Form 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

2017 2017 Open to Public Inspection

953

A	For the	9 2017 c	alendar year, or tax year beginning $07/01/17$ , and ending $06/30/1$	.8		
В	Check if an		C Name of organization		D Employe	r Identification number
$\tilde{\Box}$	Address ch		NEW DESIGNS CHARTER SCHOOL		171-	0940292
H		•	Doing business as	~_~	(**=*	**0292
Ш	Name char	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephor	
П	tritial return	m	2303 S. FIGUEROA WAY			765-9084
H	Final return		City or town, state or province, country, and ZIP or foreign postal code			
ᆜ	terminated	1	LOS ANGELES CA 90047		G Gross rec	melpts: 19,131,601
	Amended r	return	F Name and address of principal officer:	T	G Gross rec	жирья — —
$\bar{\Box}$	Application	n nondina		H(a) Is this a gr	oup return for s	subordinates? Yes X No
Ш	Ahrenn	, bereated	PAUL OKAITEYE, CEO			
			2303 S. FIGUEROA WAY	H(b) Are all sui		
			LOS ANGELES CA 90047	7 "No	," attach a list	(see instructions)
1	Tex-exem	npt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527 ( )-	₽		
J	Website:	▶ N	EWDESIGNSCHARTER. COM	H(c) Group ex	emption numb	er <b>&gt;</b>
ĸ	Form of or	rganization:	X Corporation Trust Association Other	2		M State of legal domicite: CA
	art I	·//	mmary Association   Other   RECEIVE	U		
****			scribe the emanization's mission or most clanificant activities:			
_	1		ATIONAL MAY (2) 20	19 0		
2	) .			13. 12		
ē				<u></u>		
Governance		·····	s box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	JT		
Ó	2 C	Check thi	s box ▶ if the organization discontinued its operations or disposed of more-than 25	% <u>.of_its_ne</u> t as	sets.	1 -
9	3 N	dumber o	of voting members of the governing body (Part VI, line 1a)		3	6
8	4 N	lumber d	f independent voting members of the governing body (Part VI, line 1b)		4	6
롲	ST	Total num	iber of individuals employed in calendar year 2017 (Part V, line 2a)	••••	5	178
Activities			ther of volunteers (estimate if necessary)		6	0
⋖	1		elated business revenue from Part VIII, column (C), line 12	• • • • • • •	7a	0
					7b	0
_	- BN	<u>vet unter</u>	ated business taxable income from Form 990-T, line 34	Prior Ye		Current Year
	ء ۾	`ontributi	ons and grants (Part VIII, line 1h)	18,09		19,131,601
9	1			10,00	0,001	0
Revenue		_	service revenue (Part VIII, line 2g)			
é			nt income (Part VIII, column (A), lines 3, 4, and 7d)			
_	11 0	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			10 101
_	12 T	otal reve	nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,09	8,334	19,131,601
	13 G	Grants ar	d similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 B	denefits p	aid to or for members (Part IX, column (A), line 4)			0
ø	15 S	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,26	0,196	8,589,774
penses	16aP		nal fundraising fees (Part IX, column (A), line 11e)			0
ě	ЬТ		Iralsing expenses (Part IX, column (D), line 25) ▶ 0			
W			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	9 12	8,761	8,608,888
	1 7	Catal ave	Proce Add Bos 43 47 (must equal Det IV column (A) line 05)	17,38		17,198,662
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			
	19 R	<u>cevenue</u>	less expenses. Subtract line 18 from line 12	Beginning of Cu	9,377	1,932,939 End of Year
Net Assets or	<b>3</b> ~ -	'atal car	hts (Best V. lies 16)	12,58		14,752,459
98	20 T		ets (Part X, line 16)			
# E	21 T		lities (Part X, line 26)		7,225	
			s of fund balances. Subtract line 21 from line 20	6,07	3,001	8,005,940
***	att II	Sig	inature Block			
			erizzy, I declare that I have examined this return, including accompanying schedules and statemen			nowledge and belief, it is
_ tn	ue, correc	ct, and co	mplete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowlede	ge	1 1-
			o Migsten		5	5/14/19
Sig	ın İ	Si	gnature of officer		Date	
He			PAUL OKAITEYE, CEO CEO			
•	- 1	7	pe or print name and title	-		
_	+	Print/Type	pipparer's name Preparer signature	Date	Check	VIII PTIN
Pai		lel	Free Hill CAA Jam Clos CPA		1	<b>(20</b> 11)
	2200 F				/19 self-en	
	Only	Firm's nam			Furn's EIN 🕨 🕻	25-4523480
USE	, Unity	Ū				
_		Firm's add			Phone no	310-749-1014
_			s this return with the preparer shown above? (see instructions)	<u></u>		Yes XNo
For DAA	Paperwo	ork Redu	ction Act Notice, see the separate instructions.			Form 990 (2017)

		DESIGNS	CHARTER S	CHOOL	**-**	292	Page 2
			am Service Acc				
	Check	if Schedule C	<u>) contains a resp</u>	onse or note to	any line in this Part	<u> </u>	<u></u>
1_	Briefly describe the	organization's r	nission:				
E	DUCATIONAL	<u>.</u> <i></i>		.,			
	• • • • • • • • • • • • • • • • • • • •						
	• • • • • • • • • • • • • • • • • • • •						
			<u> </u>				
2			significant program s	services during the ye	ear which were not listed	on the	
	prior Form 990 or 9						Yes X No
	If "Yes," describe ti						
3		n cease conduct	ing, or make significa	int changes in how it	conducts, any program		
	services?						Yes X No
	If "Yes," describe the						
4	Describe the organ	ization's progran	n service accomplish	ments for each of its	three largest program se	ervices, as measured by	
					ort the amount of grants (	and allocations to others,	
	the total expenses,	and revenue, if	any, for each progran	n service reported.			
T E A	HE SCHOOL HROUGH TWE XIST. THE ND COLLEGE	LVE, GIVE GRADUATES THAT	TO EDUCATION THEM HE STUDEN	OPE IN A 1 ITS WERE AL OT DREAM OF	MATELY 900 C NEIGHBORHOOD BLE TO GO ON F GOING TOO.		OES NOT NIVERSITIES
	• • • • • • • • • • • • • • • • • • • •						
	• • • • • • • • • • • • • • • • • • • •						
	•						
	• • • • • • • • • • • • • • • • • • • •			,			
			· <u> · · · · · · · · · · · · · · · · ·</u>				
4b	(Code:)	(Expenses \$		including grants	of \$	) (Revenue \$	)
	• • • • • • • • • • • • • • • • • • • •						
	•						
	• • • • • • • • • • • • • • • • • • • •				,		
	• • • • • • • • • • • • • • • • • • • •						
	•						
	•						
	<del></del>		<del></del>			\ /D=======	
4c	(Code: )	(Expenses \$		including grants	or \$	) (Revenue \$	
	• • • • • • • • • • • • • • • • • • • •						
	• • • • • • • • • • • • • • • • • • • •						
	• • • • • • • • • • • • • • • • • • • •						
	• • • • • • • • • • • • • • • • • • • •						
	• • • • • • • • • • • • • • • • • • • •						
_			<u> </u>				
4d	Other program serv	nces (Describe ir		to of C	\ <b>/</b> 2	. <u>.</u> e	•
	(Expenses \$	00 0000000	including gran 14,208		) (Revenu	<u> </u>	
	Total program servi	Ce exhauses	140,200	, 041	<del></del>	<del></del>	Form 990 (2017)
ΔΔ							LOW AAA MILL)

