross rec	eipts\$	7,840,246.
	Amen	ded DUTTADETDUTA DA 101/1		H(a) Is this	a group re	eturn
	Application					? Yes X No
	pendi	SAME AS C ABOVE				ncluded? Yes No
1	Tax-ex	empt status: X 501(c)(3)	527			list. (see instructions)
		te: WWW.BIRNEYPREPACADEMY.ORG		H(c) Grou	p exemption	n number 🕨
K	Form o	forganization: X Corporation Trust Association Other	L Year o	of formation;	2011 <sub>M</sub>	State of legal domicile: PA
Р	art I					
6)	1	Briefly describe the organization's mission or most significant activities: TO PROV	VIDE	CHILI	REN W	ITH AN
Activities & Governance		EDUCATION.				
Ē	2	Check this box I if the organization discontinued its operations or disposed of	of more	than 25%	of its net as	ssets.
o.	3	Number of voting members of the governing body (Part VI, line 1a)		*************	3	5
Ü	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	5
55	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5	102
Ę	6	Total number of volunteers (estimate if necessary)				9
Ġ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.
4	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
				Prior Ye		Current Year
ψ	8	Contributions and grants (Part VIII, line 1h)	<u>L</u>		787.	1,183,839.
n La	9	Program service revenue (Part VIII, line 2g)		6,663	8,867.	6,656,407.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,277	,654.	7,840,246.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,340	,522.	4,359,278.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)	- 1000			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			,451.	3,360,982.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,619	,973.	7,720,260.
	19	Revenue less expenses, Subtract line 18 from line 12			,319.	119,986.
sets or			Beg	ginning of Cu		End of Year
Set	20	Total assets (Part X, line 16)			,255.	2,673,013.
Net Ass	21	Total liabilities (Part X, line 26)		16,752		
		Net assets or fund balances. Subtract line 21 from line 20	-	14,792	168.	-14,672,182.
		Signature Block				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and				/ knowledge and belief, it is
true	, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	nas any knov	vieage.	
		Signature of officer		I Da	fe	
Sig		[ * · · · ·				
He	re	KAREEM THOMAS, HEAD OF SCHOOL  Type or print name and title				
			III	ate	Check	PTIN
Da:	d	Print/Type preparer's name  DONALD J PIERCE CPA  Preparer's signature	ا ا		if	D00635740
Pai				Elec	self-employe m's EIN 🛌	23-1518888
	parer Only	Firm's name MAILLIE LLP Firm's address PO BOX 680		FIL	III 9 EIN	73 T3T0000
uat	Only	OAKS, PA 19456-0680		Dh	one no 16	10)935-1420
Ma	u tha II	RS discuss this return with the preparer shown above? (see instructions)		1.511	G10 110. / V.	X Yes No
ıvid	v uite li	30 disocios tino tetatti witi tile biebalei allowii abovet (see litatractiona)				100 100

	m 990 (2015) GENERAL DAVID B. BIRNEY CHARTER SCHOOL 45-2887132	Page 2
Pa	art 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: BIRNEY PREPARATORY ACADEMY BELIEVES THAT WORKING TOGETHER WITH PAR AND THE COMMUNITY STAKEHOLDERS CREATES AN IDEAL ENVIRONMENT IN WHI	
	STUDENTS HAVE THE OPPORTUNITY TO: STRIVE FOR ACADEMIC EXCELLENCE I	
	ALL CONTENT AREAS; EXPLORE A DIVERSE CURRICULUM; PREPARE TO SUCCEE	
2	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	es X No
_		s X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	s, and
	revenue, if any, for each program service reported.	409
4a		,407.
	OPERATE A CHARTER SCHOOL FOCUSING ON THE EDUCATIONAL NEEDS OF STUD	
	WHO ARE AT RISK OF FAILING IN A TRADITIONAL ENVIRONMENT. THE CHART	ER
	SCHOOL IS PART OF THE COMMONWEALTH OF PENNSYLVANIA PUBLIC SCHOOL	
	SYSTEM.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	}}
		<del></del>
4c	(Code:) (Expenses \$	)
	OIL COLOR OF THE COLOR OF	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 4,752,023.	000
532002		990 (2015)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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?			57
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			10000.070
	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		х
C	many the second of the second			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	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		_X_
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?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		-23
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			47
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	امدا		X
40	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	complete Schedule G, Part III	19		х
	Complicite Consecute Cif Fatch		990	(2015)

