efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Internal Revenue Service Inspection For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 D Employer identification number C Name of organization **B** Check if applicable: ADVOCATES FOR ART-BASED EDUCATION CORP DBA LUSHER CHARTER 20-3814839 Name change Initial return Doing business as Final return/terminated E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5624 FRERET STREET Application pending (504) 304-3960 City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA $\,$ 70115 **G** Gross receipts \$ 26,713,656 F Name and address of principal officer: **H(a)** Is this a group return for CHARMAINE DAVIS subordinates? ☐ Yes ☑ No 5624 FRERET STREET Are all subordinates ☐Yes ☐ No NEW ORLEANS, LA 70115 included? If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.LUSHERSCHOOL.ORG K Form of organization: Corporation Trust Association Other L Year of formation: 2006 M State of legal domicile: LA Part I Summary 1 Briefly describe the organization's mission or most significant activities: ADVOCATES FOR ARTS-BASED EDUCATION CORPORATION IS A NONPROFIT ENTITY THAT OPERATES LUSHER CHARTER SCHOOL. LUSHER CHARTER SCHOOL IS A KINDERGARTEN THROUGH 12TH GRADE NEW ORLEANS PUBLIC SCHOOL LOCATED IN UPTOWN NEW ORLEANS. A CHARTER SCHOOL IS A PUBLIC SCHOOL OPERATED PURSUANT TO AN AGREEMENT WITH THE LOCAL OR STATE SCHOOL BOARD WITH PUBLIC FUNDING. AS A TYPE 3 CHARTER, LUSHER CHARTER SCHOOL IS A "LOCAL CHARTER" CONVERTED FROM AN EXISTING PUBLIC SCHOOL, LUSHER ELEMENTARY AND Activities & Governance EXTENSION SCHOOL, AND IS STILL PART OF NEW ORLEANS PUBLIC SCHOOLS. IN THE SUMMER OF 2005, LUSHER BEGAN PURSUING CHARTER STATUS WITH AN OVERWHELMING VOTE OF APPROVAL BY BOTH THE PARENTS AND STAFF OF THE SCHOOL AS PROVIDED BY THE LOUISIANA CHARTER SCHOOL LAW. LUSHER SUBMITTED ITS CHARTER PROPOSAL TO THE ORLEANS PARISH SCHOOL BOARD, WHO APPROVED THE CHARTER APPLICATION IN SEPTEMBER 2005. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 8 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 319 5 437 Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 0 ${f b}$ Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . 18,047,638 18,668,720 9 Program service revenue (Part VIII, line 2g) . . 1,807,208 1,448,098 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 217,014 282,972 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 595 2,700 20,072,455 20,402,490 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,501,790 15,485,831 16a Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) \$\infty\$90,637 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 4,610,165 3,861,546 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,347,377 20,111,955 Revenue less expenses. Subtract line 18 from line 12 . -39,500 1,055,113 Assets or d Balances **Beginning of Current End of Year** Total assets (Part X, line 16) . 21,141,425 25,647,770 21 Total liabilities (Part X, line 26) . 1,582,194 4,819,612 Net assets or fund balances. Subtract line 21 from line 20 . 19,559,231 20,828,158 **Signature Block** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2021-05-14 Signature of officer Sian CHARMAINE DAVIS CHIEF FINANCIAL OFFICER Here Type or print name and title Print/Type preparer's name Preparer's signature Check | if P01000418 **Paid** self-employed Firm's name BOURGEOIS BENNETT LLC Firm's EIN > 72-0136870 **Preparer Use Only** Firm's address ▶ 111 VETERANS BLVD 17TH FLOOR Phone no. (504) 831-4949 METAIRIE, LA 70005 May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

18,423,788

Total program service expenses

4e

3 **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," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 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 Νo 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 Νo 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 Νo 6 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 Il 🐯

complete Schedule D, Part III 🥵

negotiation services? If "Yes," complete Schedule D, Part IV 🐿

VIII, IX, or X as applicable.

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

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 🐯 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 🐿 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Page

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Form 990 (2019)

Yes

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12b

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14a

14b

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20a

20b

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Νo

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Form 990 (2019) Page 4 **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Nο Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

instructions for applicable filing thresholds, conditions, and exceptions):

c Did the organization maintain an escrow account other than a refunding escrow 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 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

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Hid He Granketation field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Waseshe Grapheta Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

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

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

Statements Regarding Other IRS Filings and Tax Compliance

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b

24c

24d

25a

25b

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28a

28b

28c

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Form 990 (2019)

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No

If "Yes," complete Form 4720, Schedule O.