# Form 990 (2017) NEW DESIGNS CHARTER SCHOOL Part IV Checklist of Required Schedules

700	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1.00	
	complete Schedule A	1	X	L.
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	l		ĺ
	*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	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1	1	İ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes,"			
	complete Schedule D, Part VI	11a	x	l
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	116		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
ø	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
•	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	115	]	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	x	i
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12e, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
142	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146	1 1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	- <u>``</u>	$\Box$	
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>'''</del>	$\vdash \vdash$	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<del>                                     </del>	$\vdash \dashv$	
19	If "Yes," complete Schedule G, Part III	19		X
	" 1991 Samplete Gerigating G. F. att III		m 990	_
		ror	m 774	(LO1/)

#### Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes," complete Schedule J 23 .... ... .. 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 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ..... X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 48 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Я Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? **9a** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand ...... Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ... Form 990 (2017)

	990 (2017) NEW DESIGNS CHARTER SCHOOL **-**0292		F	ege 6
	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. Se	e instr	uctio	ns
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			
		6000 con	Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year  1a 6	-		
	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.			
þ	Enter the number of voting members included in line 1a, above, who are independent	- ₩		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		XX.	1.77
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			l
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_	-	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_
_	stockholders, or persons other than the governing body?	7b	8888533	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8.48		
8	The governing body?	8a	X	<del></del>
ь	Each committee with authority to act on behalf of the governing body?	8b	X	<del> </del> -
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	<i>J</i> <u>J</u> <u>J</u> UU <del>U</del> . J	V	No.
40-	Old the assessmentian have level about any horseshoe as officiated	400	Yes	No X
10#	Did the organization have local chapters, branches, or affiliates?	10a		<u>├</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	<del></del>
118	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?			88 F. S.
b 12-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	6080 (47)
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<del>                                     </del>
b		120		$\vdash$
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	X	1
40	describe in Schedule O how this was done	13	X	$\vdash$
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
14 45	Did the process for determining compensation of the following persons include a review and approval by			200
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	X	SSS: 777
a b	Other officers or key employees of the organization	15b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1940.4
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
108	with a taxable entity during the year?	16a	*********	X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
•	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		ſ ~′
Sec	tion C. Disclosure			
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed CA			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)		• •	••
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
-v	State the finding, dutiess, and telephone number of the person who persons the organizations seemed the contract with the person with person with person with the person with			

CA 90010

LOS ANGELES

MEMNESIGNES COLOSTOR TO SAM										
Form 990 (2017) NEW DESI	GNS CHAR	TE	R	SC	HO	<u>DL</u>		**-**	*0292	Page 7
Part VII Compensation	of Officers,	Di	rect	ors	, Tr	uste	es	, Key Employees, Hi	ghest Compensated	Employees, and
ingebengent C	ontractors									
Section A. Officers, Director	s. Trustees Ke	v En	res	pon	se o	or no	<u>te</u>	to any line in this Part	· VII	Ц
1a Complete this table for all personganization's tax year.	ons required to b	e list	ed. 1	Repo	ort co	mper	nsai	tion for the calendar year e	nding with or within the	
<ul> <li>List all of the organization's c compensation. Enter -0- in columns</li> </ul>	urrent officers, of (D), (E), and (F	direc	tors, o co	trus mpe	tees nsat	(whe	the: as r	r Individuals or organization paid.	ns), regardless of amount (	of
<ul> <li>List all of the organization's c</li> </ul>	urrent key empl	oyee	s, if	any.	See	instr	ucti	ons for definition of "key er	πployee."	
<ul> <li>List the organization's five cu who received reportable compensa organization and any related organi</li> </ul>	won leads a of Po	mpe ·m \	nsat V-2	ed e end/o	mplo or Bo	yees ox 7 o	(oth	ner than an officer, director orm 1099-MISC) of more th	, trustee, or key employee an \$100,000 from the	)
<ul> <li>List all of the organization's for \$100,000 of reportable compensations</li> </ul>	on nom the orga	anıze	tion	and	any	relate	d o	rganizations.		
<ul> <li>List all of the organization's forganization, more than \$10,000 of</li> </ul>	rmer directors reportable comp	or t	rusto ation	es t	hat in the	receiv orga	ed, niza	in the capacity as a forme	izations	
List persons in the following order: i compensated employees; and form	ndividual trustee	s or	dire	ctors	; ins	titutio	nal	trustees; officers; key emp	loyees; highest	
Check this box if neither the org	•		ated	oros	niza	tion c	om:	nensated any current office	er director or tructoe	
(A)	(B)	ĺ			(C)		<u> </u>	(0)	(E)	(F)
Name and Title	Average hours per	۱,	lo not		sition	than or		Reportable compensation	Reportable compensation from	Estimated
	week (list any	b	x, un!	888 pe	erson	is both or/truste	en	from	related	amount of other
	hours for	<u></u>	т =		_			the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	individual trustee or director	ğ	Officer	Key es	Action Sealer	Former	(W-2/1099-MISC)	:	organization and related
	below datted (line)	9 2	8		employee	8 8	•			organizations
		8	nstitutional trustee		*	Highest compensated emptoyee				
(1) ANDREA COCKRUM	<u> </u>	├-	⊢	┝	┝	- 8				<u> </u>
(i)-EiDiell Cocidiori	2.00									
PRESIDENT	0.00	X		<u> </u>		Ш		0	0	0
(2) SHELDON ZASLANSI	2.00			İ				1		
TREASURER	0.00	x						o	o	o
(3) LLOYD MCKINNEY		-			$\vdash$					<del>_</del>
	2.00									
VICE PRESIDENT	0.00	X	<u> </u>		<u> </u>	$\sqcup$		0	0	0
(4) KOJO ESSIEN	2.00		ĺ							
MEMBER	0.00	x			ĺ			o	o	o
(5) DIEGO ABBA										
	2.00									
MEMBER (6) DEREK AKROFI	0.00	X	┡		├	$\vdash$	_	0	0	0
(6) DEREK AKKUEI	2.00		•							
SECRETARY	0.00	X						0	0	0
(7) PAUL OKAITEYE, (	EO									
	40.00					li		400 000		
(8) STEPHEN GYESAW	0.00	<u> </u>	<u> </u>	X	┝	┝╌┼		180,000	0	0
(6) STEPHEN GIESAW	40.00							i		
SCHOOL_PRINCIPAL	0.00		L			x		133,350	0	0
(9)										
(10)		<del> </del>	$\vdash$			$\vdash$	_			
		İ								