1			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			\ <sub>37</sub>
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		7.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ROBINE	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	10000		v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<del>  ^</del>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<b> </b> -	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del>                                     </del>	<del> </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M	30		<del>  ~~</del>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
	If "Yes," complete Schedule N, Part I	131	-	<del> </del>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	F-		-
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		<del> </del>
34	<del>-</del>	34		Х
0.5	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
a	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		<u> </u>	T
36	If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<b> </b>	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
<b>50</b>	Note. All Form 990 filers are required to complete Schedule O	38	Х	L
	MOGNATI OTH GOS HOLD BY TO FORDING TO COMPLETE CONTROL OF THE CONT			(2015)

Form	990 (2015) GENERAL DAVID B. BIRNEY CHARTER SCHOOL 45-2887	<u>132</u>	P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			LJ
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	100000		
	(gambling) winnings to prize winners?	10		
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 102			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Single Single	40.00	
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 in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).	HAR		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	'		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	Ville		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	ļ
9	Sponsoring organizations maintaining donor advised funds.			PART :
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		MARK	Villa
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Jane Sore	
	Note. See the instructions for additional information the organization must report on Schedule O.			I Was
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			
	Enter the amount of reserves on hand	1496		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  $\mathbf{X}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 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 in Schedule O. 5 b Enter the number of voting members included in 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 X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a 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? 10b X 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. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization 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 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE 17 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 (or 1024 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. X Upon request Other (explain in Schedule O) \_\_\_\_ Another's website Own website 19 Describe in 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: SANTILLI & THOMSON - 856.505.1300 601 ROUTE 73 NORTH, SUITE 302, MARLTON, NJ 08053 Form 990 (2015)

532006 12-16-15

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GENERAL DAVID B. BIRNEY CHARTER SCHOOL

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

Employees, and independent Commercial	
Check if Schedule O contains a response or note to any line in this Part VII	L

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

  • List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization n	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated amount of				
	hours per week	box.	box, unless person is both a officer and a director/truste		h an	compensation from	compensation from related	amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANITA VEGA-KAISER	2.00								_	
VICE PRESIDENT		X		Х				0.	0.	0.
(2) BARBARA SAUNDERS	2.00									_
TREASURER/SECRETARY		Х	<u> </u>	X		<u></u>	L	0.	0.	0.
(3) LISA JOHNSON	2.00								_	
PRESIDENT		Х		Х			L	0.	0.	0.
(4) JANE MCANDREW	2.00								0.	_
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
(5) ANA CHRISTINA MELHORER	2.00	l				İ			_	_
BOARD MEMBER		Х		<u> </u>	_	<u> </u>		0.	0.	0.
		L		<u>.</u>						
1.0	***									
								<u> </u>		
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532007 12-16-15

Form 990 (2015)

107,071.

Form 990 (2015)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees	, and	3 Hi	ghes	st C	Compensated Employe	es (continued)				
(A)	(B) (C)							(D)	(E)		(F)		
Name and title	Average	fala :	Position (do not check more than one					Reportable	Reportable		Estima	ated	
,	hours per	box,	unle	ss per	son l	is both	an an	compensation	compensation		amoui		
	week	⊢ -	er an	dadi	recto	r/trus	tee)	from	from related		oth		
	(list any	rector						the	organizations		compen		
	hours for related	or di	98			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		organiz		
	organizations	eatsn.	trust		88	ngdu		(44.57 1099-141100)			and re		
	below	ual ta	tiona		nploy	st cor iyee	. 12			1	organiz		
	line)	Individual trustee or director	institutional trustee	Officer	көу етріоуее	Highest compensated employee	Pormi						
					_								
	<u> </u>												
	-		┢										
			-										
			Г										
1b Sub-total							<b></b>	0.		0.		0.	
c Total from continuation sheets to Part V	II, Section A						<b></b>	0.		0.		0.	
d Total (add lines 1b and 1c)							>	0.		0.		0.	
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wl	10 f	eceived more than \$100	0,000 of reportabl	e		_	
compensation from the organization												0	
											Ye	s No	
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	ey en	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s										]	3	X	
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	anc	d ot	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e Ji	for such individual		]	4	X	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion	from	any	y uni	elai	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch,	pers	son					5	X	
Section B. Independent Contractors													
Complete this table for your five highest co	ompensated in	depe	ende	ent d	ont	racto	ors i	that received more than	\$100,000 of com	pensa	ation fron	า	
the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or w	<u>ithi</u>	n the organization's tax	year.				
(A)								(B)		_	(C)	a:	
Name and business								Description of			ompensa	TION	
LINTON'S MANAGED SERVICE	s, 4 sei	NTI	RY					FOOD SERVICE	i		260	0.50	
PARKWAY EAST SUITE 100,	BLUE BE	<u> </u>	,	PA				MANAGEMENT			<b>368</b> ,	058.	
PEDIATRIC THERAPEUTIC SE	RVICES										4 4 111	F C A	
525 FAYETTE ST, CONSHOHO					В			THERAPEUTIC	SERVICES		14/,	569.	
SANTILLI & THOMSON, LLC,				73							400	<b>54 5</b>	
NORTH SUITE 302, MARLTON	, NJ 08	05:	3					EDUCATION SE	RVICES		139,	715.	
OFFICE BASICS			ر مر								100	007	
AT COMMEN STRUCT BOOMING	יו מכו זא	ዓ በ በ	ห์ <b>1</b>					PROVIDE SUPE	ZLIKS I		TOR'	907.	