Form **990** (2019)

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
2a	Tax	r the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered his return			
b	If at	least one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a		the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a		ny time during the calendar year, did the organization have an interest in, or a signature or other authority , a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No
b	₽fc¢vø	eugt')enter the name of the foreign country: ▶			
F-		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts The organization a party to a prohibited tax shelter transaction at any time during the tax year?	F-		N. o
		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N o
		es," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
		s the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
ou		nization solicit any contributions that were not tax deductible as charitable contributions?	- Ou		
b		es," did the organization include with every solicitation an express statement that such contributions or gifts to tax deductible?	6b		
7	Orga	anizations that may receive deductible contributions under section 170(c).			
	serv	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ices provided to the payor?	7a		N o
		es," did the organization notify the donor of the value of the goods or services provided?	7b		
С		the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	7c		Νo
d	If "Y	es," indicate the number of Forms 8282 filed during the year			
е	Did t	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did t	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g		e organization received a contribution of qualified intellectual property, did the organization file Form 8899 as ired?	7 g		
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a n 1098-C?	7h		
8	•	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the assoring organization have excess business holdings at any time during the year?	8		
9	Spor	nsoring organizations maintaining donor advised funds.			
а	Did 1	the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did t	the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Sect	ion 501(c)(7) organizations. Enter:			
		ation fees and capital contributions included on Part VIII, line 12 10a			
b 11		ss receipts, included on Form 990, Part VIII, line 12, for public use of club 10b 10c 501(c)(12) organizations. Enter:			
а	Gros	ss income from members or shareholders			
b		ss income from other sources (Do not net amounts due or paid to other sources nst amounts due or received from them.)			
12a	Sect	ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Y year	res," enter the amount of tax-exempt interest received or accrued during the . 12b			
13	Sect	ion 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is th	ne organization licensed to issue qualified health plans in more than one state?	13a		
	Note	See the instructions for additional information the organization must report on Schedule O.			
	in w	r the amount of reserves the organization is required to maintain by the states hich the organization is licensed to issue qualified health plans			
		r the amount of reserves on hand			N.
		the organization receive any payments for indoor tanning services during the tax year?	14a		No
15		es," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
	exce	ess parachute payment(s) during the year?	15		N o
16	iś ty	hesp't gazetiza storo cationed lacractifichea Forrstoit 4072001, Suddhjeedtolte on the section 4968 excise tax on net investment income?	16		Νo

independent

year by the following:

Section C. Disclosure

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Nο

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Nο

Nο

No

Nο

Nο

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Νo

Form 990 (2019)

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

b Enter the number of voting members included in line 1a, above, who are

Did the organization have members or stockholders?

more members of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

b Each committee with authority to act on behalf of the governing body?

other officer, director, trustee, or key employee?

organization's mailing address? If "Yes," provide the names and addresses in Schedule O $\,$.

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Did the organization have a written whistleblower policy?

a The organization's CEO, Executive Director, or top management official . .

List the states with which a copy of this Form 990 is required to be filed.

Other officers or key employees of the organization .

Section A. Governing Body and Management									
					Yes	N			
1a	Enter the number of voting members of the governing body at the end of the tax	1a	8						
	Yeare are material differences in voting rights among members of the governing								
	body, or if the governing body delegated broad authority to an executive committee $% \left(1\right) =\left(1\right) \left(1\right$								

or similar committee, explain in Schedule O.

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors or trustees, or key employees to a management company or other person?

Did the organization make any significant changes to its governing documents since the prior Form 990 was Blathe organization become aware during the year of a significant diversion of the organization's assets? .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records:

Own website Another's website Vpon request Other (explain in Schedule O)

▶ CHARMAINE DAVIS 5624 FRERET STREET NEW ORLEANS, LA 70115 (504) 304-3960

interest policy, and financial statements available to the public during the tax year.

Did the process for determining compensation of the following persons include a review and approval by

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

1b

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7a

7b

8a

8b

9

10a

10b

11a

12a

12b

12c

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15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

Check if Schedule O contains a response or note to any line in this Part $\mbox{VII}\,$.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization n	or any related o	organiz	ation	cor	npe	nsate	d an	y current officer,	director, or truste	e.
(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/10							(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) RACHEL WISDOM BOARD MEMBER	0.50	Х						0	0	0
(2) RICHARD CORTIZAS PRESIDENT	3.00	х		х				0	0	0
(3) ALYSIA LOSHBAUGH BOARD MEMBER	0.50	х						0	0	0
(4) KIKI HUSTON SECRETARY	3.00	Х		×				0	0	0
(5) GARY SOLOMON	3.00	Х		Х				0	0	0
TREASURER										
(6) GEORGE WILSON VICE PRESIDENT	3.00	Х		х				0	0	0
(7) REUBEN TEAGUE BOARD MEMBER	0.50	Х						0	0	0
(8) BRENDA BOURNE BOARD MEMBER	0.50	х						0	0	0
(9) KATHLEEN RIEDLINGER CEO	50.00			х				290,067	0	6,080
(10) CHARMAINE DAVIS CFO	40.00			х				117,063	0	0
(11) GEORGE FRANK ISRAEL JR DIRECTOR OF FACILITIES AND	40.00					Х		116,026	0	4,821
(12) CHARLENE HEBERT MS PRINCIPAL	40.00					Х		104,463	0	7,156
(13) STEVEN CORBETT	40.00					х		102,379	0	7,156
HS PRINCIPAL	40.00									
(14) JANIS RICE ES PRINCIPAL						Х		101,824	0	308
				1	<u> </u>		I			Form 990 (2019)