(11)

DAA

Part VII Section A. Officers	s, Directors, Tru	ste	s, K	еу Е	mpl	оув	99, E	and Highest Compensate	d Employees (continued)	
(A) Name and title	(8) Average hours per week (list any hours for	of	lo not ex, unli ficer a	Po check ess p nd a	erson firecto	is ball intrus	n an (69)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated emount of other compensation from the
	related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
to Total from continuation sheet	ts to Part VII. S						<b>&gt;</b>	313,350		
d Total (add lines 1b and 1c)						··_	<b></b>	313,350		
2 Total number of individuals (increportable compensation from				hos	e list	ed a	bove	e) who received more than	\$100,000 of	
<ul> <li>Did the organization list any for employee on line 1a? If "Yes,"</li> <li>For any individual listed on line organization and related organ individual</li> <li>Did any person listed on line 1a for services rendered to the organization.</li> </ul>	complete Sched 1a, is the sum of izations greater t	ule of rep than ue c	orta \$150 \$150 	suci ble 0,00  ensa	o indi comi 07 if 	rvidu pens "Ye: from	al ations, " c	n and other compensation of complete Schedule J for suc	from the	3 X 4 X
Section B. Independent Contractor					1				L 0400 000	
Complete this table for your five compensation from the organization.	ation. Report co							lar year ending with or with	in the organization's tax ye	
	(A) business address								(B) ion of services	(C) Compensation
DON WILLIAMS CATERIN DOWNEY	G SERVICES CA		n 2 /		.03	45		STERN AVENUE #79 OOD SERVICES		1 102 420
1342 W. ADAMS HOLDIN			<u> </u>		59	5 \$		HOOVER STREET, S	SUTIE C	1,192,420
LOS ANGELES	CA	9	000		00			'ACILITY LEASE	<u> </u>	644,732
21ST CENTURY STAFFING NORWALK	G, INC. CA	9	06!		.06.	12		LETTE STREET D STAFFING		589,112
MARSH & MCLENNAN AGE	NCY			S	17:	1 7	OW.	N CENTER DRIVE		
SAN DIEGO KAISER FOUNDATION HE	CA ALTH PLAN	9	212		'il			IAB INSURANCE	<u> </u>	471,051
LOS ANGELES	CA		-	74			H	EALTH INS		374,556
2 Total number of independent or received more than \$100,000 or	ontractors (included compensation	ding from	but r	not li	mite	d to	thos	se listed above) who	9	
DAA							_	<del></del>	<del></del>	Form <b>990</b> (2017)

1000		Chec	k if Schedule	O contains a	a response	or note to any line	in this Part VIII											
						(A) Total revenue	(6) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514									
Contributions, G:fts, Grants and Other Similar Amounts	18			1a					100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 Ma									
9	t			1b														
₽₹	9	Fundraising e	events	1c														
ÖĒ	9	Related orga		1d														
SE	6		s (combibutions)	10 19	,131,60													
the second	1	All other contribution	ons, gifts, grænts, ts not included above															
<b>2</b> 0	1		l l	1f		<b>L</b> illing the state of the stat		Printer and the second										
50	8		ons included in lines 18-	1t. \$														
C) e		Total. Add lin	les 1a-1f	<del></del>	<del></del>													
n n	20				Busn, Code		The same of the same of											
Š	2a	• • • • • • • • • • • • • • • • • • • •					ļ											
8		• • • • • • • • • • • • • • • • • • • •				<del> </del>		<u> </u>	<del> </del>									
2	-	· · · · · · · · ·			-	<del></del>												
Frogram Service Revenue	-	· • • • • • • • • • • • • • • • • • • •		•	<b>—</b>	<del> </del>			<del> </del>									
匵		All other sees				<del> </del>												
2		Total. Add lin	ram service rever	nue		<del> </del>	The Martin or San											
$\neg$	3		come (including d	indones into	<u> ▶</u>	<del> </del>												
	•		ilar amounts)	nvidends, inter	est,	1												
	4		investment of tax-	everent hand i	, proceeds D			<u> </u>										
	5	Royalties	mvosument or tax-	evenibi bona l	proceeds P	<del></del>												
- 1	•	110,41000	(i) Real	<u> </u>	Pérsonal													
	Ġа	Gross rents		- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1												
ĺ	b	Less: rental exps			-			in the constitution of the	(1997)									
	c	Rental Inc. or (loss)					erreterant contrantant manierre occurrateur	correspondents and a second										
l	đ	Net rental inco		<del></del>		C. : Carrier and American	52624.50.00071.00000054000		in. is Park Constitution									
- 1	7ā	Gross amount from	(i) Securitles	(n	i) Other	760,0000,200,880	Critteon											
ŀ		sales of assets other than invariors			<del>`</del>		marania an	marane Aver										
ı	b	Less: cost or other			<del>*</del>				100 miles (100		basis & sales exps.							
	c	Gain or (loss)	[-															
1	d	Net gain or (to	988)															
	8a	Gross income fr	om tundraising even	its														
Ĭ		(not including \$				[\$`\{\ZZ#\$M.												
8		of contributions	reported on line 1c).															
2		See Part IV, line	18	a														
Other Revenue	b	Less: direct ex	cpenses	, b[														
۲I	C	Net income or	(loss) from fundr	alsing events														
	9a	Gross income fr	om gaming activities	i.														
		See Part IV, line	19	. a														
ı		Less: direct ex	·	, b		P8097832444722												
			(loss) from gami	ng ac <u>tivities</u>	<u>,</u>	100		22 22 <b>3 3 3 3 3</b> 10 10 1 10 10 10 10 10 10 10 10 10 10 1	***********									
1	1Ua		f inventory, less	ĺ														
-		returns and all		, a					commencement (specifical)									
		Less: cost of g	••••	b			10,000		en en en en en en en en en en en en en e									
ŀ	С		(loss) from sales	of inventory	<u> </u>													
- }	44	Mis	cellaneous Revenue	<u>.</u>	Busn. Code	p 2667 660 / 5295 A Su												
	11a	• • • • • • • • • • • • • • • • • • • •			<b>——</b>				<del>                                     </del>									
	D		•		-		<u> </u>		<del>                                     </del>									
- }	<u>د</u>					<del> </del>			<del> </del>									
J	a	All other reven					Adara Jana (31578)											
	42	Total. Add line			🟲	19,131,601	0	0	•									
1	12_	TOWN TOVERTUE	e. See instructions	<b>9.</b> ,. ,.,	······ P	13,131,601	<u> </u>	<u> </u>	5 990 (342)									