532008 12-16-15

113 S. 21ST STREET, PHILADELPHIA, PA 19103 LEGAL SERVICES

2 Total number of independent contractors (including but not limited to those listed above) who received more than

SAND & SAIDEL, PC

\$100,000 of compensation from the organization

45-2887132 GENERAL DAVID B. BIRNEY CHARTER SCHOOL Page 9 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1a 1 a Federated campaigns 1b b Membership dues c Fundraising events 1c d Related organizations 1d 1e 1,157,813. e Government grants (contributions) f All other contributions, gifts, grants, and 26,026. similar amounts not included above g Noncash contributions included in lines 1a-1f; \$ 183,839 Total. Add lines 1a-1f ..... Business Code 6,652,193.6,652,193 611600 2a PUPIL REVENUE Program Service Revenue b MISC. REVEMUE 611710 4,214. 4,214 d f All other program service revenue 6,656,407 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) ...... d Net rental income or (loss) . (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less; cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses \_\_\_\_\_ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold \_\_\_\_\_ c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a

7,840,246.6,656,407

0.

Form 990 (2015)

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2015) GENERAL DAVID
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-		this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees				
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,278,990.	2,586,637.	692,353.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	352,675.	277,676.	74,999.	
9	Other employee benefits	400,651.	345,968.	54,683.	
10	Payroll taxes	326,962.	263,912.	63,050.	
11	Fees for services (non-employees):				
· ·	Management	1,125,916.	224,126.	901,790.	
	Legal	191,903.		191,903.	
c	Accounting	17,640.		17,640.	
d	Lobbying				
е	Professional fundraising services, See Part IV, line 17				
f	Investment management fees				
g			-		
•	column (A) amount, list line 11g expenses on Sch O.)	536,360.	418,489.	117,871.	
12	Advertising and promotion	4,304.		4,304.	
13	Office expenses	45,161.		45,161.	
14	Information technology	39,003.	19,238.	19,765.	
15	Royalties				
16	Occupancy	318,257.		318,257.	
17	Travel	9,820.		9,820.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	292,405.	292,405.	04 04 0	
23	Insurance	91,013.		91,013.	Ngong, sikogawan 600 kg meneng ang merengg
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule C.)				
а	SUPPLIES	325,480.	249,374.	76,106.	
b	REPAIRS AND MAINTENANCE	138,225.		138,225.	
c	OTHER EXPENSES	136,797.		136,797.	
d	TUITION REIMBURSEMENT	37,811.	34,311.	3,500.	
e		50,887.	39,887.	11,000.	
25	Total functional expenses. Add lines 1 through 24e	7,720,260.	4,752,023.	2,968,237.	0
26	Joint costs. Complete this line only if the organization		····		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
				• • • • • • • • • • • • • • • • • • • •	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			531,462.	1	654,265.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	99,478.	4	380,342.		
	5	Loans and other receivables from current and for					
	-	trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif				W. 194	
	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of secti					
g		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				30,191.	9	52,134.
	10a	Land buildings and equipment; cost or other	1				
		basis, Complete Part VI of Schedule D	10a	1,612,996.			
	ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,149,269.	536,124.	10c	463,727.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	l1			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			763,000.	15	1,122,545.
	16	Total assets. Add lines 1 through 15 (must equa	d line 34	)	1,960,255.	16	2,673,013.
	17	Accounts payable and accrued expenses			156,234.	17	628,155.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	garatzakan kangan katalaran katalar
9	22	Loans and other payables to current and former					
		key employees, highest compensated employee				00	
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				24	
	24	Unsecured notes and loans payable to unrelated				- 24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
		•	17-24).	Complete Fart A or	16,596,189.	25	16,717,040.
	00	Schedule D  Total liabilities. Add lines 17 through 25		***************************************	16,752,423.	26	17,345,195.
	26	Organizations that follow SFAS 117 (ASC 958)	), check	here X and			
us		complete lines 27 through 29, and lines 33 and					
92	27	Unrestricted net assets			-14,792,168.	27	-14,672,182.
alar	28	Temporarily restricted net assets		28			
EG F	29	Permanently restricted net assets		29			
Ě		Organizations that do not follow SFAS 117 (As		STATE OF			
ᇫ		and complete lines 30 through 34.		ŽW.			
ş	30	Capital stock or trust principal, or current funds			30		
SSS	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	4 ( 6   6   6   6
ž	33	Total net assets or fund balances			-14,792,168. 1,960,255.	33	-14,672,182. 2,673,013.
_ a		Total liabilities and net assets/fund balances				34	