38398 HIGHWAY 30 GONZALES, LA 70737 AMERICAN READING

480 NORRISTOWN RD BLUE BELL, PA 19422

\$100,000 of compensation from the organization \triangleright 5

Part VII Sect	tion A. Officers, Dire	ctors, Trustee	s, Key	Emp	loy	ees	s, and	Hig	ghest C	ompensa	ted Employee	s (cc	ontinued)	
Nam	(A) ne and title	(B) Average hours per week (list any hours for	more pers	than on is	one both	not box h ar	check x, unle n office rustee	ess er	Repo compo fro organiz	prtable ensation m the ation (W-	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the organization and	
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	(W-2/1099- MISC)		organizat relat organiz	ed
c Total from co	ntinuation sheets to Pa es 1b and 1c)		١				* *			831,822		0		25,52
2 Total numb	er of individuals (includi f reportable compensat	ing but not limit	ed to th	nose		d al	oove)	who	received	d more tha	ın			
	anization list any forme If "Yes," complete Sched	•			, key	y en	nploye	e, o	r highes	t compens	ated employee	3	Yes	No No
•	ividual listed on line 1a, n and related organizat		•							•		4		
	rson listed on line 1a rec ndered to the organizat						•		_			5		No
•	ndependent Contr												•	
	his table for your five h on from the organizatio	n. Report compe									nin the organiza			
		(A) and business addre	ess								(B) ription of services		Comper	nsation
PO BOX 95096 CHICAGO, IL 60694	LERS									TECHNOLOG	SY SERVICES			291,269
SCNZ CONSTRUCTIO	N									CONSTRUC	TION			160,465
2134 MAGAZINE ST NEW ORLEANS, LA 7 BILLBAR CONSTRUCT										CONSTRUC	FION			152,952
40225 CROWES LAND	DING ROAD									CONSTRUC	17014			132,332
PEARL RIVER, LA 704 THE DOVE GROUP	452									FACILITIES	REPAIRS			132,197

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

100,450

TEXT BOOKS

		(2019)		D						Page S
Part	VI					nonse or note to	any line in this Par	rt VIII		
		0.00					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
w 9	1	1a Federated camp	paigi	ns	1a					
ant		b Membership du			1b					
و ق		c Fundraising eved Related organiz			1c 1d					
ifts,		e Government grants			1e	18,364,087				
Contributions, Gifts, Grants and Other Similar Amounts										
		All other contribution and similar amount above	ts not	included	1f	304,633				
		Noncash contribution lines 1a - 1f:\$	ons in	ciudea in	1 g	4,270				
	┙	h Total. Add lines	1a-	1f	•	>	18,668,720			
						Business Code	969,767	969,767		
0	2	STUDENT ACTIVITIES	5			611710	303,707	303,707		
enu	ı	b BEFORE-AFTER SCHO	00L (CARE & EDUCA	AT.	611710	477,271	477,271		
Program Service Revenue	١,	c SUMMER ATHLETICS	PROG	GRAMS		611710	960	960		
Serv	,	d SUMMER ENRICHME	NT AF	TERCARE		611710	100	100		
gram (e								
ď										
		f All other program				4 440 000				
	_	9 Total. Add lines Investment incom				1,448,098	1			
	0	other					299,23	34		299,234
		ı qimcilər eafromnitə) es	stme	nt of tax-e	xempt	bond proceeds				
	3	Royalties		(i) Re	al	(ii) Personal	<u> </u>			
	_		١	()						
		Less: rental	6a		2,700					
	٦	expenses	6b		0					
	С	Rental income or	6с		2,700					
		d (Nets)ental incom	ne or	(loss).			2,70	00		2,700
				(i) Secu	rities	(ii) Other►				
	7	a Gross amount from sales of assets other than inventory	7a	6,	294,904					
	ь	Less: cost or other basis and sales expenses	7b	6,	311,166					
	c	Gain or (loss)	7c		-16,262					
		d Net gain or (loss					-16,26	52		-16,262
Other Revenue		a Gross income from for (not including \$ contributions reporte See Part IV, line 18 b Less: direct exporte Contributions reporte (Ic	ed on • ense	of line 1c).	8a 8b	events				
her		. (,			•				
		Gross income fro activities. See Part IV, line b Less: direct exp	19 ense		9a 9b	W				
		c Net income or (Id	uss)	irom gamín	ig activ	rities				
	10	Da Gross sales of in returns and allow		, .	10a					
		b Less: cost of good c Net income or (Ic			10b of inve	ntory				
	_	84:) over :	ı	Pusin == C 1				
	1	Miscellaneo	ous F	Revenue		Business Code				
		b								
		с								
		al All athan ne								
		d All other revenue e Total. Add lines				.				
		2 Total revenue. Se								
	ĺ	. Jan i Gvenue. 3	11	.50. 40010115	• •	•	20,402,49	1,448,09	8	0 285,672

Part IX Statement of Functional Expenses				Page 10
Section 501(c)(3) and 501(c)(4) organizations must	t complete all colun	nns. All other organ	izations must comple	ete column (A).
Check if Schedule O contains a response or note to	any line in this Parl	t IX		🗀
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	414,165	177,889	191,804	44,472
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	11,066,191	10,721,064	303,908	41,219
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,814,721	2,794,753	18,342	1,626
9 Other employee benefits	990,154	849,603	137,933	2,618
10 Payroll taxes	200,600	199,708	857	35
11 Fees for services (non-employees):				
a Management				
b Legal	76,953	19,238	57,715	
c Accounting	36,650		36,650	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	469,672	469,672		
12 Advertising and promotion	12,001	12,001		
13 Office expenses	1,017,504	937,137	79,701	666
14 Information technology	112,256	112,255		1
15 Royalties				
16 Occupancy	852,135	852,135		
17 Travel	47,044	47,044		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	4,680	4,680		
20 Interest	2,543		2,543	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	174,954	171,455	3,499	
23 Insurance	140,343	140,343		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & FEES	425,361	425,361		
b OTHER PURCHASED PROFESS	231,744	231,744		
c FIELD TRIP ADMISSIONS	121,072	121,072		
d STUDENT TRANSPORTATION	77,342	77,342		
e All other expenses	59,292	59,292		
25 Total functional expenses. Add lines 1 through 24e	19,347,377	18,423,788	832,952	90,637
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).				