Form 990 (2017) NEW DESIGNS CHARTER SCHOOL \*\*-\*\*\*0292 Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Program service expenses Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expense Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 524,051 524,051 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 6,177,892 5,172,601 1,005,291 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,887,831 1,604,656 283,175 Other employee benefits Payroll taxes ...... Fees for services (non-employees): Management ...... Legal c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion .... Office expenses .... Information technology ..... Royalties 15 2,213,685 2,213,685 Occupancy ..... 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 Depreciation, depletion, and amortization 226,746 40,014 Insurance ..... 266,760 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) SERVICES AND OTHER OPERAT 4,916,218 726,935 1,189,283 89,785 598,568 508,783 BOOKS AND SUPPLIES 216,366 106,182 322,548 DEPRECIATION 273,669 INTEREST 273,669 All other expenses

17,440

17,198,662

14,824

14,208,647

2,616

2,990,015

Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash—non-interest bearing 3,401,817 3,139,193 1 Savings and temporary cash investments ..... 2 3 Pledges and grants receivable, net Accounts receivable, net 1,438,518 1,976,998 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use ...... 8 2,248,482 Prepaid expenses and deferred charges ..... 2,096,787 10a Land, buildings, and equipment: cost or 9,489,471 other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation | 105 2,957,713 5,336,437 6,531,758 10c Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets ..... 14 Other assets. See Part IV, line 11 569,291 593,404 15 15 12,580,226 14,752,459 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 724,563 589,773 17 17 Grants payable ......... 18 18 520.792 383,613 19 19 Tax-exampt bond fiabilities .... 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 4.078,396 24 4,657,594 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,318,264 980,749 6,507,225 6,746,519 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 6,073,001 8,005,940 27 Unrestricted net assets ..... Temporarily restricted net assets 28 Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 6 complete lines 30 through 34. Assets Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 6,073,001 33 8,005,940 Total net assets or fund balances 33 14,752,459 Total liabilities and net assets/fund balances 12,580,226 34

Form 990 (2017)

om	990 (2017) NEW DESIGNS CHARTER SCHOOL **-***0292			Pag	ge 12
*****	Reconciliation of Net Assets				
W- W	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,1	.31,	601
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,1	.98,	662
3	Revenue less expenses. Subtract line 2 from line 1	3	1,9	32,	939
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,0	73,	001
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	8,0	05,	940
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in		—   W		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• • • •			****
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2ь	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	• • • • •			
	separate basis, consolidated basis, or both:				
	Separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	moutand audit or audite, evaluin why in Schodulo O and describe any stone taken to undergo such audite		36	<b>y</b>	

Form 990 (2017)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

ame	of th	e organization	NEW DESIGNS	CHARTER SCHOOL			Employer Ident	tification number
Z		Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instructio	ns.
ne ·	orga	nization is not	a private foundation because	se it is: (For lines 1 through 12,	check onl	y one box	.)	. 0
1	Ň	A church, co	nvention of churches, or ass	sociation of churches described	in section	n 170(b)(1	I)(A)(i).	$\wedge$
2	团			A)(II). (Attach Schedule E (For		•		()0
3	П			ce organization described in se			III).	
4	П	-	•	d in conjunction with a hospital			•	iospital's name.
	ب	city, and state	•					
5	П			of a college or university owned	or operat	 ed hv a a	overnmental unit described in	
•	ш	_	b)(1)(A)(iv). (Complete Part	•	ог орола	od by d g		
6	П			overnmental unit described in s	ection 17	/0(h)/1)/A	Mv)	
7	Н			substantial part of its support fr			• •	r
•	ш		section 170(b)(1)(A)(vi). (C		om a gov		unit or from the general public	•
8				170(b)(1)(A)(vi). (Complete Part	HIA			
9	H			scribed in section 170(b)(1)(A)(i		ed in coni	unction with a land-grant colle	cae .
_	ب			of agriculture (see instructions).				
		university:					<b>3, 3</b>	
10		An organizati		1) more than 33 1/3% of its sup	port from	contributi	ons, membership fees, and gr	0S5
		receipts from	activities related to its exen	npt functions—subject to certain	exceptio	ns, and (2	2) no more than 33 1/3% of its	
				nd unrelated business taxable in				
	$\overline{}$			0, 1975. See section 509(a)(2)				
11	Н			exclusively to test for public safe	•			
12	Ш	_	•	exclusively for the benefit of, to	•			
				zations described in section 50 <sup>o</sup> hat describes the type of suppor				
	_	$\overline{}$					·	
	а			erated, supervised, or controlled wer to regularly appoint or elect	•			ing
			- · · · · · · · · · · · · · · · · · · ·	complete Part IV, Sections A a		OI (III GII	eccors or trustees or the	
	ь	$\overline{}$		pervised or controlled in connec		ite eunno	rted organization(s), by having	1
				rting organization vested in the				
				Part IV, Sections A and C.				
	C	Type !!! f	functionally integrated. A s	supporting organization operated	in conne	ction with	, and functionally integrated w	rith,
		_	• • • • • • • • • • • • • • • • • • • •	tructions). You must complete	•		• •	
	d			<ol> <li>A supporting organization oper</li> </ol>				
			, <u> </u>	e organization generally must sa	•		•	ess
		$\overline{}$		nust complete Part IV, Section		-		
	8			eived a written determination front n-functionally integrated support			s a Type I, Type II, Type III	
	•		nber of supported organizati		ung organ	ikauoii.		
	g			ne supported organization(s).				
m	_	e of supported	(II) EIN	(iii) Type of organization	(by) is the	rganization	(v) Amount of monetary	(vi) Amount of
***		genization	(-,	(described on lines 1–10	1 ' '	ir governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)					ł			
_								
<b>(B)</b>								
_								
(C)								
					<u> </u>			
D)								

(E)