Form	990 (2015) GENERAL DAVID B. BIRNEY CHARTER SCHOOL	45-1	2887132	Page 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	·····		
			7 04/	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		),246.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,260.
3	Revenue less expenses. Subtract line 2 from line 1	3		9,986.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-14,792	4,108.
5	Net unrealized gains (losses) on investments	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 in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		11 (1)	100
	column (B))	10	-14,672	4,104.
Pa	t XII Financial Statements and Reporting			X
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		Yes No
			10000000	165 110
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.		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	A
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			X
b	Were the organization's financial statements audited by an independent accountant?		2b	A
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		Messi Palisi
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1988	X
	review, or compilation of its financial statements and selection of an independent accountant?		2c	A Garas
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	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 Si	ngle Auc		X
	Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ilred aud	iit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000 6045
			Form	<b>990</b> (2015)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internat Revenue Service

Name of the organization

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

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

		GENE	RAL DAVID	B. BIRNEY C	HARTER	SCHO	OL	4	5-2887132
Ρέ	rt I	Reason for Public 0							
Cha	ordan	ization is not a private found							
1	Cigan	A church, convention of ch							
	X						· W. · W. V.		
2		A school described in secti					::1		
3	$\vdash$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
4	Ш	A medical research organiz	ation operated in cor	njunction with a hospi	ital describe	a in sectio	n 170(a)( i)(A)	(iii). Enter	the nospital's name,
	_	city, and state:							
5	Ш	An organization operated for	or the benefit of a col	llege or university ow	ned or opera	ted by a g	overnmental u	nit describ	oed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described	in section 1	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its suppo	rt from a gov	/emmental	unit or from the	ne general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe		1)(A)(vi), (Complete F	art II.)				
9		An organization that norma				contributi	ons. members	hip fees, a	and gross receipts from
J		activities related to its exen							
		income and unrelated busin	ipi idisololis dabjei	lians continue 511 tax	from busine	seese seat	ired by the or	nanization	after June 30, 1975.
				(less section of rax)	nom basine	saca aoqu	inco by the or	gamaanon	4,10, 04,10 00, 10, 0.
		See section 509(a)(2). (Cor			andahi Can	naation El	20(=)(4)		
10	버	An organization organized a						مطافيات مستدر	numerous of one or
11		An organization organized a	and operated exclusi	vely for the benefit of	, to perform	the function	ons of, or to ca	ery out me	e purposes or one or
		more publicly supported or							Dueck the pox at
	_	lines 11a through 11d that							
a	ı L.	Type I. A supporting orga							
		the supported organization	on(s) the power to re	gularly appoint or elec	ct a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	omplete Part IV, Se	ctions A and B.					
b	, 🗀	Type II. A supporting org	anization supervised	or controlled in conn	ection with i	ts support	ed organizatio	n(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the	e same pers	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus							
	, [	☐ Type III functionally inte			ed in connec	tion with,	and functional	lly integrat	ed with,
Ì		its supported organization						- "	
		Type III non-functionally	rintegrated Asum	orting organization or	nerated in co	nnection v	with its suppor	rted organi	ization(s)
٠		that is not functionally int	rarated The arganiz	ration generally must	eatiefy a dist	tribution re	quirement and	d an attent	iveness