_		(2019)					Page 11
P	art X	Balance Sheet					_
		Check if Schedule O contains a response or	note to a	iny line in this Part IX .			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			<u> </u>	1	· · · · · · · · · · · · · · · · · · ·
	2	Savings and temporary cash investments			2,586,725	2	6,569,972
	3	Pledges and grants receivable, net		217,999	3	241,970	
	4	Accounts receivable, net	–		4		
	5	Loans and other payables to any current or for	rmer offi	cer, director, trustee,			
		key employee, creator or founder, substantial		· ·		5	
	6	controlled entity or family member of any of t Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons described		,		6	
S	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
ASS	9	Prepaid expenses and deferred charges .			210,483	9	245,228
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,150,346			
	ь	Less: accumulated depreciation	10b	2,532,567	3,352,689	10c	3,617,779
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, Ii	ne 11 .		14,290,169	12	14,592,430
	13	Investments—program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			483,360	15	380,391
	16	Total assets: Add lines 1 through 15 (must e	qual line	34)	21,141,425	16	25,647,770
	17	Accounts payable and accrued expenses .			1,582,194	17	1,605,612
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete	te Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or for	rmer offi	cer, director, trustee,			
0		key employee, creator or founder, substantial					
9		controlled entity or family member of any of t	•	<u> </u>		22	
	23	Secured mortgages and notes payable to unre		•		23	
	24	Unsecured notes and loans payable to unrela		· —		24	0.044.000
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li			0	25	3,214,000
		Complete Part X of Schedule D					
-	26	Total liabilities. Add lines 17 through 25 .	•		1,582,194	26	4,819,612
ses		Organizations that follow FASB ASC 958, che	ck here l	► ✓ and complete			
and	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			19,212,480	27	20,481,272
Bal		· · · · · · · · · · · · · · · · · · ·		L	,,		
Fund Balances	28	Net assets with donor restrictions			346,751	28	346,886
Ē		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 🗌 and			
	20	complete lines 29 through 33.	da			20	
Assets or	29	Capital stock or trust principal, or current fun				29	
SSe	30	Paid-in or capital surplus, or land, building or			30		
A	31 32	Retained earnings, endowment, accumulated i	niconne, (or other runds	19,559,231	32	20,828,158
Net	33	Total liabilities and het assets/fund balances		 	21,141,425	33	25,647,770
	J J	· · · · · · · · · · · · · · · · · · ·			21,141,420	33	Form 990 (2019)

2c

За

3b

Nο

Νo

Form 990 (2019)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

Schedule O.

Single Audit Act and OMB Circular A-133?

Form 990 (2019)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Descripti	ion:	
	Special Condition Description	

efi	e Pu	blic Visua	l Render	ObjectI	d: 001 - Submiss	ion: 2015-0	1-16	T.	IN: 20-5478191
SC	HED	ULE A		Public	Charity Statu	s and Pub	olic Suppo	rt	OMB No. 1545-0047
(For	n 990	or 990EZ)	c		organization is a sect	ion 501(c)(3) o	rganization or a		2019
Depart	ment of th	e Treasury			4947(a)(1) nonexe Attach to Form	•			Open to Public
Interna	Revenue	e Service	•	Go to <u>www.i</u>	<u>s.gov/Form990</u> for i	nstructions and	the latest info	rmation.	Inspection
		ne organizat FOR ART-BASE		CORP				Employer identification	ation number
DBA L	USHER	CHARTER						20-3814839	
	rt I				tatus (All organiza use it is: (For lines 1				ons.
1	J. ga		•		association of church		•	•	
2	V	•			(1)(A)(ii). (Attach S		•		
3									
4		•	-	•	ated in conjunction w				i). Enter the
			name, city,						,, =
5		_	•	ted for the bend implete Part II.	efit of a college or uni .)	versity owned o	r operated by a	governmental unit o	described in section
6				· ·	or governmental unit	described in se	ction 170(b)(1)(A)(v).	
7					es a substantial part o i). (Complete Part II.		m a governmen	tal unit or from the	general public
8					on 170(b)(1)(A)(vi).		t II.)		
9	An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:								
10		-		•	es: (1) more than 331			· · · · · · · · · · · · · · · · · · ·	
		from gross	investmen	t income and u	exempt functions—su nrelated business tax e section 509(a)(2).	cable income (le	ess section 511	• •	
11		_			ted exclusively to test		-	509(a)(4).	
12		one or mor	e publicly s	upported organ	ed exclusively for the nizations described in t describes the type o	section 509(a)	(1) or section 5	09(a)(2). See sectio	n 509(a)(3). Check
а		Type I. A supported	upporting o organization	rganization open(s) the power	erated, supervised, or to regularly appoint o	controlled by i r elect a majori	ts supported org	ganization(s), typica	lly by giving the
b		Type II. A	supporting	organization su	t IV, Sections A and I opervised or controlled ization vested in the	d in connection		•	by having control or organization(s). You
	_	-		/, Sections A a					
С					upporting organization actions). You must co				grated with, its
d		not functio	nally integr	ated. The orga	. A supporting organization generally mu	st satisfy a dist	ribution require		
е	г				te Part IV, Sections A ceived a written deter			a Tyne I Tyne II T	vne III functionally
		integrated,	or Type III	non-functiona	lly integrated support			. , , , , . , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f	Ente			ed organizatior				· · · · · · · · <u> </u>	
<u>g</u>	(i) N	Provide the lame of supp		(ii) EIN	ut the supported orga (iii) Type of		organization	(v) Amount of	(vi) Amount of
	(-)	organization		(, 21	organization (described on lines	listed in you	r governing nent?	monetary support (see instructions)	other support (see instructions)
					1- 10 above (see instructions))				
						Yes	No		
Tota				-					
		vork Reduct or 990-F7	ion Act Noti	ce, see the Ins	tructions for	Cat. No. 11285	iF	Schedule A (Form	990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2015 **(b)** 2016 (c) 2017 (f) Total (d) 2018 (e) 2019 (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . 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) **Public support.** Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (or fiscal year beginning in) 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.). . Total support. Add lines 7 through