Schedule A (		W DESIGNS				-0940292	Page
Part II	Support Schedule for C (Complete only if you che Part III. If the organization	ecked the box o	n line 5, 7, or 8	of Part I or if	the organization	n failed to qualify	
Section A	A. Public Support	Trialis to quality	under the test	s listed below,	please comple	te rait iii.)	
	ear (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
mem	grants, contributions, and bership fees received. (Do not de any "unusual grants.")						
orga	evenues levied for the nization's benefit and either paid expended on its behalf						
furnis organ	value of services or facilities shed by a governmental unit to the nization without charge						·····
5 The peach gover suppoline 1	I. Add lines 1 through 3 cortion of total contributions by person (other than a rumental unit or publicly orted organization) included on i that exceeds 2% of the amount on on line 11, column (f)						
	c support. Subtract line 5 from line 4.		\$444275 <b>3</b> 0150		Park Control		
	B. Total Support	1 (2) 2040		<u>V</u>	1 ( 1) 20(2)		<b></b>
•	ear (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
6 Gross paym rents,	unts from line 4 s income from interest, dividends, sents received on securities loans, royalties, and income from ar sources						
activi	ncome from unrelated business ties, whether or not the business pularly carried on						
loss f (Expl	r income. Do not include gain or from the sale of capital assets ain in Part VI.)		3,0000179	7 7 100 NO NO NO NO			
	support. Add lines 7 through 10		) 39997, ik	<u> </u>	<u> </u>		
	s receipts from related activities, etc five years. If the Form 990 is for the					12	
organ	nization, check this box and stop he C. Computation of Public S	re _/		unn, or man tax ye	•	1(c)(3)	<u> </u>
	c support percentage for 2017 (line)			n (f))		14	9/
5 Public	c support percentage from 2016 Şch	nedule A, Part II, lin	e 14			15	%
	3% support test—2017. If the organ		ck the box on line	13, and line 14 is	33 1/3% or more,	check this	
b 33 1/3	nd stop here. The organization qua 3% support test—2016. If the organization ox and stop here. The organization	nization did not che	ck a box on line 13	or 16a, and line	15 is 33 1/3% or m	nore, check	▶[
7a 10%-1 10% (	facts-and-circumstances test—20 or more, and if the organization mee // how the organization meets the "f	17. If the organizations the "facts-and-ci	on did not check a rcumstances" test	box on line 13, 1 , check this box a	nd stop here. Exp	e 14 is lain in	(
organ b 10%-1 15 is	ization	16. If the organizati	on did not check a	box on line 13, 1	6a, 16b, or 17a, ar box and stop here	nd line	▶ {
suppo 8 Privat	orted organization te foundation. If the organization di ctions	 id not check a box o	on line 13, 16a, 16	_	•	- \	

Schedule A (Form 990 or 990-EZ) 2017
Part III Support Schedul

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to	qualify under the	<u>ne tests listed b</u>	<u>pelow, please c</u>	omplete Part II	l.)		
Sec	tion A. Public Support					I		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	17	(f) Total
1	Gits, grants, contributions, and membership		7					
	fees received. (Do not include any "unusual grants.")		<u> </u>					
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						_	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							<u> </u>
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
	tion B. Total Support							, <u> </u>
Caler	ndar year (or fiscal year beginning in)	(a) 2013	/ (b) 2014	(c) 2015 \	(d) 2016	(e) 201	7	(f) Total
9	Amounts from line 6		/		<u> </u>	ļ		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b							<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				\ 			
13	Total support. (Add lines 9, 10¢, 11, and 12.)							
14	First five years. If the Form 990 is for the organization, check this box and stop her		, second, third, for	urth, or fifth tax yea	ar as a section 50°	1(c)(3)		▶ □
Sec	tion C. Computation of Public Su		tage	· · · · · · · · · · · · · · · · · · ·	<u></u>	<del>\</del>	<u> </u>	·····
15	Public support percentage for 2017 (line 8			n (f))	<del></del>		15	%
16	Public support percentage from 2016 Scho			······································		· · · · · · /	16	%
_	tion D. Computation of Investme			<u> </u>	· · · · · · · · · · · · · · · · · · ·	······································	\	
17	Investment income percentage for 2017 (I			, column (f))			17	%
18	Investment income percentage from 2016		•				18	%
19a	33 1/3% support tests—2017. If the orga		•	14, and line 15 is	more than 33 1/3	%, and line	7	
	17 is not more than 33 1/3%, check this be			-			\	▶ 🛚
b	33 1/3% support tests—2016. If the orga	nization did not che	eck a box on line 1	4 or line 19a, and	line 16 is more the	an 33 1/3%,	1	<u> </u>
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did		-	•		_		\ ₽ ∐
	realisateour il tile digalitation dit	S HOL CHOCK & DOX C	17, 13a, UI	100, WIECK IIII DU	A UNIO SUG IIISII UUL			j 💆 🗀

## Part IV Supporting

#### Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		1
	Yes	<u>No</u>
		, y
		W. "
	MAC 130 130 1	<b>!</b> ````
1	22333	
		30(\$3)
		10000
800 XX		134.3
ent titietis	5000 0 COO	7.78 %
2	ł	1
3873880	200000000000000000000000000000000000000	1000 000
	####\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2.27
		f · · · ·
3a		
X	1800	
		which !
3827	A. 60.00	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
7.000		<b>.</b>
3b	l I	i
	38.38.	
_		J
3c		
		5 3 7 4 8
*********		A(3) \$4
40		
70	20 626 00	9000000000
<b>***</b> *********************************		
8333	8000000 Y	Mary Service
l i	w w y	7 Y 7
4b		
		2 90 90
*****		19 6 12
*****		
<b>****</b>		
<b>****</b>		13.24 W
888888	85.000 S.S.S.	406557
4c		ŀ
**********	******	1889 Sept. 11
		44.00.7
	2400000 T	
460.		V. S. V.
385.50	800280 C	
****		1.11
(00000000)		" ;
5a		
Noore	XXXX	27. 4
<b>***</b> *****	25222	3000
Eh		l
<u>5b</u>		
Sc.		1
200 3003	*********	2012/2015
	*******	
	**************************************	<i>***</i> *********************************
6		
2002000	***************************************	27,200,213
		185011
2000	<i>#79</i> 72 J	
240.67		1337.34
7		1
	25.21.22	
000000000000000000000000000000000000000	KI 1997 12.	700.000 A
8 I		
	38888 A	\$ 20.20
***		FY 39
*******	<b>********</b> ****************************	1.37XX
ا مه ا		
9a		<del>gagaane a</del>
200000 VI		1,32
SS 33.	14.00 A	11/4
9b		
_	& 27 to	
_		
		#. 37 h
9b 9c		
9b 9c		
9b 9c		
9b 9c		

	activities but for the organization's involvement.
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.
Ь	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.