		requirement (see instruct						a day data	
								II Tupe III	
e	,	Check this box if the orga					a type i, type	ii, type iii	
		functionally integrated, or		nally integrated supp	orting organi	zation.			
1		er the number of supported o	_						
		vide the following information			- Wist to the c	organization	(v) Amount of	monotani	(vi) Amount of
	(	i) Name of supported	(ii) EIN	(iii) Type of organizatio (described on lines 1-9	1 11 - 4 1	in your	support		other support (see
		organization		above (see instructions	)) governing	document?	instructi	-	instructions)
					Yes	No			
_		······································							
			***				<del>                                     </del>		
							1		
						<del>                                     </del>	<del></del>		
							1		
					17 E 1 2 TAN 18 A HARAN	1 August 450 A554 75			
Tot	al		I wite a track to the Ballier and the Ballier a						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015 GENERAL DAVID B. BIRNEY CHARTER SCHOOL 45-2887132 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support (e) 2015 (f) Total (d) 2014 (a) 2011 (b) 2012 (c) 2013 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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. Section B. Total Support (e) 2015 (f) Total (d) 2014 Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 7 Amounts from line 4 8 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.)	*	y tota ok sa obkoli da konancia	avelinama teta penedik 1899			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. —
	organization, check this box and stor						▶└─
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<u>,                                      </u>	
14	Public support percentage for 2015 (	line 6, column (f) d	ivided by line 11, o	olumn (f))		14	9/
	Public support percentage from 2014					15	9,
16	a 33 1/3% support test - 2015. If the c stop here. The organization qualifies	organization did no as a publicly supp	ot check the box o ported organization	n line 13, and line	14 is 33 1/3% or n		▶□□
	b 33 1/3% support test - 2014. If the o and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶└┈
	a 10% -facts-and-circumstances tes and if the organization meets the "fact meets the "facts-and-circumstances" b 10% -facts-and-circumstances tes	ts-and-circumstar test, The organiza	ices" test, check t ation qualifies as a	his box and <b>stop h</b> publicly supporte	nere. Explain in Pa d organization	rt VI how the organi	ization ▶□

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2015 Schedule A (Form 990 or 990-EZ) 2015 GENERAL DAVID B. BIRNEY CHARTER SCHOOL 45-2887132 Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
	ndar year (or fiscal year beginning in) 📂	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					-	
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			_			<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5				-	1	
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		1				
	amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, th	nird, fourth, or fifth	tax year as a sect	ion 501(c)(3) organi	zation,
	check this box and stop here						<u></u>
Se	ction C. Computation of Pub	lic Support Po	ercentage				
15	Public support percentage for 2015 (	(line 8, column (f)	divided by line 13	, column (f))			%
16	Public support percentage from 2014	4 Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Inve	stment Incon	ne Percentag				
17							%
18	Investment income percentage from	2014 Schedule A	, Part III, line 17			18	%
19:	33 1/3% support tests - 2015. If the	e organization did	not check the bo	x on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and stop here. Th	e organization qu	alifies as a publicly	/ supported organ	ization	▶∟
ı	33 1/3% support tests - 2014. If the	e organization did	not check a box	on line 14 or line 19	9a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and	<b>stop here.</b> The or	ganization qualifies	s as a publicly sup	ported organization	¹
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	0 000 571 0045
5320	23 09-23-15				Sc	hedule A (Form 99	u or 990-EZ) 2015