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50

Public support percentage for 2018 Schedule A, Part II, line 14

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 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 $\ldots\ldots\ldots\ldots\ldots\ldots$

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	۲,	`	
(C)	(3)	
٠	•	•	•

Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

14

15

1	(c)	(:
•		

Schedule A (Form 990 or 990-EZ) 2019

(c)	(3)		
		•	•	

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Sche	edule A (Form 990 or 990-EZ) 2019						Page
P	art III Support Schedule f	or Organiza	tions Descri	bed in Section	n 509(a)(2)		<u>-</u>
	(Complete only if you	checked the	box on line 1	0 of Part I or if	f the organizati		alify under Part
	II. If the organization	fails to quali	fy under the t	ests listed belo	ow, please com	plete Part II.)	
	ection A. Public Support		1	-		1	
	endar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	fiscal year beginning in) Gifts, grants, contributions, and						
_	membership fees received. (Do not						
	include any "unusual grants.") .						
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						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year.						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
S	from line 6.)						
	endar year						
	fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
	Hoveleted by stores to 1997 to 1		+				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975.						
С	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						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.)						
14	First five years. If the Form 990 is for	or the organizat	tion's first, seco	nd, third, fourth.	or fifth tax year	as a section 501	(c)(3) organization
	check this box and stop here	-	•		•		
S	ection C. Computation of Publ			<u> </u>		<u> </u>	E
15	Public support percentage for 2019 (ne 13. column (f))	15	
15 16	Public support percentage from 201				-	16	
	ection D. Computation of Inve					10	
	Investment income percentage for 2				umn (f))	17	

Schedule A (Form 990 or 990-EZ) 2019

Investment income percentage from 2018 Schedule A, Part III, line 17

19a 331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

Section A. All Supporting Organizations

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

checked 12b of

12d of Part I, complete

and (c) below.

made the determination.

Page 4

No

you checked 12a or 12b in Part I, answer (b) and (c) below.

"Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

or supervised by or in connection with its supported organizations.

describe the designation. If historic and continuing relationship, explain.

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,

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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

supporting organization had an interest? If "Yes," provide detail in Part VI.

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked Sections A and D, and complete Part V.)

Yes

1

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990 or 990-EZ) 2019

Parent of Supported Organizations. Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of

Page 5

Ρē	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or			
	management of the supporting organization was vested in the same persons that controlled or managed the supported	1		
S	Section ^z D ^{:/} เล้เกี่) Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice	_		
	in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this	3		
-	Section. 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 year (see ins	tructio	ne).	
_	a The organization satisfied the Activities Test. Complete line 2 below.		,.	
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(500		
	instructions)	(566		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities		. 65	
	constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		

instructions)

Page **6**

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

1 Amounts paid to supported organizations to accomplish exempt purposes

Section DOrganizations

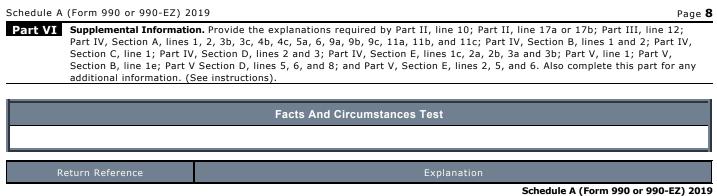
d Excess from 2018.

e Excess from 2019. . . .