of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these

	Yes	No
2202207.203		00.000000000000000000000000000000000000
120200037		87%XXX
120000000000000000000000000000000000000		MX172.000 /
6666666	MARKET A	12% W (c)
199999		300413.C
XXXXXXXXX		
18889983	C0000000000000000000000000000000000000	MAGMAN.
6999999	CX86099	00000000
1/22/2007		10019 (TXX)
1888890/1		THE STATE OF THE S
100000000000000000000000000000000000000		
[000000000]	possession	********
2a	Ĭ	l
*********	**********	went men
100000000	0000000	660 d 20 lbs
1833833368		999,50400
12866692	D2002006//	88 83 XX
F33323333	$\sim\sim$	800 00 00
P.38854	XX 43 (25)	YY Z
6000000001	3440060308	2007/2007
800000000		
180000000000000000000000000000000000000		8222740040
2b	1	
	and the second	0.0000000000000000000000000000000000000
E3333333		800000000000000000000000000000000000000
799/2022	7737CXXXX	3375,70297
F3333527	00000000	W.39 - 7 :
M35555001	XXXX 200.3-	M. Same S.
100000	<i></i>	Nw.2000
1		
3a_		L
188888888	11/1/11/11/19	
EX38833	ansaman	C 2007/23
anama.	200000	0.000,700
36		
/Earn 00	0 00 000	EZ\ 2017

3

chedule A (Form 990 or 990-EZ) 2017 NEW DESIGNS CHARTER SCHO		71-0940	292 Page 6
Part Y Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			
instructions. All other Type III non-functionally integrated supporting organizatio Section A - Adjusted Net Income	ns must com	(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		<del></del>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1000		
instructions for short tax year or assets held for part of year):	14 (1 m) 14 (1 m)		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	_ 1d		
e Discount claimed for blockage or other	(X)		
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		
Section 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		

7 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) 2017

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

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

Schedule A (Form 990 or 990-EZ) 2017

and 4c.

Breakdown of line 7: a Excess from 2013 b Excess from 2014 ... c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (For	m 990 or 990-EZ) 2017 NEW DESIGN Supplemental Information. Provide	IS CHARTER		71-0940292	
	III, line 12; Part IV, Section A, lines 1, B, lines 1 and 2; Part IV, Section C, lin 3a and 3b; Part V, line 1; Part V, Sectines 2, 5, and 6. Also complete this p	2, 3b, 3c, 4b, 4c, ne 1; Part IV, Sec ion B, line 1e; Pa	5a, 6, 9a, 9b, 9 tion D, lines 2 a rt V, Section D,	9c, 11a, 11b, and 11c; Part l' and 3; Part IV, Section E, lind lines 5, 6, and 8; and Part \	V, Section es 1c, 2a, 2b,
			·		
			·		
•					
•					

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Employer Identification number

**********	*********	SIGNS CHARTER SCHOOL	1 P		-0940292
:Far		Organizations Maintaining Donor Advis Complete if the organization answered "Ye		OF ACCOU	ints.
		Complete if the organization answered Tr	(a) Donor advised funds		(b) Funds and other accounts
1 1	Total nun	nber at end of year	(1)		
		e value of contributions to (during year)			
		e value of grants from (during year)			
		e value at end of year			· · · · · · · · · · · · · · · · · · ·
		rganization inform all donors and donor advisors in w	riting that the assets held in donor advised		
		the organization's property, subject to the organization	•		☐ Yes ☐ N
		rganization inform all grantees, donors, and donor ad	• • •	 1	[
		haritable purposes and not for the benefit of the dono		•	
	_		or control control, or contain, cancer purpose		Yes N
		Conservation Easements.			
******	~. xxx	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.		
1 6	Purpose(	s) of conservation easements held by the organizatio			
Γ	_	ervation of land for public use (e.g., recreation or educ		v important l	and area
Ì	_	ection of natural habitat	Preservation of a certified h	-	
Ī		ervation of open space			
2 (	_	e lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	conservation	
		t on the last day of the tax year.			Held at the End of the Tax Ye
a 1	Total nun	nber of conservation easements		2	
		page restricted by conservation easements		2	
		of conservation easements on a certified historic struc	cture included in (a)		
		of conservation easements included in (c) acquired at	• • • • • • • • • • • • • • • • • • • •	·	
		tructure listed in the National Register		2	d l
		of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	<del></del>	<del></del>
	ax year l				
	-	of states where property subject to conservation ease	ment is located		
		organization have a written policy regarding the perio	• • • •		
		, and enforcement of the conservation easements it i	- · · · · · · · · · · · · · · · · · · ·		☐ Yes ☐ No
		volunteer hours devoted to monitoring, inspecting, ha		 tion easemer	nts during the year
)	<b>&gt;</b>	<b>,</b> , , , , , , , , , , , , , , , , , ,			
7 /	Amount o	of expenses incurred in monitoring, inspecting, handling	no of violations, and enforcing conservation e	easements d	uring the year
)	<b>&gt;</b> \$				<b></b>
8 [	Does eac	th conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4	N(B)(i)	
		470/h\/4\/D\/;;\Q		7,-7,7	Yes No
		II, describe how the organization reports conservation			
		sheet, and include, if applicable, the text of the footnot	·		s the
		ion's accounting for conservation easements.			
Par	till	Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	her Simila	r Assets.
		Complete if the organization answered "Ye	es" on Form 990, Part IV, line 8		
18 1	if the orga	anization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statement	and balance	sheet
	-	art, historical treasures, or other similar assets held fo	•		_
		rvice, provide, in Part XIII, the text of the footnote to it	•		
		enization elected, as permitted under SFAS 116 (ASC			eet
٧	works of	art, historical treasures, or other similar assets held fo	or public exhibition, education, or research in	furtherance	of
		rvice, provide the following amounts relating to these			
					<b>&gt;</b> \$
-		ha la dudad la Cassa 000. Dad V			<b>▶ \$</b>
		anization received or held works of art, historical treas	sures, or other similar assets for financial gal	in, provide th	
		amounts required to be reported under SFAS 116 (A			
		included on Corn CCC, Dest VIII, See 4			<b>&gt;</b> \$
		cluded in Form 990, Part X Reduction Act Notice, see the Instructions for Fo		··· · ··	<b>&gt;</b> \$
		Paduction Act Nation, see the Instructions for Es	000		Schedule D (Form 990) 201