# Part IV Supporting Organizations

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

	and b, it you distorted the of the good place Cookies while the good place			
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations	1	Van	No
			Yes	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing		SEAME Juliana	
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	Mindre State	74,761,73	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	ANGERES	9995149	400000
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	- A Containing	VANCE:	44.439
	organization was described in section 509(a)(1) or (2).	2	lite ins	.000.000
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	Windlife .		
	(b) and (c) below.	3a	1V-1-1	NOVENDE
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	455	NAME.	Leve
	organization made the determination.	3b	11 11 11 11 11 11 11 11 11 11 11 11 11	No. of the
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			1947
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
h	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			VIII.
	despite being controlled or supervised by or in connection with its supported organizations.	4b_		
	Did the organization support any foreign supported organization that does not have an IRS determination			32.0
٠	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.	4c		
E	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	NAME:	100000 1000000	
อล	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
		5a	Mara s	
	was accomplished (such as by amendment to the organizing document).	HE SHA	SEAS	NAME:
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b	4.5	* ****
	designated in the organization's organizing document?	5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	uyianiniyi.	423133	0000
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	1990-000	900,000	65,635.
	Part VI.	6	197935	593940
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		Minary)	4900
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7 (avalatis)	552150	Vene
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	Accept the		3800
	If "Yes," complete Part I of Schedule I. (Form 990 or 990-EZ).	8	1051W.Fr	250512
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	VIVIII)		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	HEAVER A	\$\$\$\$\$	29,000
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	NSS 54 S 244	2000000
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			1000
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	15.155174.50	100000
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	KS NO.	acig	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		<u> </u>
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		Minis	
	determine whether the arranization had excess husiness holdings	10b		

determine whether the organization had excess business holdings.)

	nedule A (Form 990 or 990-EZ) 2015 GENERAL DAVID B. BIRNEY CHARTER SCHOOL 45-2	88713	32 P	age 5
1.00	art IV Supporting Organizations (continued)		T.	1
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
;	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	V039487		
	below, the governing body of a supported organization?	11a	A Agradas	SHEET
i	A family member of a person described in (a) above?	11b	$\vdash$	<del>                                     </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	1-	<del> </del>
Se	ction B. Type I Supporting Organizations		· <b>L</b>	•
	DIAM IN A STATE OF THE STATE OF		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			Migra
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		- States	16846
2	Did the organization operate for the benefit of any supported organization other than the supported	1	-345586	i de la composición dela composición de la composición dela composición de la compos
	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	140/2004	grafite on the
Sec	ction C. Type II Supporting Organizations			I
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			4 E E
	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	ction D. All Type III Supporting Organizations			
4		i manasanan	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	And the	415407
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	20000	1778865
3	By reason of the relationship described in (2), did the organization's supported organizations have a	14 Y 19 19 19 19 19 19 19 19 19 19 19 19 19	HAR	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
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.			
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instactivities Test. Answer (a) and (b) below.	tructions) I		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1885 (C) 374.118	Yes	No
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	10400094),	3519500
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		(84.4E)	88859É
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	Year and		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		101111111111111111111111111111111111111
3	Parent of Supported Organizations. Answer (a) and (b) below.		\$\$\$\$\$.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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		
532025	09-23-15 Schedule A (Form 9	190 or 900	1-F7\	2015

Sche	edule A (Form 990 or 990-EZ) 2015 GENERAL DAVID B. BIRNEY	CHA	ARTER SCHOOL 4	5-2887132 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov. 20, 1970. See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	, ,	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	100		
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015 GENERAL DAVID B. BIRNEY CHARTER SCHOOL 45-2887132 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 1 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D, a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2016, Add lines 3j and 4c. 8 Breakdown of line 7: c Excess from 2013

Schedule A (Form 990 or 990-EZ) 2015

d Excess from 2014e Excess from 2015

Part VI	Cupalana antal	Z) 2015 GEM	ERAL DAV.	TD B. BI	RNEY CHAI	CTER SCHOOL	45-2887132 Page 8
asar svi	Part IV, Section A, line 1; Part IV, Sec Section D. lines 5.	I Information , lines 1, 2, 3b, 3 stion D, lines 2 a 6. and 8: and F	<b>n.</b> Provide the ex 3c, 4b, 4c, 5a, 6, and 3; Part IV, Se Part V. Section F	oplanations request on the second section E, lines 1 control of the second section E, lines 2 5 and 1 december 2 5 and 1 decemb	uired by Part II, lir , 11b, and 11c; P. , 2a, 2b, 3a and 3	ne 10; Part II, line 17a art IV, Section B, line Bb; Part V, line 1; Part	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V, tional information.
	(See instructions.)		art 1, Goodsii E,		- Also Complete	inis part for any addi	tional information.
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# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