(continued)

Page 7

Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3 Administrative expenses paid to accomplish exempt	purposes of supported orgar	nizations	_	
4 Amounts paid to acquire exempt-use assets				
5 Qualified set-aside amounts (prior IRS approval requi	ired)			
6 Other distributions (describe in Part VI). See instruc	tions			
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to details in Part VI). See instructions	which the organization is res	sponsive (provide		
9 Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1 Distributable amount for 2019 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI).				
See instructions.				
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e				
g Applied to underdistributions of prior years h Applied to 2019 distributable amount				
i Carryover from 2014 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4 Distributions for 2019 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years				
b Applied to 2019 distributable amount				
c Remainder. Subtract lines 4a and 4b from 4.				
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI				
See instructions.				
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.				
7 Excess distributions carryover to 2020. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				



efile Public Visual Re	ender ObjectId: 001 - Submission: 2015-01-16		TIN: 20-5478191			
Schedule B	Schedule of Contributors		OMB No. 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.		2019			
Name of the organization	n -BASED EDUCATION CORP	Employer id	lentification number			
DBA LUSHER CHARTE	R	20-38148	39			
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundate	tion				
	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					
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution from any one contributor. Complete Parts I and II. See instructions for determining	-				
under sections 5 received from ar	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₈ % s 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Party one contributor, during the year, total contributions of the greater of (1) \$5,000 or (ii) Form 990-EZ, line 1. Complete Parts I and II.	art II, line 13, 16a	a, or 16b, and that			
during the year,	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receitotal contributions of more than \$1,000 exclusively for religious, charitable, scient in of cruelty to children or animals. Complete Parts I, II, and III.					
during the year, this box is check purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such conted, enter here the total contributions that were received during the year for an example any of the parts unless the General Rule applies to this organization be ble, etc., contributions totaling \$5,000 or more during the year	tributions totaled exclusively religion ecause it received	I more than \$1,000. If bus, charitable, etc., d nonexclusively			
990-EZ, or 990-PF), but	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schett must answer "No" on Part IV, line 2, of its Form 990; or check the box on line Hart I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form	of its Form 990-				
For Paperwork Reduction for Form 990, 990-EZ, or 9		edule B (Form 990), 990-EZ, or 990-PF) (2019)			

Name of organization ADVOCATES FOR ART-BASED EDUCATION CORP DBA LUSHER CHARTER

Employer identification number 20-3814839

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	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
-			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.)

(b)

Description of noncash property given

No. from

Part I

(a)

No. from

Part I

(a)

No. from

Part I

(a)

No. from

Part I

(c) (d) FMV (or estimate) Date received

Page 3

(See instructions)

Date received

(c) FMV (or estimate) (See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

Date received

Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(d) Date received

(d)

Date received

(d)

(d)

(d)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4
ADVOCAT	rganization ES FOR ART-BASED EDUCATION CORP		Employer identification number
Part III	Exclusively religious, charitable, etc., cont total more than \$1,000 for the year from a line entry. For organizations completing P of \$1,000 or less for the year. (Enter this in Use duplicate copies of Part III if additional space	ny one contributor. Complete co art III, enter the total of exclusiv nformation once. See instructio	olumns (a) through (e) and the following ely religious, charitable, etc., contributions
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZIP	(e) Transfer of gift 4 Rela	tionship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

efile Public Visual Render **ObjectId: 001 - Submission: 2015-01-16** TIN: 20-5478191 OMB No. 1545-0047 SCHEDULE D Supplemental Financial Statements (Form 990) ▶ 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. Open to Public Department of the Treasury Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** ADVOCATES FOR ART-BASED EDUCATION CORP DBA LUSHER CHARTER 20-3814839 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 5 the organization's property, subject to the organization's exclusive legal control? $\dots \dots \dots \dots$ ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register . . . 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. Schedule D (Form 990) 2019 52283D

Page 2

3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and ot	her reco	rds, ch	ieck a	ny of	the follow	wing tha	t are a signifi	cant use	of its	
а	Public exhibition			d	Г	Loan	or excha	nge pro	grams			
b	Scholarly research			е				•				
c	Preservation for future generations											
		lloctions	and oval	ain haw	u thai	, furth	or the or	annizati	an's avamnt r	aurnaca in		
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									☐ Yes	☐ No	
Pa	rt IV Escrow and Custodial Arrang Complete if the organization answ Part X, line 21.			Form	990,	Part	IV, line	9, or re	eported an a	amount c	n Form	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?									Yes	□ No	
ь	If "Yes," explain the arrangement in Part XII	I and com	plete the	e follov	ving t	able:			Aı	mount		_
c	Beginning balance				_			1 c				
d	Additions during the year							1d				_
e	Distributions during the year						ĺ	1e				_
f	Ending balance							1f				_
2a	Did the organization include an amount on Fe							dial acc	ount linbility?		□ No	_
Za	•••	01111 990,	rait A, i	ille ZI,	, 101 6	SCIOW	or custo	uiai acci	ount nability:			
b	If "Yes," explain the arrangement in Part XII	I. Check l	nere if th	ne expl	anati	on has	s been pr	ovided i	n Part XIII .	□		
Pa	rt V Endowment Funds.					_						
	Complete if the organization answ	vered "Y (a) Curre		1	990, Prior y				k (d) Three yea	are back (a) Four yea	rc back
12	Beginning of year balance	(a) Curre	ent year	(6)	Prior	/ear	(c) Iwo	years bac	(a) Three yea	ars back (e) rour yea	IS DACK
	Contributions											
	-											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year e	end balar	nce (lir	ne 1g,	colun	nn (a)) he	eld as:				
а												
b	Permanent endowment											
c	Temporarily restricted endowment											
	The percentages on lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posses organization by:	ssion of th	e organi	zation	that a	re he	ld and ad	minister	ed for the		Yes	No
	(i) unrelated organizations									3a(i)		140_
	(ii) related organizations									3a(ii		
b	If "Yes" on 3a(ii), are the related organization									3b		
4	Describe in Part XIII the intended uses of the		stionla o	n d a na		ında						
	rt VI Land, Buildings, and Equipme		ation's e	IIuowii	ient n	ilius.						
ГŒ	Complete if the organization answ		es" on I	Form	990.	Part	IV, line	11a. Se	ee Form 990), Part X	, line 10).
	Description of property (a) Cost or other (investmen	r basis	(b) Cost						depreciation		Book value	
1a	Land											
	Buildings											
	Leasehold improvements											
	Equipment	1,954,757							1,703,031			251,726
	Other	4,195,589							829,536		3	,366,053