Schedule D (Form 990) 2017 NEW DES:					**-***0			Page 2
Part II Organizations Maintain	ng Col	lections of	Art, Historical	Treasures,	or Other Sim	ilar Assets	3 (continue	ed)
3 Using the organization's acquisition, acce- collection items (check all that apply):	ssion, an	d other records	s, check any of the	following that a	are a significant u	se of its		
a Public exhibition		d 🔲 1	Loan or exchange	programs				
b Scholarly research			Other					
c Preservation for future generations						•••		
4 Provide a description of the organization's	collection	ns and explain	how they further t	he organization	's exempt purpos	e in Part		
XIII.								
5 During the year, did the organization solici								$\overline{}$
assets to be sold to raise funds rather that	n to be m	naintained as p	art of the organizat	tion's collection	<u>?</u>		Yes	No
Part V Escrow and Custodial A				D 10 4 12				
Complete if the organizat 990, Part X, line 21.	ion ans	wered Tes	on Form 990,	Paπ IV, line	з 9, ог геропе	d an amour	it on Form	1
1a Is the organization an agent, trustee, custo	odiaa or i	other intermed	ings for contribution	o or other coor				
included on Form 990, Part X?							☐ Yes	□ No
b If "Yes," explain the arrangement in Part X	 III and c	omplete the fol	lowing table:				. 🔲 165	
			ioning table.				Amount	
c Beginning balance						1c		
d Additions during the year			• • • • •	• • • • • • • • • • • • • • • • • • • •		1d		
e Distributions during the year						1e		
f Ending balance						1f		
2a Did the organization include an amount on	Form 99	30, Part X, line	21, for escrow or o	custodial accou	nt liability?		Yes	No No
b If "Yes," explain the arrangement in Part X	III. Chec	k here if the ex	planation has been	provided on P	art XIII	<u></u>		<u> </u>
Part V. Endowment Funds.					4.0			
Complete if the organization				1			T	
As Barbata danahata	(a) (	Current year	(b) Prior year	(c) Two ye	ears back (d) T	hree years back	(e) Four ye	ians back
1a Beginning of year balance	<del></del>	<del></del>					<del></del>	<del></del>
b Contributions	<del> </del>						+	
	1				İ			
d Grants or scholarships	<del>                                     </del>						<del>                                     </del>	-
e Other expenditures for facilities and	<b>-</b>		···				1	
programs					-		1	
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the c		ar end balance	(line 1g, column (	a)) held as:				
a Board designated or quasi-endowment		%						
b Permanent endowment ▶%	<b>.</b>							
c Temporarily restricted endowment ▶		<b>.</b> %						
The percentages on lines 2a, 2b, and 2c s								
3a Are there endowment funds not in the pos	session (	of the organizat	tion that are held a	nd administere	d for the		Tv.	es No
organization by:							3a(i)	on ca
(i) unrelated organizations								$\overline{}$
(ii) related organizations b If "Yes" on line 3a(ii), are the related organ	izations	ii	ed on Schedule Ri					_
4 Describe in Part XIII the intended uses of				· • • • • • • • • • • • • • • • • • • •				
Part VI Land, Buildings, and Eq								_
Complete if the organizati			on Form 990,	Part IV, line	11a. See For	m 990, Par	t X, line 10	0.
Description of property		(a) Cost or other ba		or other basis	(c) Accumula		(d) Book val	
		(investment)		other)	depreciatio			<del></del>
1a Land								
b Buildings				<b>BAC CAS</b>			1 600	
c Leasehold improvements	.			796,609			1,623	, U36
d Equipment	·			784,140		1,140	4,908	722
e Other Total, Add lines 1a through 1e. (Column (d) mus		50m 000 D		908,722	<u> </u>	<del>   </del>	6,531	
TOLEL AND INIES 18 UITOUGH 16. (COMMIN (d) MUS	ı ayual F	UIIII 990, PAR	A, WIUIIIII (B), IINB	100./		<u>.</u>	<u> </u>	<u>.,</u>

47 XXXX ANAXA AAAAAA	nvestments—Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV lin	ne 11h See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(Including name of security)	(b) book value	Cost or end-of-ye	
(1) Financial den		<del></del>		
(2) Closely-held				
(3) Other				
(A)	• • • • • • • • • • • • • • • • • • • •			
(B)				· · · · · · · · · · · · · · · · · · ·
(C)	• • • • • • • • • • • • • • • • • • • •			
(D)	•• ••••••• • • • • • • • • • • • • • • •			<del></del>
(E)				
(F)				
(G)		,		
(H)				
	o) must equal Form 990, Part X, col. (B) line 12.) ▶			
	nvestments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11c. See Form 990,	Part X, line 13.
	(a) Description of Investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	er market value
(1)				
(2)				
(3)				<del></del>
(4)				
(5)				
	<del></del>			
(8)				
<u>(9)</u>			***************************************	
Part IX (	n) must equal Form 990, Part X, col. (B) line 13.) ►  Other Assets.  Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11d. See Form 990,	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)	· · · · · · · · · · · · · · · · · · ·	·		
(3)				
(4)	<del></del>			
(5)				
(6)				
<u>(8)</u>	<del></del>			
<u>(9)</u>	<del></del>			
	) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	l
C	Other Liabilities. Complete if the organization answered "Yes" on ne 25.	Form 990, Part IV, lir	ne 11e or 11f. See For	m 990, Part X,
	(a) Description of liability	(b) Book value		
(1) Federal inc				
	OMPANY PAYABLE	593,404		general contracts (C.C.)
	i liabilities	387,345		
(4)				
(5)				
(6)				
(7)		<del>-</del>		
(8)		-		
(9)				
	) must equel Form 990, Part X, col. (B) line 25 ) ▶	980,749		
	ertain tax positions. In Part XIII, provide the text of the foot	<u> </u>	nancial statements that mass	ete the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHOOL DESIGNS CHARLER SCHOOL		/1-074023	<i>9</i>	Page
Par XI Reconciliation of Revenue per Audited Financial States		h Revenue per Re		
Complete if the organization answered "Yes" on Form 990,	Part IV, li	ne 12a.		40 404 604
1 Total revenue, gains, and other support per audited financial statements			1	19,131,60
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11			
a Net unrealized gains (losses) on investments	<u>2a</u>	<del></del>	-	
b Donated services and use of facilities	2b		-	
c Recoveries of prior year grants	2c		-	
d Other (Describe in Part XIII.) e Add lines 2a through 2d	2d		-	
3 Subtract line 2e from line 1	•		2e 3	19,131,601
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				19,131,001
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b	[ 40 ]		4c	
5 Total revenue Add lines 3 and 4e (This must equal Form 900 Rest Line 12)		•••••	5	19,131,601
Part XII Reconciliation of Expenses per Audited Financial State		ith Expenses per	Return	
Complete if the organization answered "Yes" on Form 990,			,	•
Total expenses and losses per audited financial statements			11	17,198,662
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	17,198,662
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u></u>		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b	•		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	17,198,662
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			'art X, line	e
; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additio	onal information.		
			•••••	
			• • • • • • • • • • • • • • • • • • • •	
	•	••••	• • • • • •	
	· · · · ·		•• ••	
				. , ., .,,
	•			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Schedule D (F	om 990) 2017	NEW DESIGN	is charter	SCHOOL		71-0940292	Page 5
		ntal Information (	continued)				
				• • •	**** ******		- • ••••
			,				
• • • • • • • • • • • • • • • • • • • •							
			· · · · · · · · ·				