45 2007122

	SENERAL DAVID B. BIRNEY CHARTER SCHOOL	45-400/134					
Organization type (check one):							
Filers of: Section:							
Form 990 or 990-EZ							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule.						
Note. Only a section 501(	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of the section 501(c)(3) filing Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amoun Z, line 1. Complete Parts I and II.	or 16b, and that received from					
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contributior is checked, enter purpose. Do not o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule B n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 2 Name of organization Employer identification number GENERAL DAVID B. BIRNEY CHARTER SCHOOL 45-2887132 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 AMERICAN PARADIGM SCHOOLS Person Payroll 200 S. BROAD STREET SUITE 1120 25,000

			(Complete Part II for
	PHILADELPHIA, PA 19124	<del></del>	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

523452 10-26-15

Employer identification number

## GENERAL DAVID B. BIRNEY CHARTER SCHOOL

45-2887132

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	2007.202
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		     \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		  \$	
23453 10-26-1	5	Schedule R (Form 9	990, 990-EZ, or 990-PF\ (2015)

ne of orga			Employer identification number
NERAI art III	L DAVID B. BIRNEY CHA  Exclusively religious, charitable, etc., co the year from any one contributor. Complet completing Part III, enter the total of exclusively religi Use duplicate copies of Part III if addition	ntributions to organizations describe e columns (a) through (e) and the folk ous, charitable, etc., contributions of \$1,000 c	45-2887132  In section 501(c)(/), (8), or (10) that total more than \$1,000 wing line entry. For organizations at less for the year. (Enterthis info. once.)  \$\\$\\$\$
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gi	ft -
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—   -			
-		(e) Transfer of git	t
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
-			
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	
om	(b) Purpose of gift  Transferee's name, address, a	(e) Transfer of gif	
nrt I		(e) Transfer of gif	
om nrt I	Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee
om	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee  (d) Description of how gift is held
No. om art I	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee  (d) Description of how gift is held

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GENERAL DAVID B. BIRNEY CHARTER SCHOOL

Employer identification number 45-2887132

Pá	ort I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		•••
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed 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 u	ised only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	janization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histor	ically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes th	e organization's accounting for
Da	conservation easements.    Constitution of the	Ast Historical Transcriptor	
1 4	Complete if the organization answered "Yes" on Form		ier Similar Assets.
- 10			
18	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		e of public service, provide, in Part XIII,
<b>L</b>	the text of the footnote to its financial statements that describ		
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		<b>.</b>
	(i) Revenue included on Form 990, Part VIII, line 1		🟲 💲
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		ain, provide
_	the following amounts required to be reported under SFAS 11		<b>.</b> .
a	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
∟⊓∧ 532051	For Paperwork Reduction Act Notice, see the Instructions	ioi Form 990.	Schedule D (Form 990) 2015

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Pε	art III   Organizations Maintaining	Collections of A	\rt, Histo	rical Tr	easures	, or Oth	er Simil	lar Asse	ets(cont	inued)	)	
3	Using the organization's acquisition, acces	sion, and other reco	rds, check a	ny of the	following t	hat are a s	ignificant	use of its	collection	on iter	ทร	
	(check all that apply):											
а	Public exhibition											
b	Scholarly research		e 🗌 Oti	ner		_						
C	Preservation for future generations											
4	Provide a description of the organization's	collections and expla	in how they	further t	he organiza	ation's exe	mpt purp	ose in Par	t XIII.			
5	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or											
	reported an amount on Form 990, P	art X, line 21.						, ,	<b>,</b> -			
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included											
	on Form 990, Part X?											
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:											
	· · · · · · · · · · · · · · · · · · ·											
C	Beginning balance						1c		Amoun			
d	Additions during the year	Beginning balance 1c Additions during the year 1d										
е	Distributions during the year 1e											
f	Ending balance	Ending balance 1f									~	
2a	Did the organization include an amount on I	Form 990, Part X, line	e 21, for esc	row or cu	stodial acc	ount liabil	ity?		Yes		No	
<u>b</u>	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.												
	(a) Current year (b) Prior year (c) Two years back (d) Three years t									r years	back	
1a	Beginning of year balance											
b												
C												
d	Grants or scholarships											
	Other expenditures for facilities						******					
	and programs			Ì								
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, c	olumn (a)	)) held as:	-1-		***************************************				
а	Board designated or quasi-endowment		%	``								
b	Permanent endowment	%	_									
C	Temporarily restricted endowment	%										
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e held an	ıd administ	ered for th	e organiz	ation				
	by:	_					•		ſ	Yes	No	
	(i) unrelated organizations								3a(i)			
	(ii) related organizations						***************************************		3a(ii)			
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sche	dule R?				***************	3b			
4	Describe in Part XIII the intended uses of the	organization's endo	wment fund	is.			************		1			
Par	t VI Land, Buildings, and Equipn	nent.										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, lin	e 11a. Se	ee Form 99	0, Part X, I	ine 10.					
	Description of property	(a) Cost or o		b) Cost o			cumulate	d I	(d) Bool	c valu	<del></del>	
		basis (investn		basis (other)		depreciation			(4) 2001 74140			
1a	Land											
	Buildings											
c	Leasehold improvements			328	3,491.	2	15,49	1.	113	3,0	00.	
	Equipment				393.		16,63			7.		
	Other				3,112.		17,14			9, 9		
	. Add lines 1a through 1e. (Column (d) must e									3.7		