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2019			Page 3
Part VII Investments—Other Securities. Complete if the organization answered "Yes" or	n Form 990. Part IV	line 11h See Form 990	Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	f valuation:
(1) Financial derivatives			
(2) Closely-held equity interests			
(A) MUTUAL FUNDS	362,689	F	
(B) U.S. GOVERNMENT AGENCY BONDS AND NOTES	14,229,741	F	
(D)			
(E)			
(F)			
(G)			
(H) (I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part Investments—Program Related.	14,592,430		
VIII Complete if the organization answered 'Yes' or (a) Description of investment	n Form 990, Part IV	(b) Book value	O, Part X, line 13. (c) Method of valuation: cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered 'Yes' on (a) Description		line 11d. See Form 990, I	Part X, line 15. (b) Book value
(2)	·		(2) 500% 10/00
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.			•
Complete if the organization answered 'Yes' on See Form 990, Part X, line 25.	Form 990, Part IV,	line 11e or 11f.	
1. (a) Description of li (1) Federal income taxes	iability		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the tex	xt of the footnote to th	e organization's financial st	3,214,000 ratements that reports the
organization's liability for uncertain tax positions under FIN 48 (AS			

2

3

1

2

3

Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

1

Total revenue, gains, and other support per audited financial statements . . . Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Page 4

20,616,304

213,814

Net unrealized gains (losses) on investments 2a Donated services and use of facilities Recoveries of prior year grants . . . 2c

Other (Describe in Part XIII.)

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

2d

4a

4b

3

4c

5

1

3

213,814

20,402,490

Subtract line **2e** from line **1** Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Add lines 2a through 2d

Other losses

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Add lines 4a and 4b . . .

Add lines **4a** and **4b**

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

20,402,490 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 19,347,377

> 2a 2b 2c 2d

1	
	19,347,3

4a 4b Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)

5 19,347,377

Supplemental Information

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

Return Reference PART X, LINE 2: ACCOUNTING STANDARDS PROVIDE DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THESE STANDARDS REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. AS OF JUNE 30, 2020, MANAGEMENT OF THE SCHOOL BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. TAX YEARS JUNE 30, 2017 AND LATER REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 SCHEDULE E OMB No. 1545-0047 Schools (Form 990 or 990-EZ) ► 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. Department of the Treasury **Open to Public** ► Go to www.irs.gov/Form990EZ for the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** ADVOCATES FOR ART-BASED EDUCATION CORP DBA LUSHER CHARTER 20-3814839 Part I Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 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 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," 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c **d** Copies of all material used by the organization or on its behalf to solicit contributions? . . If you answered "No" to any of the above, please explain. If you need more space, use Part II.

Does the organization discriminate by race in any way with respect to:

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

Cat. No. 50085D

6a Does the organization receive any financial aid or assistance from a governmental agency?

h Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

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

a Students' rights or privileges?

c Employment of faculty or administrative staff? .

d Scholarships or other financial assistance?

b Admissions policies?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

YES Yes

Yes

NO

Νo

Nο



5a

5b

5c

5d

5e

5f

5g

6a

6b

Schedule E (Form 990 or 990-EZ)

(2019)

Yes

١	١c	,
N	N c)







Νo

Νo

Νo

Νo

SCHEDULE E, PART I, LINE 6

Additional Data

Return to Form

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. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	IF AN ADVERTISEMENT APPEARS, THE POLICY IS REQUIRED TO BE INCLUDED.
SCHEDULE E, PART I, LINE 4	#4B: SCHOLARSHIPS ARE NOT APPLICABLE BECAUSE LUSHER IS A PUBLIC SCHOOL, AND THERE IS NO TUITION. #4D: THE SCHOOL DOES NOT SOLICIT CONTRIBUTIONS.

THE SCHOOL RECEIVED FINANCIAL ASSISTANCE TOTALING \$333,992 FROM THE UNITED STATES DEPARTMENT OF EDUCATION UNDER VARIOUS EDUCATION PROGRAMS. THE SCHOOL RECEIVED FINANCIAL ASSISTANCE TOTALING \$5,602,083 FROM THE STATE OF LOUISIANA UNDER THE MINIMUM FOUNDATION