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Schools

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEW DESIGNS CHARTER SCHOOL

Employer Identification number 71-0940292

			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	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II  THE CHARTER DOCUMENT, WHICH GOVERNS HOW THE SCHOOL OPERATES IS A PUBLIC DOCUMENT AND IT INCLUDES LANGUAGE REGARDING THE SCHOOLS	3	x	
	RACIALLY NONDISCRIMINATORY POLICY APPLICABLE TO STUDENTS.			
4 a	Does the organization maintain the following?  Records Indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	x	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4c	х	
đ	With student admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	X	
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a	_	X
b	Admissions policies?	5b		X
C	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		x
0	Educational policies?	5e		X
f	Use of facilities?	5f		x
9	Athletic programs?	5g		x
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h		X
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	-
þ	Has the organization's right to such aid ever been revoked or suspended?	6b	*******	<b>X</b>
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			

	Form 990 or 990-EZ) 20	017 <b>NE</b>	W DESIGNS C	HARTER SCHO	OOL	71-0940292	Page 2
Part II				ns required by Part I, ation. See instruction		b, and 7, as	
Sch E	- Financial	Aid or	Government	Assistance	Explanati	on	
CALIF	ORNIA DEPART	MENT OF	EDUCATION		. ~		
		~a .	<del></del>				
	•••••••		• •	•••	,		
			•				
							•
	•••••						
••• •• •••							••••
						,	
					•		•
,						· · · · · · · · · · · · · · · · · · ·	
·		,,,,,	•				
.,							

**SCHEDULE J** (Form 990)

**Compensation Information** 

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

▶ Complete If the organization answered "Yes" on Form 980, Part IV, line 23. ▶ Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

NEW DESIGNS CHARTER SCHOOL

Employer identification number \*\*-\*\*\*0292

OMB No. 1545-0047

XX.	Questions Regarding Compensation			Yes	No
1a	Check the appropriate box(es) if the organization provided any of th	ne following to or for a person listed on Form		163	
	990, Part VII, Section A, line 1a. Complete Part III to provide any re				
		Housing allowance or residence for personal use			
	<del></del>	Payments for business use of personal residence			
		Health or social club dues or initiation fees			
		Personal services (such as, maid, chauffeur, chef)			
	. If any of the house on line to one chapted did the experiention falls				
D	If any of the boxes on line 1a are checked, did the organization follo		333333		888. N
	or reimbursement or provision of all of the expenses described above.	ve? It "No," complete Part III to	١.,		
	explain		1b		
2	Did the organization require substantiation prior to reimbursing or al	_ · · · ·			
	directors, trustees, and officers, including the CEO/Executive Direct	tor, regarding the Items checked in line			1
	1a?		2		
3	Indicate which, if any, of the following the filing organization used to	establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not	t check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executiv	ve Director, but explain in Part III.			
	Compensation committee	Written employment contract			
		Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section	on A, line 1a, with respect to the filing			
	organization or a related organization:				
	Receive a severance payment or change-of-control payment?		4a		X
Þ	Participate in, or receive payment from, a supplemental nonqualified	d retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensal		4c	********	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applications	able amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations n	nust complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the	·			
	compensation contingent on the revenues of:				
a	The organization?		5a		X
ь	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any			
•	compensation contingent on the net earnings of:				
а	The organization?		6a		X
	Annual Andrea and a limit to the state of th		6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the	organization provide any nonfixed			1
	payments not described on lines 5 and 6? If "Yes," describe in Part	•	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued				
•	to the initial contract exception described in Regulations section 53.	· ·			
	in Part III	* ******	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable pre-	sumption procedure described in		/ 988	
	Regulations section 53 4958-6(c)?	• •	اما		1

Schedule J (Form 990) 2017 NEW DESIGNS CHARTER SCHOOL

\*\*-\*\*\*0292

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if ac For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, do

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxa
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits
PAUL OKAITEYE, CEO	(t) (li)		0	• ••••	0	
2	(i) (ii)	• • • • • • • •				
3	(1)	• • • • • •				
4	(1) (11)					
5	(1) (ii)	1				
6	(I) (U)					
1	(t) (t)					
B	(i) (ii)					
0	(i) (ii)					
0	(t) (t)					
<u> </u>	(II)	• •• • • • • • • • • • • • • •				
2	(1)	•				
<u> </u>	(1) (11)					
<u> </u>	(t) (m)					
8	(i) (ii)	······································	.,			
S.	(1)					

₹
3
Ξ
919
Š
ş
8
₫
8
Ĭ
Ä

**SCHEDULE O** (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury tritemal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest Information.

OMB No. 1545-0047

Open to Public inspection

Employer Identification number

NEW DESIGNS CHARTER SCHOOL	71-0940292
Form 990, Part VI, Line 11b - Organization's Pr	ocess to Review Form 990
THE TAX RETURN IS PREPARED BY OUR AUDIT FIRM AN	D IT IS REVIEWED BY THE
DIRECTOR OF FINANCE AND THE CEO. THE TAX REUTR	N IS THEN REVIEWED BY THE
FINANCE COMMITTEE AND APPROVED BY THE BOARD OF D	IRECTORS.
Form 990, Part VI, Line 12c - Enforcement of Co	onflicts Policy
ANY ACTION BEFORE THE BOARD THAT BENEFITS ANY V	OTING MEMBER WILL BE
ADDRESSED BY HAVING THAT BOARD MEMBER LEAVE THE	MEETING DURING DELIBERATION
AND VOTING ON THE ITEM THAT BENEFITS THAT MEMBE	R OF THE BOARD. THE BOARD
ALSO REQUIRES EACH MEMBER TO COMPLETE A FORM 70	0 ON AN ANNUAL BASIS.
Form 990, Part VI, Line 15a - Compensation Proc	ess for Top Official
AN INDEPENDENT ORGANIZATION RECOMMENDS COMPENSA	TION BASED ON COMPARABLE
CEO COMPENSATION OF SIMILAR ORGANIZATIONS IN TH	E INDUSTRY THAT ARE OF THE
SAME SIZE AS NEW DESIGNS CHARTER SCHOOLS. THE	BOARD APPROVES THE
RECOMMENDATION BY THE INDEPENDENT ORGANIZATION.	
Form 990, Part VI, Line 15b - Compensation Proc	ess for Officers
AN INDEPENDENT ORGANIZATION RECOMMENDS COMPENSA	TION BASED ON COMPARABLE
COMPENSATION OF SIMILAR ORGANIZATIONS IN THE IN	DUSTRY THAT ARE OF THE SAME
SIZE AS NEW DESIGNS CHARTER SCHOOLS. THE BOARD	APPROVES THE RECOMMENDATION
BY THE INDEPENDENT ORGANIZATION.	

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

ALL GOVERNING DOCUMENTS ARE MAINTAINED IN OUR OFFICE AND ARE AVAILABLE FOR

Name of the organization  NEW DESIGNS CHARTER SCHOOL	Page 2 Employer identification number 71-0940292
REVIEW UPON REQUEST.	
· ····································	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
	Page 1 of 1
	Page 1 of 1