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### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

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

Inspection Employer identification number

Name of the organization GENERAL DAVID B. BIRNEY CHARTER SCHOOL

45-2887132

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	2,9434.6		HO V
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	Name of the second		
	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.	AND A		
	If you need more space, use Part II	3	X	
	CHARTER SCHOOL LAW PROHIBITS DISCRIMINATION. THE			
	ORGANIZATION PUBLICIZED ITS POLICY THROUGH NEWSPAPER			
	ADVERTISEMENT.			
			MORE	
4	Does the organization maintain the following?	10000		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	<u> </u>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			İ
	admissions, programs, and scholarships?	4c	X	
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		Х
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	THE SCHOOL DOES NOT SOLICIT CONTRIBUTIONS			
			Markari Masari	
	<del></del>			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		X
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	Sign		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	
HA.	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 99	0 or 99	0-EZ)	2015

Schedule E (Form 990 or 990 EZ) (2015) GENERAL DAVID B. BIRNEY CHARTER SCHOOL 45-2887132 Page 2  Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also provide any other additional information.
SCHEDULE E LINE 6A
THE CHARTER RECEIVES FEDERAL AND STATE GRANT MONEY FOR THE IDEA, TITLE
I, TITLE II, AND NATIONAL SCHOOL LUNCH PROGRAM.

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

Name of the organization

GENERAL DAVID B. BIRNEY CHARTER SCHOOL

Employer identification number 45-2887132

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
A GLOBAL ENVIRONMENT; PROVIDE SERVICE TO A GROWING COMMUNITY; FOSTER
POSITIVE HEALTHY ADULT AND CHILD RELATIONSHIPS; PARTICIPATE IN
CHARACTER EDUCATION AND DEVELOP A RESPECT FOR OTHERS THROUGH EXEMPLARY
MENTORSHIP; EXPERIENCE COOPERATIVE EDUCATIONAL COMMUNITIES IN ALL
CONTENT AREAS FROM FINE ARTS TO TECHNOLOGY; AND DEVELOP STUDENTS INTO
LIFELONG LEARNERS.
FORM 990, PART VI, SECTION B, LINE 11:
THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO BEING FILED TO
ENSURE THAT ALL INFORMATION INCLUDED ON THE RETURN IS ACCURATE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD REVIEWS CONFLICTS ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD DETERMINES COMPENSATION FOR THE CEO AND OTHER EMPLOYEES USING
COMPARABLE DATA FROM OTHER CHARTER SCHOOLS AND THE SCHOOL DISTRICT OF
PHILADELPHIA. THE COMPENSATIONS ARE APPROVED AND RECORDED IN THE MINUTES.
FORM 990, PART VI, SECTION C, LINE 19:
- AVAILABLE UPON REQUEST
FORM 990, PART XII, LINE 2C
- THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY OF REVIEWEING THE
FINANCIAL STATEMENTS TO ENSURE THAT THE INCLUDED INFORMATION AND

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

Schedule O (Form 990 or 990-EZ) (2015)

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<u> </u>			GENERAL		В. Е	BIRNEY	CHA	RTER	SCHOOL		45-2887132
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