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efi	le Public Visu	ual Render ObjectIo	d: 001 - Sub	miss	ion: 2015-01-16		TIN: 20	-5478	3191
Schedule J			OMB No	. 1545	-0047				
(Form 990)		For certain Of							
			2	019)				
		Complete if the							
	ment of the Treasury I Revenue Service	► Go to <u>www.irs</u>	gov/Form990	for in	structions and the latest inform	nation.		to Pu	
	ne of the organiz	<u>l</u> zation				Employer identifi		-	ווע
ADV		ASED EDUCATION CORP							
		ions Regarding Compe	neation			20-3814839			
Га	Questi	ons Regarding Compe	ansacion .					Yes	No
1a					the following to or for a person ny relevant information regardi			1.55	
	First-class	or charter travel		Hou	using allowance or residence for	personal use			
	Travel for	companions		Pay	ments for business use of pers	onal residence			
		ification and gross-up paym		_	alth or social club dues or initia				
	Discretion	ary spending account		Pers	sonal services (e.g., maid, chau	ffeur, chef)			
b	•		_		follow a written policy regarding ve? If "No," complete Part III t		16		
2		ation require substantiation	prior to reimbu	ırsina d	or allowing expenses incurred b	v all	2	Yes	1
_	-	•	•	_	or, regarding the items checked	,			
3	organization's	CEO/Executive Director. Che	ck all that appl	ly. Do	d to establish the compensation not check any boxes for metho CEO/Executive Director, but ex	ds			
	✓ Compensa	tion committee	V	Wri	tten employment contract				
	Independe	ent compensation consultant		Con	npensation survey or study				
	Form 990	of other organizations	~	App	proval by the board or compens	ation committee			
4		r, did any person listed on Fo a related organization:	orm 990, Part V	/II, Se	ction A, line 1a, with respect to	the filing			
а	Receive a severance payment or change-of-control payment?					4a		No	
b Participate in,		or receive payment from, a supplemental nonqualified retirement plan?)	Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes"-to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				40		Νo		
	II resito any.	or lines 4a-c, list the persor	is and provide t	ше ар	plicable amounts for each item	III Part III.			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29)	organizations n	nust c	omplete lines 5-9.				
5		ted on Form 990, Part VII, S contingent on the revenues o		la, did	the organization pay or accrue	any			
а	-	on?					5a	_	Νo
b		ganization?					5b		Νo
6	For persons list	·	ection A, line 1	la, did	the organization pay or accrue	any			
а	The organization	on?					6a		No
b	Any related org						6b	,	No
7					the organization provide any neart III		7		No
8	subject to the	initial contract exception de	scribed in Regu	ulation	red pursuant to a contract that is section 53.4958-4(a)(3)? If '	'Yes," describe			
							8		Νo
9	section 53.495	58-6(c)?			presumption procedure describ		9		
Ear E	Danamuark Dadu	ction Act Notice coethe Inc	tructions for Ea	OO	O Cat No	EDDEST Coho	dula 1/E	rm 000	1 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must e	qual 1	the total amount of	of Form 990, Part	VII, Section A, lin	e 1a, applicable co	olumn (D) and (E) amounts for	that individual.
(A) Name and Title	(B) Breakdo	own of W-2 and/or compensation	r 1099-MISC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1KATHLEEN RIEDLINGER CEO	(i)	290,067	0	0	0	6,710	296,777	0
	(ii)	0	0	0	0	0	0	0
	1		1	l	l	I	Schedule J (Form 990) 2019

Schedule J (Form 990) 2019



efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (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 **Open to Public** ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection **Employer identification number** Name of the organization ADVOCATES FOR ART-BASED EDUCATION CORP. DBA LUSHER CHARTER 20-3814839 Return Explanation Reference FORM 990. BEFORE SUBMITTING. A COPY OF THE 990 IS E-MAILED TO THE BOARD OF DIRECTORS TO REQUEST QUESTIONS OR PART VI. CONCERNS BY THEM BY A CERTAIN DEADLINE. SECTION B. LINF 11B FORM 990. FORM 990. PART VI. SECTION B. LINE 15: CEO'S SALARY IS SET BY THE BOARD. THE COMPENSATION COMMITTEE CONSULTS PART VI. WITH THE CHAIRMAN OF THE BOARD AND THEN MEETS WITH THE CEO. AFTER DISCUSSIONS WITH THE CEO TAKE PLACE. SECTION B. THE COMPENSATION COMMITTEE MAKES A RECOMMENDATION TO THE BOARD WHO THEN FITHER APPROVES OR MODIFIES LINF 15A THE RECOMMENDATION. IN THE LATER CASE. THE COMPENSATION COMMITTEE AGAIN MEETS WITH THE CEO TO DETERMINE IF THE MODIFIED RECOMMENDATION IS ACCEPTABLE. ONCE AN AGREEMENT IS REACHED. A WRITTEN EMPLOYMENT CONTRACT IS SIGNED BY BOTH PARTIES. THERE IS NO REVIEW BY ANYONE OTHER THAN THE BOARD MEMBERS. ALL OTHER SALARIES ARE SET BY THE CEO. SHE REVIEWS COMPENSATION PAID BY OTHER SCHOOLS AND CONSIDERS RESPONSIBILITY ASSUMED AND VALUE PROVIDED TO THE ORGANIZATION. FORM 990. LUSHER CHARTER SCHOOL MAKES THEIR GOVERNING DOCUMENTS AVAILABLE UPON REQUEST. PART VI. SECTION C. I INF 19 FORM 990. THE BOARD DOES NOT HAVE AN AUDIT COMMITTEE. THE ENTIRE BOARD REVIEWS THE AUDIT EACH YEAR. THE ENTIRE PART XII. BOARD DELIBERATES REGARDING CHOICE OF AUDITOR AND SELECTS THE AUDITOR. LINE 2C: For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2019